



# **BOARD OF DIRECTORS REGULAR MEETING**

**Health District of Northern Larimer County  
Virtual Meeting  
See connection details at end of agenda**

**Tuesday, April 27, 2021  
4:00 p.m.**



## BOARD OF DIRECTORS REGULAR MEETING

April 27, 2021

4:00 pm

Virtual

### AGENDA

- 4:00 p.m. Call to Order; Introductions; Approval of Agenda .....Michael Liggett**
- 4:05 p.m. PUBLIC COMMENT**  
Note: If you choose to comment, please follow the “Guidelines for Public Comment” provided on the back of the agenda.
- 4:10 p.m. PRESENTATIONS**
- UHealth North: Master Plan, Comm Benefit..... Kevin Unger, CEO, UHealth North
- 4:45 p.m. DISCUSSION & ACTIONS**
- Policy..... Alyson Williams
    - State**
      - State Budget
      - SB21-181: Equity Strategic Plan Address Health Disparities
      - SB21-194: Maternal Health Providers
      - SB21-242: Housing Development Grants Hotels Tenancy Support Program
      - SB21-243: Colorado Department Of Public Health And Environment Appropriation Public Health Infrastructure
    - Federal**
      - American Jobs Plan
    - Other policy issues that may arise
  - Employee Appreciation and Well-Being (COVID) Concept.....Carol Plock
- 5:20 p.m. OTHER UPDATES & REPORTS**
- COVID Report..... James Stewart
  - Vaccine Report ..... Suman Mather
  - Executive Director Updates.....Carol Plock
  - Liaison to PVHS/UHealth North Report.....Celeste Kling
- 5:50 p.m. PUBLIC COMMENT (2<sup>nd</sup> opportunity) See Note above.**
- 5:55 p.m. CONSENT AGENDA**
- Approval of Minutes for the March 9 and March 16 Special Meetings; and the March 23, 2021 Regular Board Meeting
  - Revised October and November 2020 Financials; January and February 2021 Financials
- 5:58 p.m. ANNOUNCEMENTS**
- May 11, 4:00 pm – Board of Directors Special Meeting
  - May 26, 4:00 pm – Board of Directors Regular Meeting
  - June 22, 4:00 pm – Board of Directors Regular Meeting
- 6:00 p.m. ADJOURN**

## Join Zoom Meeting

**Registration is required. Click this link to register:**

[https://healthdistrict.zoom.us/meeting/register/tJcofuGuqj0tGdD5juwf\\_-3d16p8ee6Yi4da](https://healthdistrict.zoom.us/meeting/register/tJcofuGuqj0tGdD5juwf_-3d16p8ee6Yi4da)

After registering, you will receive a confirmation email containing information about joining the meeting.

### **GUIDELINES FOR PUBLIC COMMENT**

The Health District of Northern Larimer County Board welcomes and invites comments from the public. **Public comments or input are taken only during the time on the agenda listed as 'Public Comment.'** If you choose to make comments about any agenda item or about any other topic not on the agenda, please use the following guidelines.

- **Before you begin your comments please:** Identify yourself – spell your name – state your address. Tell us whether you are addressing an agenda item, or another topic.
- **Limit your comments to five (5) minutes.**

## ■ MISSION ■

**The Mission of the Health District of Northern Larimer County is to enhance the health of our community.**

## ■ VISION ■

- District residents will live long and well.
- Our community will excel in health assessment, access, promotion and policy development.
  - Our practice of **assessment** will enable individuals and organizations to make informed decisions regarding health practices.
  - All Health District residents will have timely **access** to basic health services.
  - Our community will embrace the **promotion** of responsible, healthy lifestyles, detection of treatable disease, and the **prevention** of injury, disability and early death.
  - Citizens and leaders will be engaged in the creation and implementation of ongoing **systems and health policy development** at local, state, and national levels.
  - Like-minded communities across the country will emulate our successes.

## ■ STRATEGY ■

The Health District will take a leadership role to:

- Provide exceptional health services that address unmet needs and opportunities in our community,
- Systematically assess the health of our community, noting areas of highest priority for improvement,
- Facilitate community-wide planning and implementation of comprehensive programs,
- Educate the community and individuals about health issues,
- Use Health District funds and resources to leverage other funds and resources for prioritized projects, and avoid unnecessary duplication of services,
- Promote health policy and system improvements at the local, state and national level,
- Continuously evaluate its programs and services for quality, value, and impact on the health of the community,
- Share our approaches, strategies, and results, and
- Oversee and maintain the agreements between Poudre Valley Health System, University of Colorado Health and the Health District on behalf of the community.

## ■ VALUES ■

- Dignity and respect for all people
- Emphasis on innovation, prevention and education
- Shared responsibility and focused collaborative action to improve health
- Information-driven and evidence-based decision making
- Fiscal responsibility/stewardship
- An informed community makes better decisions concerning health

Good afternoon,

As we optimistically prepare for a return to more normalcy thanks to the arrival of COVID-19 vaccines, I am pleased to share the community contributions made last year by UHealth's hospitals and providers in northern Colorado.

Across our state, UHealth provided more than \$1.1 billion in community benefits to Colorado communities, including more than \$427 million in uncompensated care. These figures reflect a more than 17% increase from 2019 and demonstrate UHealth's commitment to caring for our patients and the communities we serve. Included in these figures is support for the CU School of Medicine and its branch on the Colorado State University campus.

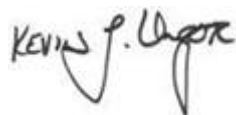
Here in northern Colorado, at a time when many in our region face economic hardship, our hospitals and clinics provided \$329 million in community benefits and more than \$109 million in uncompensated care. Examples of our efforts include approximately 25,000 Weld and Larimer county schoolchildren who participated in our Healthy Kids Club programs, more than 15,000 students who were served by our Healthy Hearts program, and our partnership at the Family Medicine Center Food Pantry, which serves an average of over 900 individuals per month.

I am proud of our efforts to continue investing in behavioral health services and innovation, to participate in clinical trials for successful COVID-19 vaccines, and to improve the overall health of communities throughout northern Colorado.

Attached is a news release with additional details and program examples.

Thank you for your continued community leadership, and please let me know if you have any questions.

Respectfully,



**Kevin Unger, PhD, FACHE**  
President and Chief Executive Officer

**UHealth Poudre Valley Hospital**  
**UHealth Medical Center of the Rockies**  
**UHealth Northern Colorado**

[Kevin.Unger@uchealth.org](mailto:Kevin.Unger@uchealth.org)  
[uchealth.org](http://uchealth.org)





**EMBARGOED UNTIL 4 AM MT MARCH 18, 2021**  
**NEWS RELEASE**

Contact: Dan Weaver  
[dan.weaver@uchealth.org](mailto:dan.weaver@uchealth.org)  
720-848-7852

## **UCHealth reinvests record \$1.1 billion in community benefits including providing \$427 million in uncompensated care in 2020**

UCHealth's community benefits support increased access to care, expansion of behavioral health services, and innovations in treatment and prevention, even during COVID-19 pandemic

**AURORA, Colo. (March 18, 2021)** – Underscoring UCHealth's commitment to improving access to affordable, high-quality care and reducing the cost of care for Coloradans, a new analysis shows the nonprofit health care system reinvested a record \$1.1 billion in Colorado in total community benefits in fiscal year 2020, including \$427 million in uncompensated patient care.

These figures are up from UCHealth's total community benefit of \$933 million and \$367 million in uncompensated care provided in fiscal year 2019. These are UCHealth's actual costs, not charge-based figures. UCHealth also is the largest provider of Medicaid services in Colorado, caring for 285,000 Medicaid patients in 2020, a number that has more than quadrupled since 2013.

"Throughout the unprecedented challenges presented by the past year, UCHealth continues to stand by our commitment to care for our state's most vulnerable populations," said UCHealth President and CEO Elizabeth Concordia. "UCHealth is dedicated to expanding patient services that decrease cost, increase access and improve quality, including virtual visits and behavioral health care."

In northern Colorado, UCHealth provided \$329 million in total community benefits, including \$109 million in uncompensated care for the uninsured and underinsured.

"We are here to help get you healthy as well as keep you healthy through all stages of your life," said Kevin Unger, president and CEO of UCHealth's Northern Colorado Region. "Sometimes that requires a special diet, sutures or even surgery. Other times, it is the Healthy Hearts team talking with students about the choices they make every day that can affect their health, our Aspen Club teaching a class to help seniors prevent accidental falls or even a community paramedic who checks in on people in a local homeless shelter to make sure they are staying on top of medications. We are honored to be able to be there for our community in so many ways."

Throughout the pandemic, UCHealth hospitals have cared for more than 6,200 patients hospitalized with COVID-19 infections and thousands more in urgent cares, emergency departments and virtual visits. Millions of dollars in unreimbursed care from COVID-19 patients added to UCHealth's overall Colorado community investment along with the costs of large-scale testing. UCHealth also led or helped fund more than 40 clinical trials related to COVID-19 with research partners including the University of Colorado Anschutz Medical Campus.

"UCHealth's ability to respond quickly, perform research and develop best practices helps our patients," said Margaret Reidy, MD, UCHealth chief medical officer. "Many of our community benefits programs are designed with the goal of decreasing individuals' need for health care and

preventing more serious medical conditions. This focus on population health helps lower overall health care costs while improving lives in the communities we serve.”

UCHealth has identified access to care, behavioral health and innovations in treatment and prevention as key areas to improve the lives of our patients and help Colorado. An investment of more than \$150 million in behavioral health services is now being used to advance the detection and treatment of substance-use disorders, depression and anxiety and other mental health conditions through integrated behavioral health and primary care, virtual behavioral health, and residential treatment programs. In the coming years, an inpatient behavioral health unit will be built at University of Colorado Hospital on the Anschutz Medical Campus.

UCHealth provides charitable and community programs throughout Colorado, including:

- Tele-psychiatry and virtual behavioral health specialists in emergency departments and hospitals connect patients with medical care and resources like housing and food assistance.
- UCHealth hospitals provide no-cost vaccination clinics in underserved communities, targeting low-income or uninsured residents.
- Memorial Hospital provides many programs to assist law enforcement and first responders including COVID-19 testing for first responders, care for homeless individuals, and COVID-19 testing for inmates, officers and staff at the county jail.
- Sexual Assault and Forensic Nurse Examiners are available in many of UCHealth’s hospitals to help victims of violence get the compassionate treatment they need while obtaining evidence for law enforcement.
- Support for the Comitas Crisis Center helps the homeless and others recover from addiction, trauma and mental health issues.
- Support for CU’s DAWN clinic helps CU medical students run a free clinic serving the uninsured in the Aurora community.
- UCHealth partners in northern Colorado with the Family Medicine Center Food Pantry, serving an average of over 900 individuals per month.
- UCHealth hospitals in northern Colorado serve approximately 25,000 students through the Healthy Kids Club programs every year and more than 15,000 students who participate in the Healthy Hearts program.
- Memorial Hospital in Colorado Springs provides HealthLink, a no-cost nurse advice call center for triage and care coordination.

UCHealth does not receive any funding from the Colorado general fund, but it does contribute to numerous research programs and schools across the state. UCHealth has a strong partnership with the University of Colorado and provides significant support to the CU School of Medicine. In 2020, UCHealth provided about \$250 million to CU to support education, research and clinical programs.

For more information about UCHealth’s impact to Colorado, please view the 2020 [UCHealth Community Benefits Report](#). UCHealth’s uncompensated care numbers are based on results that were subject to an independent audit of financial statements.

### **About UCHealth**

UCHealth is an innovative, nonprofit health system that delivers the highest quality medical care with an excellent patient experience. UCHealth includes 25,000 employees, 12 acute-care full-service hospitals and hundreds of physicians across Colorado, southern Wyoming and western Nebraska. With [University of Colorado Hospital](#) on the [CU Anschutz Medical Campus](#) as its academic anchor and the only adult academic medical center in the region, UCHealth is dedicated to providing unmatched patient care in the Rocky Mountain West. Offering more than 150 clinic locations, UCHealth pushes the boundaries of medicine, providing advanced treatments and clinical trials and improving health through innovation.

FY 2020

# Community Benefits Report



# Improving the lives of those we serve

UCHealth is a Colorado-owned, nonprofit 501(c)(3) integrated health system with 12 hospitals and more than 150 UCHealth-owned and affiliated clinics serving patients in Colorado, Wyoming and Nebraska.

As Colorado's only integrated community and academic health system, we are dedicated to improving lives by providing the region's most advanced, highest-quality medical care with an exceptional patient experience.

## Committed to our communities

**\$1.1 BILLION**

in total community benefit

(up from \$933 million in FY 2019).

**\$427 MILLION**

in uncompensated care

(up from \$367 million in FY 2019).

**12**  
hospitals

**1,953**

available  
hospital beds

More  
than **150**

UCHealth and  
affiliated clinics

**1.9**

million patients served

**137k**

inpatient admissions  
and observation visits

**4.5**

million outpatient,  
urgent care and emergency  
room visits



**25,000**

employees

Distinct 501(c)(3)  
from University of Colorado

UCHealth gives back through uncompensated care, research, education and programs to support our patients and the communities we serve. It is part of our commitment to help as many people as possible live extraordinary lives.

Staying connected to our communities allows us to understand needs, to proactively prevent and treat medical concerns and to improve lives.

### Our areas of focus are:



#### Access to Care

Increasing access to care through virtual health, a commitment to Medicaid and lower-cost care options.



#### Behavioral Health

Expanding and investing in behavioral health services.



#### Innovations in Treatment and Prevention

Designing the future of medicine and bringing advanced care to patients throughout the Rocky Mountain region with innovations in treatment and prevention.

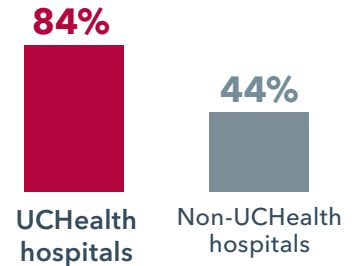


## Access to Care

As the largest provider of Medicaid services in Colorado, UCHealth is committed to caring for the state's most vulnerable populations.

**661k** Medicaid outpatient visits and admissions  
**224%** increase in Medicaid outpatient visits and admissions since 2013

Increase in Medicaid inpatient discharges since 2013:



Our expansion of virtual health services continues to provide solutions when patients need them most, including the introduction of programs across the continuum of care that decrease cost, increase access and improve quality.

**700**  
virtual clinics

**187,300**  
virtual primary care and specialty care visits

**15,200**  
virtual urgent care visits

Other virtual health programs available throughout UCHealth include:

- Virtual Behavioral Health
- Telestroke
- Virtual ICU
- Virtual Acute Care Surveillance Including Virtual Sepsis
- Virtual Home Surveillance
- Virtual Safety View (fall sitters)
- Virtual Emergency Care
- Virtual Diabetes Center

UCHealth is committed to increasing access to affordable, high-quality care and reducing the cost of care for Coloradans by:

- Providing lower-cost care options like ambulatory surgery centers, which perform surgeries at a lower cost.
- Expanding access to primary care and urgent care locations.
- Partnering with employers and insurers to offer significant discounts through high-performing provider networks.
- Supporting price transparency and offering an online price-estimate tool, which gives patients an accurate estimate of their potential out-of-pocket bills.
- Investing in population health and value-based care initiatives.
- Encouraging preventive care and addressing social determinants of health, like food insecurity.



# Behavioral Health

UCHealth has committed to behavioral health services with the region's largest and most comprehensive investment of more than \$150 million over the next five years. Those funds, including \$25 million in philanthropic donations matched by UCHealth, will be dedicated to the detection and treatment of substance-use disorders, depression and anxiety and other mental health conditions.

## Integrated Behavioral Health and Primary Care Locations

(active and planned)



### Our areas of focus:



#### Integrated Behavioral Health and Primary Care

- Comprehensive care in one location with teams of primary care physicians, therapists and licensed clinical social workers.
- Dedicated psychiatry support.



#### Virtual Behavioral Health

- Telehealth psychiatry access for ED, inpatient and ambulatory locations.
- 24/7 virtual social work and care coordination.



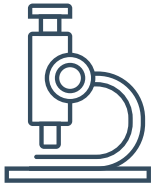
#### Center for Dependency, Addiction and Rehabilitation (CeDAR)

- Residential treatment including a medically supervised detox program.
- Outpatient services, extended care and community resources.



#### Inpatient Behavioral Health Care

- Expansion of services at Mountain Crest and a new inpatient unit at University of Colorado Hospital.
- Dedicated treatment of mood disorder, medical detox and high-acuity mental health.



# Innovations in Treatment and Prevention

Dedicated to innovation, we have established a presence across Colorado, offering patients access to leading-edge treatment and prevention options with the most comprehensive and advanced services in the state.

**99.8%**

of Colorado ZIP codes have residents who received care at UCHealth

**10,020**

patient transfers received from nearly all communities throughout the region

- CU Cancer Center is Colorado's only NCI-Designated Comprehensive Cancer Center.
- We are the largest and most comprehensive provider of cardiovascular services in the state.
- We are the only comprehensive transplant center in the region.

**16<sup>TH</sup>** largest transplant center in the nation

**7<sup>TH</sup>** largest living-donor program in the nation

- We comprise two of five Level I Trauma Centers and two of five Comprehensive Stroke Centers in Colorado. Our telestroke program brings advanced stroke care to communities throughout Colorado.

**20** telestroke locations across Colorado

We are a teaching and research partner to the University of Colorado School of Medicine.

**>\$250 million**

in support for the University of Colorado School of Medicine

**\$599 million**

in research funding attracted to the CU Anschutz Medical Campus

**1,200**

residents trained per year

**658**

clinical trials

**877**

active research projects in the community setting



# COVID-19 Response

UCHealth is a leader in the COVID-19 response and serves as a critical resource for other providers and the entire Rocky Mountain region in establishing protocols and best practices. To date, we have cared for more patients with COVID-19 infections than any other Colorado health care provider.

**2,460**

COVID-19 positive hospitalizations across UCHealth

**2,150**

patients with COVID-19 recovered and discharged

**30%**

of Colorado's COVID-19 hospitalizations occurred at a UCHealth hospital

**>40**

testing locations throughout Colorado

**301,000**

COVID-19 and antibody tests completed by UCHealth and our partners

**39**

past or present COVID-19 clinical trials (most in collaboration with University of Colorado School of Medicine)

## We are leading the way in Colorado.

- We received 650 COVID-19-related transfers from 260 non-UCHealth facilities.
- With our partners at University of Colorado School of Medicine, we began offering an in-house COVID-19 test early in the pandemic.
- We were the first in Colorado to treat a patient with convalescent serum, a potentially life-saving treatment using the plasma from someone who has recovered from COVID-19.
- We are the only health system in Colorado, and one of just a few in the nation, to have multiple COVID-19 vaccine trials open at the same time.
- We prioritize the safety of our employees and the protection of their jobs in our response.
- We launched new services for employers to help Colorado businesses return to work.

COVID-19 statistics through October 15, 2020.

Thank you to our communities for their tremendous, ongoing support as we face challenges we have never seen before.

# Our Community Partners

8th Judicial District Attorney's Office | AccessNurse | Aetna | Alliance for Suicide Prevention of Larimer County | Almost Home Online | Alternatives to Violence | Alzheimer's Association | Apoyo Con Cariño | Aspen Mine Center | AspenPointe Behavioral Health Centers | Aurora Chamber of Commerce Aurora Health Alliance, including: Adams County Human Services, Advanced Healthcare, Alzheimer's Association Colorado Chapter, Arapahoe-Douglas-Elbert Medical Society, Arapahoe-Douglas Mental Health Network, Asian Pacific Development Center, Aurora-Adams County Medical Society, Aurora Commission for Seniors, Aurora Denver Cardiology, Aurora Fire Department, Aurora's Commission on Aging, Boulder County Health Improvement Coalition, Colorado Academy of Family Physicians, Colorado Access, Colorado Consumer Health Initiative, Colorado Department of Public Health, Colorado Department of Health Care Policy and Financing, Colorado Language Connection, Colorado Medical Society, Colorado Primary Care Clinic, Colorado Refugee Wellness Center, CORHIO, DentaQuest, Doctors Care, AF Williams Family Medicine, Futurity First, HealthOne, InnovAge, Kaiser Permanente, Level Chiropractic, Mercy Housing, Mile High Health Alliance, New Horizons Primary Care Clinic, NextCare Urgent Care, Parker Adventist Hospital, PASCO, Peoples House, Porter Adventist Hospital Behavioral Health, Primary Care Programs, Fields Foundation, Rubicon MD, SCL Home Health, The Colorado Health Foundation, The Medical Center of Aurora | Aurora Mental Health | Bank of Colorado Bethesda Lutheran Communities | Bohemian Foundation | Boulder County Area Agency on Aging | Boulder County Commissioner - District 2 Boulder County Department of Public Health | Boulder County Healthy Kids and Adults | Boys & Girls Clubs of Larimer County | Boys & Girls Clubs of Weld County Carbon Valley Chamber of Commerce | Carbon Valley Help Center | Carbon Valley Parks and Recreation District | Catholic Charities Centennial AHEC Center for Family Outreach | Center for Work Education and Employment | Children's Speech and Reading Center | City of Aurora City of Fort Collins City of Greeley | City of Loveland | Clear View Behavioral Health | Colorado Access | Colorado Chapter of the American College of Emergency Physicians | Colorado Consortium for Prescription Drug Abuse | Colorado Department of Human Services | Colorado Emergency Nurses Association Colorado Health Institute | Colorado Hospital Association | Colorado School of Public Health | Colorado Springs Fire Department Colorado Springs Health Foundation | Colorado State University | Colorado State University Extension | Colorado State University Police Department Colorado Youth Detention Continuum | Community Campus Partnership | Community College of Aurora | Community Grief Center | Community Health Partnership Create Your Health | DAWN Clinic | Denver County Health | Denver Public Health Division of Youth Services | Divide Health Center Early Childhood Council of Larimer County | Easterseals Colorado | ECHO Colorado | El Comité de Longmont | El Paso County Public Health | El Paso County Public Health Healthy Community Collaborative, including: Academy School District 20, Alliance for Kids, American Diabetes Association, AspenPointe, Beacon Health Options, Care and Share Food Bank for Southern Colorado, Catamount Institute, Children's Hospital Colorado, Cigna, Citizens Project, City of Colorado Springs, City of Colorado Springs Parks, Recreation & Cultural Services, City of Manitou Springs, Colorado College, Colorado Department of Education, Colorado Parks and Wildlife, Colorado Springs Fire Department, Colorado Springs Food Rescue, Colorado Springs Health Foundation, Colorado Springs Chamber & EDC, Colorado Springs School District 11, Colorado State University (CSU) Extension, Community Health Partnership, Community Partnership for Child Development- Giving Kids a Headstart, The Colorado Trust, Council of Neighbors and Organizations, DaVita Medical Group, DentaQuest, Early Connections Learning Center, El Paso County Community Services, El Paso County Public Health, El Paso County Recreation & Cultural Services, Energy Resource Center, Falcon School District 49, Fort Carson Preventive Medicine/Public Health, Fort Carson Wellness Services, Greccio Housing, Harrison School District Two, Inside/Out Youth Services, Joint Initiatives, Kaiser Permanente, Kids on Bikes, King Soopers/City Market, Local Food Colorado Springs, Manitou Springs School District 14, NAACP, National Alliance on Mental Illness, OMNI Institute, Open Bible Medical Clinic, Partners for Healthy Choices, Peak Military Care Network, Peak Vista Community Health Centers, Penrose-St. Francis Health Services, Penrose-St. Francis Mission Outreach, Phil Long Dealerships, Pikes Peak Library District, Pikes Peak Suicide Prevention Partnership, Pikes Peak United Way, Project Angel Heart, The Resource Exchange, RMFI, SET Family Medical Clinic, Silver Key Senior Services, Springs Recovery Connection, Teach for America, Terra Essentials, TESSA, Trails and Open Space Coalition, UCCS Helen and Arthur E. Johnson Beth-El College of Nursing & Health Sciences, YMCA of the Pikes Peak Region | Elderhaus Adult Day Program, Inc. | Estes Park Medical Center | Estes Park Police Department | Estes Park School District | Estes Valley Library | Foothills Gateway | Forest Ridge Senior Living and Rehabilitation | Fort Collins Police Services | Garcia Consulting Greeley-Evans School District 6 | GreenPath Financial Wellness | Grief Support of the Rockies | Harmony Foundation, Inc. Hayden School District Health District of Northern Larimer County | Health Links | Heart Centered Counseling | High Plains Library District Hopelight Clinic | Imagine Zero Coalition | InnovAge PACE of Northern Colorado | Institute for the Built Environment | Integrated Nutrition Education Program | Junior Achievement | Juvenile Legal Defense Representative | Kaiser Permanente | Kids at Heart | KidsPak-Loveland Rotary Club Larimer County Attorney's Office | Larimer County Board of Health | Larimer County Department of Health & Environment | Larimer County Department of Human Services | Larimer County Office on Aging | Larimer County Planning Commission | Larimer County Probation Department | Larimer County Sheriff's Office | Leap Coalition of Larimer County | Longmont Chamber of Commerce | Longmont Community Foundation | Longmont Community Services | Longmont Economic Development Partnership | Longmont Meals on Wheels | Longmont Senior Citizens Advisory Board | Longmont Supporting Action for Mental Health Loveland Housing Authority | Loveland Public Library | LPR Construction | Major Medical Supply | McKee Medical Center | MCPN/STRIDE | Memorial Regional Health | Metro Denver Partnership for Health | Mind Springs Health | Moffat County Law Enforcement | Moffat County United Way, including: Moffat County Human Resource Council, Bear River Young Life, Boys and Girls Club of NW Colorado, Craig Senior Citizens, Freedom Hooves, Interfaith Food Bank, LovelINC, Moffat County Cancer Society, Northwest Colorado Dental Coalition, Northwest Colorado Legal Services, Open Heart Advocates | Mountain View Presbyterian Church | Neighbor to Neighbor | North Colorado Health Alliance, which includes the following member organizations: Banner Health, Banner North Colorado Medical Center Paramedic Services, Centennial Mental Health Center, Colorado Access, Kaiser Permanente, North Range Behavioral Health, Northeast Behavioral Health Partnership, Sunrise Community Health, Summitstone Health Partners, Weld County Department of Human Services, Weld County Department of Public Health and Environment, Northern Colorado Medical Society, United Way of Weld County, University of Northern Colorado | North Colorado Youth for Christ | North Range Behavioral Health | North Range Behavioral Health - Counseling Center at Carbon Valley | Old Town Hot Springs | Partnership for Age-Friendly Communities | Peak Vista Community Health Centers | Peake Wellness Center | PFLAG | Pikes Peak Community Health Partnership | Pioneers Medical Center | Plymouth Congregational Church | Poudre River Public Library District | Poudre School District | Project 31:25 | Ranglely District Hospital | Reaching Everyone Preventing Suicide | Resilient Inspired Strong Engaged (RISE Coalition) | RMSI Group | Road2Recovery | Rocky Mountain Health Plans | Rocky Mountain Youth Clinics | Routt County Human Resource Coalition, including: Advocates of Routt County, Boys & Girls Club of Steamboat Springs, City of Steamboat Springs-Parks and Recreation Department-Teen Programs, Colorado Workforce Center, Craig-Scheckman Family Foundation, Discovery Learning Center - Family Development Center, Division of Vocational Rehabilitation, First Impressions of Routt County, Girl Scouts of Colorado, Grand Futures, GrandKids Child Care Center, Heritage Park Preschool, Holy Name Preschool, Horizons, Integrated Community, LiftUp of Routt County, Northwest Colorado Health, Northwest Rocky Mountain CASA, NW CO Center for Independence, Partners in Routt County, Planned Parenthood of the Rocky Mountains, Routt County Council on Aging, Rocky Mountain Youth Corps, Routt County Department of Human Services, Routt County United Way, South Routt Community Center, Steamboat Springs School District RE2, Totally Kids, Yampa Valley Autism, Yampa Valley Community Foundation, Young Tracks | Routt County Law Enforcement | Salud Family Health Centers | Salud Health Clinic - Frederick | Sexual Assault Victim Advocate (SAVA) Center | Simple Strategies for Family Living | Soccer Without Borders | South Routt School District | Specialized Alternatives for Family and Youth | Steamboat Rotary | Steamboat Springs Police Department | Steamboat Springs Winter Sports Club | Steamboat Springs Youth Hockey Association | Sunrise Loveland Community Health Center | SWTC Emergency Medical Services | Teaching Tree Early Childhood Learning Center | Team Tom Gym | Teller County Board of County Commissioners | Teller County Public Health and Environment | The Arc of Larimer County | The Arc of Weld County | The Children's Health Place | The Family Center/La Familia | The Health and Wellness Center at Centennial High School | The Matthews House | The Northwest Colorado Community Health Partnership, including: Casey's Pond, Steamboat Senior Living Community, Grand County Rural Health Network, Memorial Regional Health, Mind Springs Health, Northwest Colorado Health, Rocky Mountain Health Plans, Routt County Department of Human Services | The Wellness Champions | Thompson Rivers Parks and Recreation District | Thompson School District | Thompson Valley Emergency Medical Services | Timberline Church | Timnath Police Department | Town of Kersey | Tri-County Health | UCCS Lane Center | United Way of Larimer County | United Way of Weld County | University of Colorado School of Medicine | University of Colorado, Colorado Springs | University of Northern Colorado | Ute Pass Regional Health Service District | Volunteers of America | Weld County Area Agency on Aging | Weld County Department of Health & Environment | Weld County School Districts | Windsor Police Department | Woodland Park School District

For a list of our community programs, please visit our website at [uchealth.org/community-benefit-report](https://uchealth.org/community-benefit-report).

## Our mission.

We improve lives.  
In big ways through learning, healing and discovery.  
In small, personal ways through human connection.  
But in all ways, we improve lives.

## Our vision.

From health care to health.

## Our values.

Patients first.  
Integrity.  
Excellence.

## We can all do our part to help improve lives by:



Staying up to date  
on vaccinations.



Getting an annual  
flu shot.



Seeking behavioral  
health support  
as needed.

### 2019 Awards and Recognition:

Becker's Hospital Review: 100 Great Hospitals in America  
ANCC Magnet Recognition Program®  
HIMSS Stage 7 Hospital Certification  
CHIME® HealthCare's Most Wired Award  
IBM Watson Health Top Health System  
The Best and Brightest Companies to Work For®  
Great Place to Work® Certified  
Becker's Hospital Review: 150 Great Places to Work in Healthcare  
Denver Post Colorado Top Workplaces

#### U.S. News & World Report:

U.S. News Best in Colorado:  
#1 University of Colorado Hospital  
#6 Medical Center of the Rockies  
#6 Memorial Hospital  
#8 Poudre Valley Hospital

#### U.S. News National Specialty Rankings:

University of Colorado Hospital: Nine specialties nationally ranked

**uhealth**



## SB21-181- EQUITY STRATEGIC PLAN ADDRESS HEALTH DISPARITIES

Concerning state agencies addressing health disparities in Colorado.

### Details

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<b>Bill Sponsors:</b>	Senate – Fields (D) and Coram (R) House – Herod (D) and Caraveo (D)
<b>Committee:</b>	Senate Health & Human Services Senate Appropriations
<b>Bill History:</b>	3/10/2021- Introduced in Senate Senate Health & Human Services Committee Refer Amended to Appropriations
<b>Next Action:</b>	Hearing in Senate Appropriations
<b>Fiscal Note:</b>	<u>March 18, 2021</u> , CDPHE will have an increase in expenditures of \$186,168 in state fiscal year 2021-22 and \$171,226 in state fiscal year 2022-23.

### Bill Summary

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Under current law, the Office of Health Equity in the Department of Public Health and Environment (CDPHE) administers the Health Disparities Grant Program. The grant program is funded from the Health Disparities Grant Program Fund, which receives a portion of annual cigarette and tobacco tax revenue. This bill renames the program as the Health Disparities and Community Grant Program and expands its functions. The program's grant making scope is broadened to address social determinants of health for underrepresented populations. In addition, the bill specifies that the program fund may receive appropriations from the General Assembly, and requires the office to develop grant application criteria for community organizations seeking grant funding.

The bill expands the makeup of the Health Equity Commission by adding representatives of five state agencies. In addition, the bill directs the office to facilitate a state agency work group by July 1, 2022, consisting of the agencies represented on the commission, to develop an Equity Strategic Plan to coordinate state agencies' work in addressing social determinants of health disparities. Every two years, starting January 1, 2022, the office must issue a report on health disparities in Colorado by race and ethnicity that includes an assessment of social determinants of health and recommends strategies to address inequities. The bill directs state agencies to use the report in their strategic planning processes.

### Issue Summary

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#### Health Disparities

Health disparities are inequities in the quality of health, health care, and health outcomes experienced by groups based on social, racial, ethnic, economic, and environmental characteristics. Many factors contribute to health disparities, including genetics, access to care, quality of care, community features (e.g., inadequate access to healthy foods, poverty, limited personal support systems, and transportation), environmental conditions (e.g., poor air quality), language barriers, and health behaviors. The social, economic, and environmental conditions where people live, learn, work and play are known as social determinants of health.<sup>1</sup> Health disparities account for significant costs to states and communities. According to a 2018

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<sup>1</sup> National Conference of State Legislatures, "Health Disparities Overview", November 16, 2020.  
<https://www.ncsl.org/research/health/health-disparities-overview.aspx>



study, health disparities cost \$42 billion in lowered productivity and \$93 billion in excess medical costs each year.<sup>2</sup> Additionally, those without access to health insurance and affordable care most often turn to emergency care, which is much more costly than primary care, preventative measures and care management.<sup>3</sup>

Health and health care disparities manifest across a broad range of dimensions (e.g. socioeconomic status, age, geography, race, ethnicity, language, disability status, citizenship status, gender identity, and sexual orientation) and these groups are not mutually exclusive.<sup>3</sup>

### BIPOC Health Disparities

Health and health care disparities manifest across racial and ethnic groups, particularly in poorer outcomes for Black, Indigenous, and People of Color (BIPOC) when compared with whites.<sup>3</sup> American Indians and Alaska Natives and Blacks have higher rates of reported health issues than whites, such as diabetes, asthma, AIDS and HIV diagnoses, and death rate. Infant mortality rates are higher for Blacks and American Indians and Alaska Natives compared to whites, and Black males have the shortest life expectancy compared to other racial groups.<sup>3</sup> Additionally, Blacks have higher rates of heart disease, diabetes, and hypertension than other groups, and Black children have a 500% higher death rate from asthma compared with white children.<sup>4</sup> Hispanics have higher rates of obesity than non-Hispanic whites.<sup>5</sup> Additionally, there are disparities within the ethnicities that make up the Hispanic group.<sup>5</sup> For example, Puerto Ricans suffer disproportionately from asthma, HIV/AIDS, and infant mortality. While, Mexican Americans suffer disproportionately from diabetes.<sup>5</sup>

As the U.S. and Colorado population continues to become more racially and ethnically diverse, it becomes increasingly necessary to address health disparities for BIPOC communities.<sup>3</sup> These disparities have developed within the context of the U.S.'s historical, political and social relationship with racial and ethnic diversity. Addressing the links between racism and poor health will be key to beginning to create health equity for BIPOC communities.<sup>6</sup> Discrimination, including racism, can lead to chronic and toxic stress and shapes social and economic factors that make it difficult for racial and ethnic minority groups to fulfil health care best practices.<sup>7</sup>

**Food Insecurity.** In 2019, nearly 1 in 10 Coloradans (9.6%) reported food insecurity, or not having enough food due to limited financial resources. Compared to their food-secure counterparts, Coloradans who experienced food insecurity were 3.9 times more likely to report poor mental health, 3 times more likely to report fair or poor oral health, and 3.2 times more likely to report fair or poor general health.<sup>8</sup>

Enduring structural inequalities and discrimination in transportation, housing and employment have created racial and ethnic disparities in food insecurity, even when controlling for economic factors.<sup>5</sup> BIPOC communities experience much higher rates of food insecurity than whites.<sup>5</sup> 22.2% of Black Coloradans and 14.0% of Hispanic Coloradans reported food insecurity in 2019, compared with just 7.7% of whites<sup>5</sup>. In 2019, older adults (ages 65+) of color were three times more likely than older white adults (16% to 5%) to report

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<sup>2</sup> Altarum, "The Business Case for Racial Equity: A Strategy for Growth", April 24, 2018. <https://altarum.org/RacialEquity2018>

<sup>3</sup> Kaiser Family Foundation, "Disparities in Health and Health Care: Five Key Questions and Answers", March 4, 2020. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/#:~:text=A%20%E2%80%9Chealth%20disparity%E2%80%9D%20refers%20to,care%2C%20and%20quality%20of%20care>

<sup>4</sup> Harvard T.H. Chan School of Public Health, "Health disparities between blacks and whites run deep", 2021. <https://www.hsph.harvard.edu/news/hsph-in-the-news/health-disparities-between-blacks-and-whites-run-deep/>

<sup>5</sup> U.S. Dept. of Health & Human Services, Office of Minority Health, "Profile: Hispanic/Latino Americans", 2021. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=64>

<sup>6</sup> Harvard T.H. Chan School of Public Health, "Race and Health", 2021. <https://www.hsph.harvard.edu/race-and-health/>

<sup>7</sup> Centers for Disease Control and Prevention (CDC), "Health Equity Consideration and Racial and Ethnic Minority Groups", Feb. 12, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>

<sup>8</sup> Colorado Health Institute, "An Uneven Burden: Food Insecurity in Colorado", July 17, 2020. <https://www.coloradohealthinstitute.org/research/uneven-burden-food-insecurity-colorado>

eating less than they felt they should because there was not enough money for food in the past 12 months.<sup>9</sup> In Larimer County, the Health District of Northern Larimer County's 2019 Community Health Assessment found that 17% of Hispanic or Latinx respondents reported, in the past year, usually or always worrying about having enough money for food, compared to 8% of white/non-Hispanic respondents.<sup>10</sup>

**Health care access and utilization.** People from some racial and ethnic minority groups are more likely to be uninsured than whites. Health care access can also be limited for these groups due other factors besides insurance coverage, such as lack of transportation or child care; communication and language barriers; cultural differences between patients and providers; and historical and current discrimination in healthcare systems.<sup>6,11</sup> Some people from racial and ethnic minority groups may hesitate to seek care because they distrust the government and health care systems responsible for inequities in treatment and historical events, such as the Tuskegee Study of Untreated Syphilis in the African American Male and sterilization without permission.<sup>6</sup> Additionally, among nonelderly adults, American Indians and Alaska Natives, Blacks, and Hispanics are more likely than whites to delay or forgo needed care. Nonelderly Hispanic and Black adults are less likely than their white counterparts to have been seen by a medical or dental provider in the past year or to have a usual source of care.<sup>3</sup>

**Educational, income, and wealth gaps.** Inequities in access to high-quality education for some racial and ethnic minority groups can lead to lower high school completion rates and barriers to college entrance. This may limit future job options and lead to lower paying or less stable jobs. People from some racial and ethnic minority groups are disproportionately represented in health care facilities, farms, factories, grocery stores, and public transportation workforces. People with limited job options likely have less flexibility to leave jobs that may put them at a higher risk of exposure to illnesses, limited financial capacity to miss work if they are sick, as well as are less likely to be provided with paid sick days.<sup>6</sup> In addition, disproportionate unemployment rates for some racial and ethnic minority groups may lead to greater risk of eviction and homelessness.<sup>6</sup>

### Disabilities and Health Disparities

Health and health care disparities manifest across communities characterized by one or more disabilities. 61 million adults in the U.S. (26% of the U.S. population) live with some form of disability, as relates to mobility, cognition, independent living, hearing, vision, or self-care capacities.<sup>12</sup> Compared to non-disabled adults, adults living with a disability are 12% more likely to have obesity, 14.8% more likely to smoke, 7.7% more likely to have heart disease, and 9.1% more likely to have diabetes. Adults with disabilities also face significant barriers to health care access. Among the disabled nonelderly adult community, 1 in 3 do not have a usual health care provider and 1 in 3 have an unmet health care need due to cost in the past year. Further, a quarter of adults with disabilities between the ages of 45-64 years did not have a routine check-up in the past year.<sup>12</sup>

The disabled community is incredibly diverse and has a wide array of needs. A person can have just one disability or multiple. Disability has three dimensions – (1) impairment in bodily structure or function, or

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<sup>9</sup> Colorado Health Institute, "Racial and Ethnic Health Disparities Lead to Worse Health Outcomes Among Colorado's Aging Population", April 22, 2021. <https://www.coloradohealthinstitute.org/research/racial-and-ethnic-health-disparities-lead-worse-health-outcomes-among-colorados-aging>

<sup>10</sup> Health District of Northern Larimer County, "2019 Community Health Assessment", 2020. <https://www.healthdistrict.org/2019-community-health-assessment>

<sup>11</sup> Harvard T.H. Chan School of Public Health, "Racial Disparities in Health Care: Justin Dimick and Coauthors' June Health Affairs Study", June 4, 2013. <https://blogs.sph.harvard.edu/ashish-jha/2013/06/04/racial-disparities-in-health-care-justin-dimick-and-coauthors-june-health-affairs-study/>

<sup>12</sup> Centers for Disease Control and Prevention (CDC), "Disability and Health Promotion", Sept. 16, 2020. <https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html>

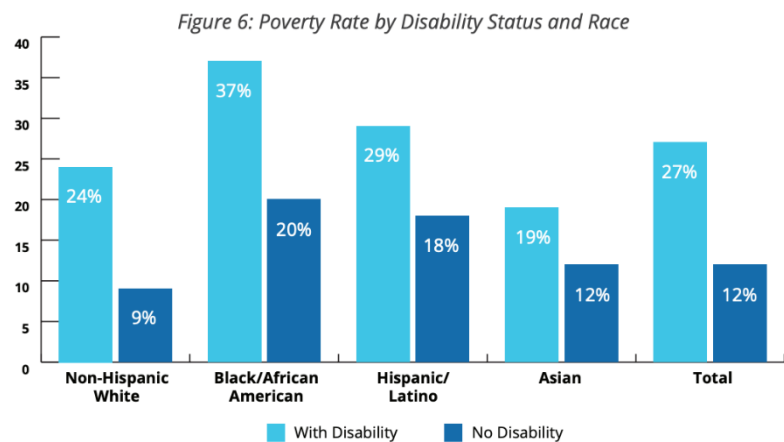
mental functioning; (2) activity limitation, or difficulty seeing, walking, hearing, or problem solving; and (3) limited capacity to participate in daily activities (e.g. working, obtaining care, socializing)

**Prohibitive costs.** Americans living with disabilities utilize significantly more health services and spend much more out-of-pocket for medical care than their non-disabled counterparts. Disabled Americans have health care expenditures that are approximately 5 to 6 times that of non-disabled Americans.<sup>13</sup>

**Limitations in care accessibility.** Although Americans living with disabilities are more likely to have insurance than non-disabled Americans, the disabled communities report a wide range of obstacles in obtaining care, such as maintaining a usual care provider, accessing timely and routine medical care, and obtaining specialty services such as home care, rehabilitation, and/or medical equipment.<sup>9</sup> Studies have also shown that disability services are frequently unavailable, especially in rural areas.<sup>14</sup>

People with disability were four times more likely to report maltreatment by medical providers, more than twice as likely to report that medical providers did not have sufficient skills to meet their needs, and nearly three times more likely to report being denied care.<sup>10</sup>

The social service system in the U.S. treats disability and poverty (which is more prevalent among BIPOC communities) separately. For example, those who wish to qualify for anti-poverty programs often must prove they are employed, but to qualify for disability benefits (including health coverage) applicants typically must prove they are not capable of working. Consequently, disabled individuals who are trying to emerge from or avoid poverty face systemic challenges.<sup>15</sup>



**Physical barriers & transportation limitations.** Inadequate and/or limited transportation options, inaccessible parking areas, narrow doorways, poor signage, inadequate bathroom facilities and inaccessible medical equipment create barriers to health care facilities. For example, mammography equipment only accommodates women who are able to stand, and women with mobility limitations are often unable to access such breast cancer screening since examination tables are typically not height-adjustable.<sup>9</sup>

## LGBTQ+ Health Disparities

LGBTQ people experience several health disparities<sup>16</sup>. In terms of behavioral health, the LGBTQ population is at greater risk for mood disorders and anxiety, suicide and suicidal thoughts, and eating disorders, as well as tobacco, alcohol and other substance abuse<sup>17</sup>. In terms of physical health, the LGBTQ population reports

<sup>13</sup> U.S. National Library of Medicine, "Disparities in Insurance Coverage, Health Services Use, and Access Following Implementation of the Affordable Care Act: A Comparison of Disabled and Non-disabled Working-Age Adults", Jan 2017. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5798675/>

<sup>14</sup> World Health Organization (WHO), "Disability and Health", Dec 1, 2020. <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>

<sup>15</sup> National Disability Institute, "Financial Inequality: Disability, Race and Poverty in America", Feb 2019.

<https://www.nationaldisabilityinstitute.org/wp-content/uploads/2019/02/disability-race-poverty-in-america.pdf>

<sup>16</sup> Cigna, "LGBT Health Disparities", Feb 2017. <https://www.cigna.com/individuals-families/health-wellness/lgbt-disparities>

<sup>17</sup> National Center for Transgender Equality, "National Transgender Discrimination Survey: Full Report", Sept 11, 2012.

<https://transequality.org/issues/resources/national-transgender-discrimination-survey-full-report>

more chronic conditions and are more likely than other groups to rate their health as poor<sup>18</sup>. They are also more likely to be obese and have higher rates of HPV infection<sup>19</sup>. Lesbian and bisexual women have higher rates of breast cancer and cervical cancer<sup>15, 20</sup>. Gay and bisexual men are more likely to have HIV/AIDS and have anal cancer<sup>15 21</sup>.

Despite such higher rates of worse health outcomes, LGBTQ populations face significant barriers in accessing health care<sup>13</sup>. LGBTQ people are less likely to have health insurance and fill prescriptions. They are also more likely to delay getting care or to obtain care in emergency rooms<sup>13</sup>. Additionally, the LGBTQ population is more likely to be refused health care services or to be harassed by health care providers than their non-LGBTQ counterparts<sup>13</sup>. Stigma, lack of healthcare providers' awareness, and insensitivity to the unique needs of this community perpetuate poor health service provision to LGBTQ people as well as their reluctance to seek medical care<sup>22</sup>.

### **LGBTQ Health Disparities in Colorado<sup>23</sup>**

Between 2011 and 2018, the percentage of uninsured LGBTQ Coloradans has dropped from 10% to 5%. However, 32% still report lack of choice and access to LGBTQ-competent providers who are in-network with their insurance provider. Additionally, 25% of LGBTQ Coloradans report that their medical insurance is not sufficient for themselves and their dependents. In 2017, 36% of LGBTQ people cited cost as the reason they did not seek health care for, compared to just 12.9% of the general public. The LGBTQ population is also hesitant to come out to their health care providers – 43% of LGBTQ Coloradans do not reveal their sexuality to their providers, mainly due to fears that their providers are not supportive of and would discriminate against LGBTQ people. Also, in regard to behavioral health, the LGBTQ Colorado community are almost three times more likely to have ever been diagnosed with depression and more than three times more likely to have ever been diagnosed with depression than their non-LGBTQ counterparts. Overall, LGBTQ Coloradans are three times more likely than non-LGBTQ Coloradans to say that their mental health is not good, in addition to reporting worse physical health outcomes. LGBTQ Coloradans who have LGBTQ-friendly or LGBTQ-competent providers are 22% more likely to have seen a primary care provider in the last 6 months and 26% more likely to have received a physical or wellness exam in the past year.

### **Office of Health Equity**

The Office of Health Equity, housed within the Colorado Department of Public Health and Environment, is focused on building partnerships to mobilize community power and transform systems to advance health equity and environmental justice. The Office was codified in statute through Senate Bill 242 in May 2007, and, in 2013, its service scope was extended to include lesbian, gay, bisexual and transgender (LGBT), aging, disabled, low-socioeconomic and geographic populations.<sup>24</sup> The Health Equity Commission, also created by Senate Bill 242 in May 2007, advises the Office of Health Equity on health equity issues, focusing on

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<sup>18</sup> U.S. National Library of Medicine, "Minority Stress and Physical Health Among Sexual Minorities", Sept 2011.

<https://pubmed.ncbi.nlm.nih.gov/26173210/>

<sup>19</sup> National LGBT Cancer Network, "HPV and Cancer", 2021. <https://cancer-network.org/cancer-information/hpv-and-cancer/>

<sup>20</sup> Women's Health Issues, "Comparing breast cancer risk between lesbians and their heterosexual sisters", March 2004.

[https://www.whijournal.com/article/S1049-3867\(04\)00018-0/abstract](https://www.whijournal.com/article/S1049-3867(04)00018-0/abstract)

<sup>21</sup> Centers for Disease Control and Prevention (CDC), "Sexually Transmitted Diseases: Gay, Bisexual and Other Men Who Have Sex with Men" March 30, 2021. <https://www.cdc.gov/std/life-stages-populations/msm.htm>

<sup>22</sup> U.S. National Library of Medicine, "Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review", April 2017. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5478215/>

<sup>23</sup> One Colorado Education Fund, "Closing the Gap: The Turning Point for LGBTQ Health", June 2019. <https://one-colorado.org/wp-content/uploads/2020/06/Closing-the-Gap.pdf>

<sup>24</sup> Colorado Department of Public Health and Environment, "About the Office of Health Equity", 2021. <https://cdphe.colorado.gov/about->

alignment, education, and capacity-building for state and local health programs and community-based organizations.<sup>25</sup>

### **Health Disparities Grant Program**

The Health Disparities Grant Program (HDGP) was created to provide prevention, early detection, and treatment of cancer and cardiovascular and pulmonary diseases to under-represented populations<sup>26</sup>. The grant program is funded by the Colorado state tobacco tax revenue. Funding is contingent upon Colorado State Board of Health approval, spending authority of the program, and appropriations by the state legislature each year. The Health Equity Commission also assists in the review of the grant program<sup>27</sup>.

## **This Legislation**

### **Health Disparities Grant Program Fund**

The bill expands the funding mechanism for the Health Disparities Grant Program Fund. The fund may also consist of any funds appropriated by the General Assembly.

### **Health Disparities and Community Grant Program**

The bill renames the grant program from the 'Health Disparities Grant Program' to the 'Health Disparities and Community Grant Program.'

The following definition is added to statute in regards to the grant program. "Equity strategic plan" is defined as a strategic plan that identifies for certain state agencies the priorities, obstacles, goals, and timelines necessary to address identified health disparities in each agency's respective area of work and influence.

The grant program currently provides financial support for statewide initiatives that address prevention, early detection, and treatment of cancer, cardiovascular diseases, and pulmonary diseases in underrepresented populations. The bill adds that the grant program is to positively affect social determinants of health to reduce the risk of future disease and exacerbating health disparities in underrepresented populations.

The State Board of Health is to adopt rules that outline grant application contents. Specifically, for money allocated to the Health Disparities Grant Program Fund from the Prevention, Early Detection, and Treatment Fund, how the program meets at least one of the specified program criteria, which may include population-based prevention work focused on influencing social determinants of health to advance health equity for underrepresented populations. In addition, for funds appropriated by the General Assembly, the rules must outline the criteria that must be met for a community organization applicant to receive grant funds to reduce health disparities in underrepresented communities through policy and systems changes regarding social determinants of health. The criteria can include specifications concerning how community organizations plan to achieve health equity through strategic planning, building staff/volunteer capacity, technical training and assistance, and evaluation of community impact. The bill strikes language that currently stipulates that an awarded grant cannot exceed three years without renewal.

### **Office of Health Equity**

By January 1, 2022, and every 2 years after, the Office of Health Equity must conduct an assessment and publish a report regarding health disparities and inequities in Colorado. This includes an assessment of the impact of social determinants of health on those issues and recommended strategies to begin to address

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<sup>25</sup> Colorado Department of Public Health and Environment, "Health Equity Commission", 2021. <https://cdphe.colorado.gov/health-equity-commission>

<sup>26</sup> CRS 25-4 2201 (2). <https://casetext.com/statute/colorado-revised-statutes/title-25-public-health-and-environment/disease-control/article-4-disease-control/part-22-health-disparities-grant-program>

<sup>27</sup> HDGP Funding Opportunities. 2021. <https://cdphe.colorado.gov/health-disparities-grant-program/hdgp-funding-opportunities>

those inequities. The office must collaborate with the Health Equity Commission, community partners working on health equity, local public health agencies, stakeholders from affected communities, data organizations, and other state and local partners in the creation of the report. Each state agency that is represented on the Commission shall use the report. In subsequent reports, after the first, the Office shall report progress to address social determinants of health and strategies used to address health disparities and inequities.

Within six months of the publication of the first report, the Governor is to convene the Commission to conduct a strategic planning process and develop an equity strategic plan that responds to the report and ensures that there is coordination in equity-related work across state agencies. The process must include input from both community stakeholders and policymakers. The Office can collaborate with the grant program to address issues identified by the strategic plan. Each member of the Commission that represents a state agency must develop a plan to address the social determinants of health relevant to the agency and dedicate up to 20 hours of staff time to the development and implementation of the strategic plan.

### Health Equity Commission

The bill adds the following state agency officials (or their designee) to the Commission:

- Executive Director of the Department of Labor and Employment
- Executive Director of the Department of Local Affairs
- Executive Director of the Department of Transportation
- Executive Director of the Department of Public Safety
- Commissioner of Education of the Department of Education
- Executive Director of the Department of Corrections
- Executive Director of the Department of Higher Education

### Effective Date

The bill is effective upon the Governor's signature or if the Governor allows it to become law without their signature.

### Fiscal Note

CDPHE will have an increase in expenditures of \$186,168 in state fiscal year 2021-22 and \$171,226 in state fiscal year 2022-23. These costs are for staff to support the agency work group, conduct outreach, and prepare the office's biannual report. The fiscal note assumes that General Fund will be appropriated to the Health Disparities Grant Program Fund to cover these costs. If

**Table 2**  
**Expenditures Under SB 21-181**

	FY 2021-22	FY 2022-23
<b>Department of Public Health and Environment</b>		
Personal Services	\$118,709	\$118,709
Operating Expenses	\$2,025	\$2,025
Capital Outlay Costs	\$12,400	-
Centrally Appropriated Costs <sup>1</sup>	\$53,034	\$50,492
<b>Total Cost</b>	<b>\$186,168</b>	<b>\$171,226</b>
<b>Total FTE</b>	<b>1.5 FTE</b>	<b>1.5 FTE</b>

<sup>1</sup> Centrally appropriated costs are not included in the bill's appropriation.

General Fund is not provided, then less funding will be available for health disparity grants.

## Reasons to Support

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By ensuring that Health Equity Commission will now include members from the state departments of corrections, transportation, education, local affairs, etc. this bill ensures the council structurally mirrors the various characteristics and roots of health disparities. Engaging all of these departments and requiring them to initiate and implement strategies for health equity relevant to their own, individual departments will help promote structural change towards realizing health equity within each department's purview. The bill has a very comprehensive approach to coordinating such structural change across the entire state government, which will help to facilitate big picture, state-wide developments toward decreasing health disparities. Additionally, the fiscal note seems sufficient to cover the breadth of additional responsibilities within the Office of Health Equity. The reports that the Office will now be required to publish will be an important, transparent accountability tool for the Office and its additional funds, as well as an effective means of evaluating health disparities across the state.

## Supporters

- AARP
- Biogen
- Children's Hospital Colorado
- Colorado Academy of Family Physicians
- Colorado Association of Local Public Health Officials
- Colorado Association for School-Based Health Care
- Colorado Behavioral Healthcare Council
- Colorado Children's Campaign
- Colorado Community Health Network
- Colorado Nonprofit Association
- Colorado Cross-Disability Coalition
- Disability Law Colorado
- Easterseals Colorado
- Florence Crittenton Services
- Immunize Colorado
- League of Women Voters of Colorado
- Mental Health Colorado
- Sanofi
- The Arc of Colorado

## Reasons to Oppose

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There is a lack of community engagement and voice at the table to help inform the strategic plan and prioritize community needs. The funding could detract financial resources from more direct efforts to revitalize the state economy after COVID-19.

## Opponents

- No opposition has been made public at this time.

## Other Considerations

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Will this approach be effective enough, or too ambitious, to actually create policy and systems change?

## About this Analysis

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This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This analysis is accurate to staff knowledge as of date printed. For more information about this analysis or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at [awilliams@healthdistrict.org](mailto:awilliams@healthdistrict.org).

## SB21-194: MATERNAL HEALTH PROVIDERS

Concerning maternal health.

### Details

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<b>Bill Sponsors:</b>	Senate – Buckner (D) House – Herod (D)
<b>Committee:</b>	Senate Health & Human Services Senate Appropriations
<b>Bill History:</b>	3/22/2021- Introduced in Senate, Assigned to Health & Humans Services 4/14/2021- Senate Health & Human Services Refer Amended to Appropriations
<b>Next Action:</b>	Hearing in Senate Appropriations
<b>Fiscal Note:</b>	<u>April 13, 2021</u> , the bill increases state expenditures by \$5.3 million and 1.2 FTE in FY 2021-22 and by \$19.2 million and 0.8 FTE in FY 2022-23.

### Bill Summary

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The bill requires state regulated health plans and Medicaid to reimburse health professionals that provide services related to labor and delivery in a way that promotes high-quality, cost-effective care, prevents risk in subsequent pregnancy, and does not discriminate based on the type of provider or facility. Additionally, health professionals that provide health-care services related to labor and delivery must implement best practices for interprofessional collaboration and the transfer of a pregnant person from home or a birthing center to a health facility. The Department of Public Health and Environment (CDPHE) and the Colorado Maternal Mortality Review Committee must make recommendations to improve numerous topics related to maternal health. The Department of Health Care Policy and Financing (HCPF) must seek an amendment to the state Medicaid plan and the Children’s Health Plan Plus (CHP+) to provide 12 months of postpartum medical benefits to persons who qualified for benefits while pregnant.

### Issue Summary

#### Postpartum Care & Maternal Mortality

While postpartum care has traditionally centered around one clinical visit six to eight weeks after delivery, there has been a shift to emphasize that postpartum care is an ongoing process that typically requires multiple visits and follow up care that may last a year or even longer.<sup>1</sup> However, Disruptions in perinatal insurance coverage disproportionately affect indigenous, Hispanic, and black non-Hispanic women.<sup>2</sup> Postpartum care is important not only for those who experience pregnancy complications or have chronic conditions, but also for every person who has given birth, as a wide array of conditions can arise in the postpartum period, which play a role in maternal health and broader health outcomes.

Mental health is a central component during the postpartum period. In the past ten years, suicidality has risen among pregnant and postpartum individuals.<sup>3</sup> One in ten individuals experience perinatal depression,

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<sup>1</sup> University of North Carolina, School of Social Work, Jordan Institute for Families (n.d.) *4<sup>th</sup> Trimester Project*. Retrieved from <https://jordainstituteforfamilies.org/collaborate/community-initiatives/4thtrimesterproject/the4thtrimesterproject/>

<sup>2</sup> Daw, JR. et al. Racial and Ethnic Disparities in Perinatal Insurance Coverage, *Obstetrics & Gynecology*: 2020; 135(4):917-924. doi: 10.1097/AOG.0000000000003728 Retrieved from [https://journals.lww.com/greenjournal/Fulltext/2020/04000/Racial\\_and\\_Ethnic\\_Disparities\\_in\\_Perinatal.20.aspx](https://journals.lww.com/greenjournal/Fulltext/2020/04000/Racial_and_Ethnic_Disparities_in_Perinatal.20.aspx)

<sup>3</sup> Admon LK, Dalton VK, Kolenic GE, et al. Trends in Suicidality 1 Year Before and After Birth Among Commercially Insured Childbearing Individuals in the United States, 2006-2017. *JAMA Psychiatry*. 2021;78(2):171–176. doi:10.1001/jamapsychiatry.2020.3550. Retrieved from

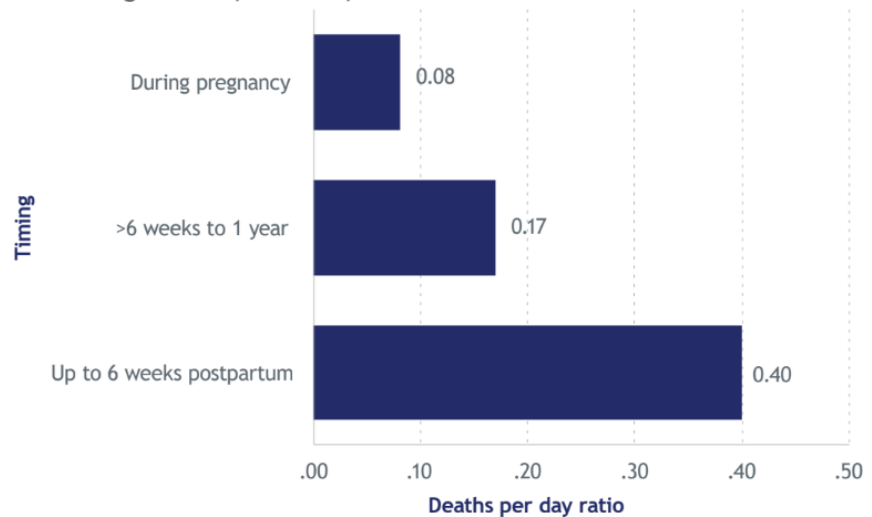


with higher rates and lower access to treatment for BIPOC individuals and those with low-incomes.<sup>4</sup> Due to the complexity of mental health in the postpartum period, the American College of Obstetricians and Gynecologists (ACOG) recommends screening during the initial postpartum visit and referral to treatment.<sup>5</sup> Treatment for mental health in the postpartum period can be provided over a long duration, which often last beyond 60 days.

Pregnancy-related deaths occur not only during delivery but also during pregnancy and up to 1 year postpartum.<sup>6</sup> Approximately one-third of maternal deaths happen in the postpartum period.<sup>7</sup> Black and American Indian/Alaska Native women in this country are about 3 times more likely to die from pregnancy-related causes than white women.<sup>8</sup> In Colorado, from 2014-2016, American Indian individuals were 4.8 times more likely to have a

pregnancy-associated death than other non-American Indian demographic groups.<sup>9</sup> However, there was not a significantly different percentage of pregnancy-associated deaths occurring among Black, white, Asian, and Hispanic Coloradans. During the same period in Colorado, the top five singular causes for maternal death were suicide, drug overdose, injury (including motor vehicle crashes), homicide, and cardiac conditions. The accompanying chart from the Colorado Maternal Mortality Review Committee demonstrates the prevalence of deaths during certain periods.

Figure 7. Timing of Death, Colorado, 2014-2016.



### Current Postpartum Medicaid Coverage

In 2017, Colorado's Medicaid program financed 45% of all births in the state.<sup>10</sup> For those covered by Medicaid while pregnant, they continue to have coverage for 60 days postpartum.

[https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2772882?utm\\_source=STAT+Newsletters&utm\\_campaign=97fadf08d3-MR\\_COPY\\_01&utm\\_medium=email&utm\\_term=0\\_8cab1d7961-97fadf08d3-149539289&applied=scweb](https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2772882?utm_source=STAT+Newsletters&utm_campaign=97fadf08d3-MR_COPY_01&utm_medium=email&utm_term=0_8cab1d7961-97fadf08d3-149539289&applied=scweb)

<sup>4</sup> Kaiser Family Foundation. (March 9, 2021). *Expanding Postpartum Medicaid Coverage*. Retrieved from <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>

<sup>5</sup> ACOG (Nov. 2018). *Screening for Perinatal Depression*. Retrieved from [https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/11/screening-for-perinatal-depression?utm\\_source=redirect&utm\\_medium=web&utm\\_campaign=otn](https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/11/screening-for-perinatal-depression?utm_source=redirect&utm_medium=web&utm_campaign=otn)

<sup>6</sup> Petersen EE, Davis NL, Goodman D, et al. *Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017*. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429. Retrieved from [https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s\\_cid=mm6818e1\\_w#suggestedcitation](https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w#suggestedcitation)

<sup>7</sup> U.S. Department of Health & Human Services (2017). *Action Plan to Improve Maternal Health in America*. Retrieved from [https://aspe.hhs.gov/system/files/aspe-files/264076/healthy-women-healthy-pregnancies-healthy-future-action-plan\\_0.pdf](https://aspe.hhs.gov/system/files/aspe-files/264076/healthy-women-healthy-pregnancies-healthy-future-action-plan_0.pdf)

<sup>8</sup> Petersen EE, Davis NL, Goodman D, et al. *Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017*. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429. Retrieved from [https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s\\_cid=mm6818e1\\_w#suggestedcitation](https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w#suggestedcitation)

<sup>9</sup> Colorado Department of Public Health and Environment (2020). *Colorado Maternal Mortality Prevention Program Legislative Report 2014–2016*. Retrieved from <https://drive.google.com/file/d/11sB0qnM1DmfCA-Z87el3KMHN6oBy5t2y/view>

<sup>10</sup> Kaiser Family Foundation (2021). *Births financed by Medicaid*. Retrieved from <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22colorado%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

Following the 60 days postpartum period, postpartum people with incomes up to 138% FPL, in the states that have expanded Medicaid, may have pathways to coverage.<sup>11</sup> Individuals with slightly higher incomes may qualify for subsidized coverage in the individual market through Connect for Health Colorado. However, even with a premium subsidy, some may find the out-of-pocket costs to be unaffordable and may have to change providers to remain in-network.

### **State & Federal Efforts of Address Postpartum Insurance Coverage**

The American Rescue Plan Act of 2021 (ARPA) has given states a new option to extend Medicaid postpartum coverage from 60 days to 12 months.<sup>12</sup> The act allows states to extend the postpartum period to a year by filing a State Plan Amendment (SPA) to their Medicaid program and the option to extend coverage under a state's Children's Health Insurance Plan (CHIP). States that elect the new option must provide full Medicaid benefits during pregnancy and the extended postpartum period. The new option can take effect starting April 1, 2022 and would be available to states for five years.

A number of states, both expansion and non-expansion, are taking action to try to extend the period of Medicaid postpartum eligibility, but the initiatives vary in scope. Some states have applied for waivers from the federal government to provide Medicaid coverage beyond 60 days postpartum. A non-expansion state, Georgia, enacted legislation to extend postpartum coverage from 60 days to six months for those who had a Medicaid funded birth, and the state has submitted a waiver application to CMS.<sup>13</sup> Recently, Illinois' waiver request was approved by the federal government.<sup>14</sup> The waiver allows Illinois' Medicaid program to provide full benefits to postpartum women with incomes up to 208 % of FPL for 12 months postpartum. The state will also provide continuous eligibility for a woman during the entire period, ensuring continuity of coverage.

### **Colorado Maternal Mortality Review Committee**

The Maternal Mortality Review Committee reviews causes of maternal deaths in Colorado. The committee includes individuals from obstetrics & gynecology, maternal-fetal medicine, midwifery, nursing, anesthesiology, forensic pathology, psychology, psychiatry, mental and behavioral health care, and public health.

## **This Legislation**

### **Mandatory Coverage-Maternity**

A carrier offering a health benefit plan in Colorado would be required to reimburse participating providers that provide services related to labor and delivery in a manner that promotes high-quality, cost-effective care and prevents risk in subsequent pregnancies as well as does not discriminate based on the type of provider or facility.

### **Transfers from Home and Birthing Centers**

Health professionals licensed, registered, or certified by the state to provide labor and delivery-related services must implement best practices for interprofessional collaboration and the transfer of a pregnant person from a home or a birth center to a hospital. A health care provider at the hospital must accept a transfer of a pregnant person from a home or birthing center without discrimination based on:

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<sup>11</sup> Kaiser Family Foundation. (March 9, 2021). *Expanding Postpartum Medicaid Coverage*. Retrieved from <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>

<sup>12</sup> Kaiser Family Foundation (March 18, 2021). *Postpartum Coverage Extension in the American Rescue Plan Act of 2021*. Retrieved from <https://www.kff.org/policy-watch/postpartum-coverage-extension-in-the-american-rescue-plan-act-of-2021/>

<sup>13</sup> CMS (2020). *Georgia Postpartum Extension*. Retrieved from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/104911>

<sup>14</sup> CMS (2021). *Illinois Approval Letter*. Retrieved from <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/il-continuity-care-admin-simplification-ca.pdf>

- Age, citizenship status, color, disability, gender, gender expression, gender identity, genetic information, health status, national origin, race, religion, sex, or sexual orientation or
- Whether the person was seeking care outside of the hospital setting when the person began experiencing symptoms that require immediate care at a hospital

This section does not prohibit providers from billing for the services rendered. The acceptance of a transferred pregnant person does not establish an employment or consultation relationship between the accepting provider and the transferring provider or establish grounds for vicarious liability.<sup>15</sup>

### **Birth Certificate Worksheet**

The birth certificate worksheet form must include a place to report where the pregnant person intended to give birth at the onset of the person's labor.

### **CDHPE & Colorado Maternal Mortality Review Committee**

The bill amends and adds onto the duties of CDPHE and the Colorado Maternal Mortality Review Committee in relation to maternal mortality. CDPHE and the Committee are to incorporate input and feedback from the following:

- Interested and affected stakeholders, with a focus on pregnant persons or in the postpartum period and their family members
- Multidisciplinary, nonprofit organizations representing pregnant persons or in the postpartum period, with a focus on those from racial and ethnic minority groups
- Multidisciplinary, community-based organizations that provide support or advocacy for pregnant persons or in the postpartum period, with a focus on those from racial and ethnic minority groups

Additionally, they are to make recommendations to improve the collection and public reporting of maternal health data from hospitals, health systems, midwifery practices, and birthing centers, including:

- Data on race and ethnicity correlated with conditions and outcomes
- Data on disability correlated with conditions and outcomes
- Data on uptake of trainings on bias, racism, or discrimination
- Data on incidents of disrespect or mistreatment of a pregnant person and
- Data collected through stories from pregnant and postpartum persons and their family members, with a focus on the experiences of marginalized groups including persons of racial and ethnic minority groups

Further, the entities must study the use of research evidence in policies related to the perinatal period in Colorado and by September 1, 2023, must report to the Senate Health and Human Services Committee and House Health and Insurance Committee on the use of research evidence in policies related to the perinatal period in the state using the implementation science framework. The department can contract with a third party to conduct the research.

### **Medicaid Provider Reimbursement**

HCPF must reimburse all Medicaid eligible providers that provide labor and delivery services in a manner that promotes high-quality, cost-effective care, prevents risk in subsequent pregnancies, and does not discriminate based on the type of provider or facility.

### **Medicaid Postpartum Coverage**

With the receipt of federal financial participation to the maximum extent allowed under federal law, a person who was eligible for all pregnancy-related and postpartum services under Medicaid for the 60 days following the pregnancy remains continuously eligible for all services under Medicaid for the 12 month

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<sup>15</sup> *Vicarious liability*: Liability that a supervisory party (such as an employer) bears for the actionable conduct of a subordinate or associate (such as an employee) based on the relationship between the two parties.

postpartum period. HCPF is to seek any state plan amendment necessary to implement this benefit and can only implement the benefit upon receiving federal authorization and financial participation.

### CHP+ Postpartum Coverage

With the receipt of federal financial participation to the maximum extent allowed under federal law, a person who was eligible for the Children's Health Plan Plus (CHP+) while pregnant and remains eligible for all pregnancy-related and postpartum services under CHP+ for the 60 days following the pregnancy remains continuously eligible for all services under CHP+ for the 12 month postpartum period. HCPF is to seek any state plan amendment necessary to implement this benefit and can only implement the benefit upon receiving federal authorization and financial participation.

### Effective Date

The bill, subject to a petition, takes effect at 12:01am on the day following the expiration of the 90 day period after the final adjournment of the General Assembly.

### Fiscal Note

The bill increases state expenditures by \$5.3 million and 1.2 FTE in FY 2021-22 and by \$19.2 million and 0.8 FTE in FY 2022-23. In terms of the expenditures for the expanded coverage, a 50 percent federal match is assumed for Medicaid costs<sup>16</sup>, and a 65 percent match is assumed for CHP+. The accompanying table from the fiscal note addresses the bill as

introduced and does not reflect the amendments that occurred in the Senate Health and Human Services Committee. The amendments are unlikely to substantially change the fiscal note.

**Table 2**  
**Expenditures Under SB 21-194**

<b>Cost Components</b>	<b>FY 2021-22</b>	<b>FY 2022-23</b>
<b>Department of Health Care Policy and Finance</b>		
Personal Services	\$47,855	-
Operating Expenses	\$1,080	-
Capital Outlay Costs	\$6,200	-
CBMS Programming (OIT)	\$297,882	-
MMIS Programming (HCPF)	\$212,505	-
Expanded Coverage (Medicaid)	\$3,736,637	\$14,946,549
Expanded Coverage (CHP)	\$1,029,420	\$4,117,680
Centrally Appropriated Costs <sup>1</sup>	\$11,330	-
FTE – Personal Services	0.7 FTE	0.0 FTE
<b>HCPF Subtotal</b>	<b>\$5,342,909</b>	<b>\$19,064,229</b>
	<i>General Fund</i>	\$2,087,443
	<i>Cash Funds</i>	\$219,779
	<i>Federal Funds</i>	\$3,024,357
	<i>Centrally Appropriated</i>	\$11,330
		\$8,035,348
		\$879,114
		\$10,149,767
		\$0
<b>Department of Public Health and Environment</b>		
Personal Services	\$37,733	\$56,600
Operating Expenses	\$810	\$1,080
Capital Outlay Costs	\$6,200	-
Research Contractor	\$37,500	\$50,000
Legislative Report Translation	-	\$4,000
Centrally Appropriated Costs <sup>1</sup>	\$25,274	\$36,016
FTE – Personal Services	0.5 FTE	0.8 FTE
<b>CDPHE Subtotal</b>	<b>\$107,517</b>	<b>\$147,695</b>
<b>Total</b>	<b>\$5,450,426</b>	<b>\$19,211,925</b>
	<b>Total FTE</b>	<b>1.2 FTE</b>
		<b>0.8 FTE</b>

<sup>1</sup> Centrally appropriated costs are not included in the bill's appropriation.

<sup>16</sup> The Kasier Family Foundation demonstrates that the federal match for federal fiscal year 2022 will be 56.2%, which reflects higher federal matching funding made available through the Families First Coronavirus Response Act (amended by the Coronavirus Aid, Relief, and Economic Security Act). Retrieved from <https://www.kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier/?currentTimeframe=0&selectedDistributions=fmap-percentage&selectedRows=%7B%22states%22:%7B%22colorado%22:%7B%7D%7D%7D&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

## Reasons to Support

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The improved collaboration between health providers within hospitals and those that serve the needs of pregnant people at home and at birth centers would better meet the diverse needs and preferences of families. By strengthening the infrastructure surrounding the labor, delivery, and postpartum periods the well-being of parents and children will be the key focus during the delivery of health care in different settings.

Many of the conditions that account for a significant share of pregnancy-related mortality and morbidity, such as cardiovascular diseases, hypertension, and depression often require care over a longer-term than 60 days. Providing insurance coverage access through Medicaid and CHP+ to postpartum persons with low-incomes for a longer period also promotes continuity and access to preventive services such as contraception, intrapartum care, and behavioral health screening. Extending Medicaid coverage to 12 months postpartum will ensure that even more postpartum Coloradans have access to health care during a formative time for both parent and infant.

## Supporters

- American Civil Liberties Union of Colorado
- Colorado Center on Law and Policy
- Colorado Children’s Campaign
- Colorado Community Health Network
- Colorado Consumer Health Initiative
- Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)
- Elephant Circle
- Illuminate Colorado
- Interfaith Alliance
- Junior League of Denver
- Mental Health Colorado
- Planned Parenthood of the Rocky Mountains

## Reasons to Oppose

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The required acceptance of transfers is already covered in emergency situations under the Emergency Medical Treatment and Labor Act (EMTALA). Some assert that a relationship between a home birth provider or a birth center and a hospital should be prior to the possible transfer, preferably during prenatal care, to ensure a successful transfer.

## Opponents

- COPIC<sup>17</sup>

## About this Analysis

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This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental and behavioral health, dental, preventive and health planning services to the communities it serves. This analysis is accurate to staff knowledge as of date printed. For more information about this analysis or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at [awilliams@healthdistrict.org](mailto:awilliams@healthdistrict.org).

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<sup>17</sup> Specifically opposed to Section 2, which concerns the transfer of pregnant persons from a birth center or home birth to a hospital. But otherwise in an ‘amending’ position.

**SB21-242: HOUSING DEVELOPMENT GRANTS HOTELS TENANCY SUPPORT PROGRAM**

Concerning the expansion of the allowable uses of the housing development grant fund, and, in connection therewith, making an appropriation.

**Details**

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<b>Bill Sponsors:</b>	Senate – Gonzales (D) and Pettersen (D) House – Gonzales-Gutierrez (D) and Woodrow (D)
<b>Committee:</b>	Senate Local Government Committee
<b>Bill History:</b>	4/12/2021- Introduced in Senate, Assigned to Local Government Committee
<b>Next Action:</b>	Hearing in Senate Local Government

**Bill Summary**

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The bill allows the Division of Housing within the Department of Local Affairs (DOLA) to use the housing development grant fund for rental assistance, tenancy support service programs, and awarding grants and loans to local governments and nonprofit organizations for the purchase of underutilized hotels, underutilized motels, and other underutilized properties. The division shall define the terms underutilized hotels, underutilized motels, and other underutilized properties. The bill expands those who are eligible to benefit from these programs to include unhoused individuals. The bill transfers \$15 million from the General Fund to the Housing Development Grant Fund specifically for rental assistance, tenancy support service programs, and awarding grants and loans. The bill requires DOLA to report on the programs provided to unhoused individuals related the programs as well as the grants and loans awarded.

**Issue Summary**

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**Housing**

Colorado has a shortage of rental homes that are affordable and available to those households with extremely low incomes.<sup>1</sup> There are approximately 165,000 extremely low income renter households in Colorado but a shortage of 114,000 rental homes that are affordable and available for those renters.<sup>2</sup> Because of the shortage, nearly 75% of extremely low income renter households have a severe cost burden.

Even before the onset of the COVID-19 pandemic, Coloradans were experiencing housing instability. In 2019, 6.7% of Coloradans (360,000) were worried that they would not have a stable place to live in the next two months.<sup>3</sup> More than half of those that reported this worry also reported problems paying for food and medical bills. Additionally, nearly half of those reporting housing instability reported their health being fair or poor (44.1%), their oral health being poor or fair (46.8%), and having poor mental health (45.8%). People of color were more likely to report housing instability than white Coloradans. Further, 14.4% of Coloradans who are not U.S. citizens reported instability, which is more than double that of citizens (6.5%).

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<sup>1</sup> Extremely low incomes are defined as those at or below the federal poverty level (FPL) or 30% of their area median income (AMI). National Low Income Housing Coalition (n.d) *Colorado*. Retrieved from <https://nlihc.org/housing-needs-by-state/colorado>

<sup>2</sup> National Low Income Housing Coalition (n.d) *Colorado*. Retrieved from <https://nlihc.org/housing-needs-by-state/colorado>

<sup>3</sup> Colorado Health Institute (June 9, 2020). *Making a Home for Health: Supporting Health by Putting Housing First*. Retrieved from <https://www.coloradohealthinstitute.org/research/making-home-health>

## People of Color Are More Likely to Report Housing Instability

Race/Ethnicity and Stable Housing, 2019

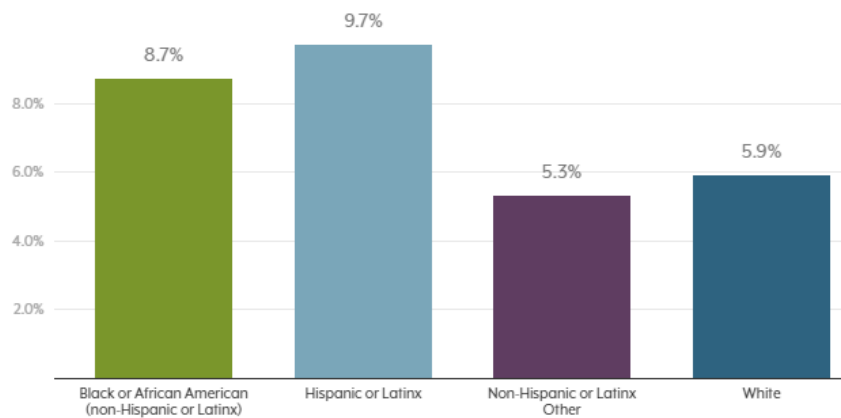


Chart: Colorado Health Institute - Source: Colorado Health Access Survey

Colorado has about 10,857 people experiencing homeless on a given night.<sup>4</sup> Larimer County's temporary COVID-19 shelter, day shelter, and inclement weather shelters, operated by Homeward Alliance and Fort Collins Rescue Mission, serve up to 200 people daily. More households than ever before are on the brink of housing instability in Larimer County. This is reflected in the increased number of people per week currently seeking services through Murphy Center for Hope program. The Murphy Center is a collaboration between 20 independent organizations that serves as a hub of services for people who face homelessness or housing instability. Between October 1, 2020, and December 31, 2020, the Murphy Center served 1,124 unduplicated people, averaging 125 check-ins per day. Just under 50% of the people served identified themselves as living with a disability and 35% of the people served were ages 50 or older. The Murphy Center has recorded an increase of roughly 30 new entries to homelessness each week.

### Supporters

- Colorado Municipal League
- League of Women Voters

### Opponents

- Any opposition has not been made public at this time.

### About this Brief

This brief was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This brief is not a complete analysis of this policy issue. This brief is accurate to staff knowledge as of date printed. For more information about this brief or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at [awilliams@healthdistrict.org](mailto:awilliams@healthdistrict.org).

<sup>4</sup> National Alliance to End Homelessness (2019) *Colorado*. Retrieved from <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-report/colorado/>



**SB21-243: COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT APPROPRIATION  
PUBLIC HEALTH INFRASTRUCTURE**

Concerning annual appropriations to the department of public health and environment.

**Details**

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<b>Bill Sponsors:</b>	Senate – Moreno (D) House – McCluskie (D)
<b>Committee:</b>	Senate Appropriations Committee
<b>Bill History:</b>	4/13/2021- Introduced in Senate, Assigned to Appropriations Committee
<b>Next Action:</b>	Hearing in Senate Appropriations

**Bill Summary**

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For each of the 2021-22, 2022-23, and 2023-24 state fiscal years, the bill requires the General Assembly to appropriate \$21,090,149 to the Department of Public Health and Environment as follows:

- \$10,000,000 for distributions to local public health agencies; and
- \$11,090,149 for disease control and public health response

**Issue Summary**

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**Public Health Infrastructure**

Public health infrastructure exists to provide the capacity to prevent disease, promote health, and prepare for/respond to both emergency threats and ongoing health challenges. Public health infrastructure has three main components:<sup>1</sup>

- A capable and qualified workforce
- Up-to-date data and information systems
- Agencies capable of assessing and responding to public health needs

The infrastructure is the foundation for the essential public health services:<sup>2</sup>

1. Assess and monitor population health status, factors that influence health, and community needs and assets
2. Investigate, diagnose, and address health problems and hazards affecting the population
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
4. Strengthen, support, and mobilize communities and partnerships to improve health
5. Create, champion, and implement policies, plans, and laws that impact health
6. Utilize legal and regulatory actions designed to improve and protect the public's health
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
8. Build and support a diverse and skilled public health workforce

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<sup>1</sup> Healthy People 2030. *Public Health Infrastructure*. Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/public-health-infrastructure>

<sup>2</sup> Centers for Disease Control and Prevention (2020). *10 Essential Public Health Services*. Retrieved from <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>

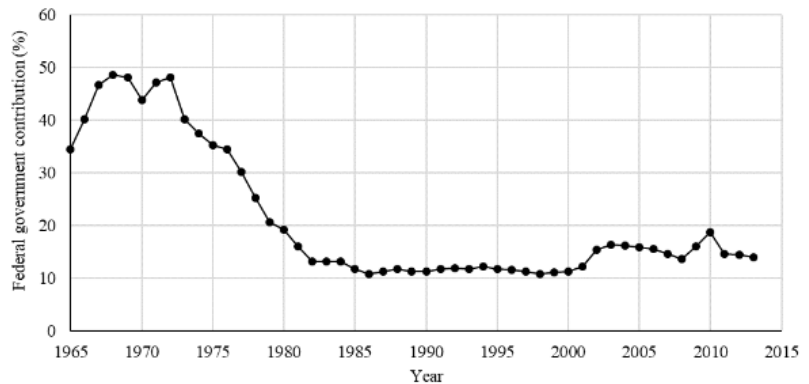


9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
10. Build and maintain a strong organizational infrastructure for public health

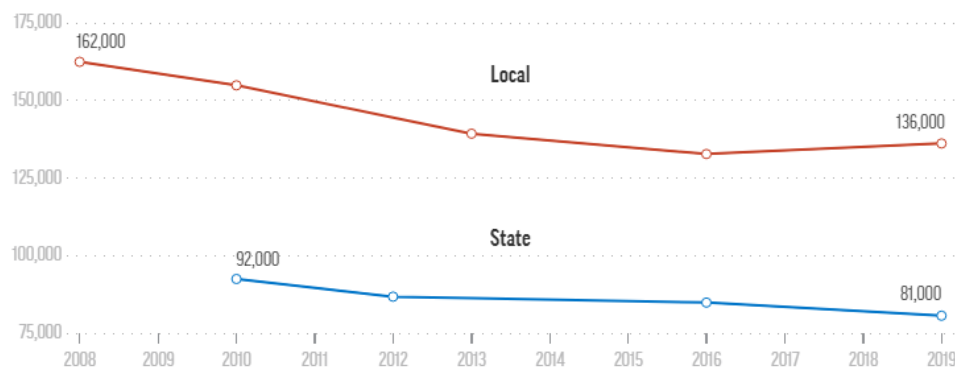
**Underinvestment in Public Health**

The COVID-19 pandemic has highlighted the underinvestment in public health infrastructure and is poised to exacerbate the issue in some states. The public health infrastructure is fragmented in organization and funding, and capabilities of local, county, and state public health agencies vary greatly across the country. Experts assert that there is a \$4.5 billion funding shortfall to provide a minimum standard of foundational public health in the United States.<sup>3</sup> The share of the federal government’s contribution to public health has decreased over the years, illustrated in the accompanying graph, has led to a reliance on state and local funding, which has resulted in differential per capita funding across the nation.

**Figure 1. Federal Government Share of Total Public Health Expenditures<sup>a</sup>**



**State and local public health workforces have shrunk**



State figures are for full-time equivalent employees in state public health agencies excluding Kansas, New Jersey, Texas and Wyoming, which do not have comparable data. Local figures are for full-time equivalent employees of local health departments. Source: Association of State and Territorial Health Officials, National Association of County and City Health Officials / Graphic: Hannah Recht/KHN, Francois Duckett/AP

Even before the pandemic began, the public health workforce at the state and local level has diminished in numbers over the past decade.<sup>4</sup> Even before the COVID-19 pandemic, nearly half of public health workers planned to retire or leave their organizations within the next five years, and poor pay topped the reasons why. A qualified workforce is a key

component of public health infrastructure, yet only 28% of local public health departments have epidemiologists or statisticians.<sup>5</sup>

<sup>3</sup> Maani, N & Galea, S. (June 2020). *COVID-19 and the Underinvestment in the Health Infrastructure of the United States*. Milbank Quarterly. Retrieved from [https://www.milbank.org/quarterly/articles/covid-19-and-underinvestment-in-the-public-health-infrastructure-of-the-united-states/#\\_edn8](https://www.milbank.org/quarterly/articles/covid-19-and-underinvestment-in-the-public-health-infrastructure-of-the-united-states/#_edn8)

<sup>4</sup> Kaiser Health News (Aug 2020) *Hallowed-Out Public Health System Faces More Cuts Amid Virus*. Retrieved from <https://khn.org/news/us-public-health-system-underfunded-under-threat-faces-more-cuts-amid-covid-pandemic/>

<sup>5</sup> Kaiser Health News (Aug 2020) *Hallowed-Out Public Health System Faces More Cuts Amid Virus*. Retrieved from <https://khn.org/news/us-public-health-system-underfunded-under-threat-faces-more-cuts-amid-covid-pandemic/>

## Public Health Funding in Colorado

According to a 2017 report from the Colorado Health Institute (CHI), only 8% of public health funding in the state comes from the state's General Fund, while 55% is from the federal government through different agencies like the U.S. Department of Health and Human Services (HHS) and the Department of Agriculture (USDA).<sup>6</sup> The following graphic from CHI demonstrates the funding sources for Colorado's public health activities for the 2015-16 fiscal year.

CDPHE 2015-16 Budget by Funding Source



## Supporters

- Associated Governments of Northwest Colorado
- Colorado Community Health Network

## Opponents

- Any opposition has not been made public at this time.

## About this Brief

This brief was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This brief is not a complete analysis of this policy issue. This brief is accurate to staff knowledge as of date printed. For more information about this brief or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at [awilliams@healthdistrict.org](mailto:awilliams@healthdistrict.org).

<sup>6</sup> CHI (Apr. 2017). *Colorado Public Health Funding: What's At Risk*. Retrieved from [https://www.coloradohealthinstitute.org/blog/colorado-public-health-funding-whats-risk#:~:text=Just%20eight%20percent%20of%20Colorado's,Department%20of%20Agriculture%20\(USDA\)](https://www.coloradohealthinstitute.org/blog/colorado-public-health-funding-whats-risk#:~:text=Just%20eight%20percent%20of%20Colorado's,Department%20of%20Agriculture%20(USDA).).

## Health District of Northern Larimer County: Priority 1 Bills

### **BILL** [HB21-1005](#)

Concerning the establishment of the health care services reserve corps task force.

**Sponsors:** K. Mullica (D) | Y. Caraveo (D) / L. Garcia (D)

The bill creates the health care services reserve corps task force (task force) in the department of public health and environment. The purpose of the task force is to evaluate and make recommendations on the creation of a health care services reserve corps program (program), in which medical professionals could cross-train to be able to serve the state in an emergency or disaster and receive student loan relief for their service. The task force is required to consider and make findings and recommendations on issues including:

- The types of medical professionals who could participate in a health care services reserve corps program, including how to ensure an appropriate cross section of providers;
- The types of emergencies and disasters for which the program could prepare and provide assistance, and whether the program could be deployed out of state;
- Any legal or regulatory obstacles to creating such a program;
- Liability protections for professionals and facilities participating in the program;
- Whether the program could be streamlined or integrated with existing programs or procedures;
- The types and hours of training that would be required;
- How to ensure the program and cross-training are accessible to rural medical professionals;
- The costs associated with the program;
- Issues related to insurance coverage and reimbursement;
- How the health care services reserve corps would be deployed; and
- The amount, terms of, and funding for the student loan relief that participants would receive.

The task force is required to consult with medical and nursing schools in making recommendations related to the cross-training elements of the program. The task force is authorized to consult with additional stakeholders with expertise in identifying the physical and mental health needs of Coloradans or in coordinating emergency response at the local, state, or federal level to identify additional questions for future consideration by the program. The task force is required to submit a report with its findings and recommendations to the house public health care and human services committee and the senate health and human services committee by December 1, 2023. The task force is required to meet at least once every 2 months. Task force members serve without compensation and are not eligible for reimbursement for expenses. *(Note: This summary applies to this bill as introduced.)*

#### **Status**

2/16/2021 Introduced In House - Assigned to Health & Insurance

2/24/2021 House Committee on Health & Insurance Refer Amended to Appropriations

### **BILL** [HB21-1012](#)

Concerning expansion of the prescription drug monitoring program to track information regarding all prescription drugs prescribed in Colorado.

**Sponsors:** J. Rich (R) | K. Mullica (D) / B. Pettersen (D) | D. Coram (R)

Current law requires the prescription drug monitoring program (program) to track all controlled substances prescribed in Colorado. The bill expands the program, effective February 1, 2023, to track all prescription drugs prescribed in this state. The bill extends the repeal of the program until September 1, 2028. *(Note: This summary applies to this bill as introduced.)*

#### **Status**

2/16/2021 Introduced In House - Assigned to Health & Insurance

3/24/2021 House Committee on Health & Insurance Refer Amended to Finance

4/5/2021 House Committee on Finance Refer Unamended to Appropriations

## **BILL [HB21-1021](#)**

### **Position: Support**

Concerning supporting the peer support professional workforce.

**Sponsors:** R. Pelton (R) | Y. Caraveo (D)

The bill requires the department of human services (state department) to establish procedures to approve recovery support services organizations for reimbursement of peer support professional services. The bill also gives the executive director of the state department rule-making authority to establish other criteria and standards as necessary. The bill permits a recovery support services organization to charge and submit for reimbursement from the medical assistance program certain eligible peer support services provided by peer support professionals. The bill authorizes the department of health care policy and financing to reimburse recovery support services organizations for permissible claims for peer support services submitted under the medical services program. The bill requires contracts entered into between the state department's office of behavioral health and designated managed service organizations to include terms and conditions related to the support of peer-run recovery support services organizations. *(Note: This summary applies to this bill as introduced.)*

### **Status**

2/16/2021 Introduced In House - Assigned to Public & Behavioral Health & Human Services

3/9/2021 House Committee on Public & Behavioral Health & Human Services Refer Amended to Finance

3/29/2021 House Committee on Finance Refer Amended to Appropriations

## **BILL [HB21-1025](#)**

### **Suggested priority 1**

Concerning a clarification under the Colorado open meetings law of the requirements governing communication by electronic mail that does not relate to the substance of public business.

**Sponsors:** J. Arndt (D) / J. Ginal (D)

Under current provisions of the Open Meetings Law (OML), if elected officials use electronic mail to discuss pending legislation or other public business among themselves, the electronic mail constitutes a meeting that is subject to the OML's requirements. The bill substitutes the word "exchange" for the word "use" in describing the type of electronic mail communication that triggers the application of the OML.

The bill also clarifies existing statutory provisions to specify that electronic mail communication between elected officials that does not relate to the merits or substance of pending legislation or other public business is not a meeting for OML purposes. Under the bill, the type of electronic communication that also does not constitute a meeting for OML purposes includes electronic communication regarding scheduling and availability as well as electronic communication that is sent by an elected official for the purpose of forwarding information, responding to an inquiry from an individual who is not a member of the state or local public body, or posing a question for later discussion by the public body. *The bill defines the term "merits or substance" to mean any discussion, debate, or exchange of ideas, either generally or specifically, related to the essence of any public policy proposition, specific proposal, or any other matter being considered by the governing entity .*

*(Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.) (Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

## Status

2/16/2021 Introduced In House - Assigned to State, Civic, Military and Veterans Affairs

2/22/2021 House Committee on State, Civic, Military and Veterans Affairs Refer Unamended to House Committee of the Whole

3/1/2021 House Second Reading Passed with Amendments - Floor

3/2/2021 House Third Reading Passed - No Amendments

3/4/2021 Introduced In Senate - Assigned to State, Veterans, & Military Affairs

3/18/2021 Senate Committee on State, Veterans, & Military Affairs Refer Unamended to Senate Committee of the Whole

3/22/2021 Senate Second Reading Passed - No Amendments

3/23/2021 Senate Third Reading Passed - No Amendments

3/29/2021 Sent to the Governor

4/7/2021 Governor Signed

## **BILL [HB21-1030](#)**

### **Position: Support**

Concerning expanding the peace officers mental health support grant program to include community partnerships.

**Sponsors:** J. McCluskie (D) | H. McKean (R) / J. Buckner (D) | J. Cooke (R)

The bill expands the peace officers mental health support grant program to include funding for on-scene response services to enhance law enforcement's handling of calls for services related to persons with mental health disorders and social service needs, including calls that do not require the presence of a peace officer.

*(Note: This summary applies to this bill as introduced.)*

## Status

2/16/2021 Introduced In House - Assigned to Public & Behavioral Health & Human Services + Appropriations

3/5/2021 House Committee on Public & Behavioral Health & Human Services Refer Amended to Appropriations

## **BILL [HB21-1032](#)**

Concerning the ability of local governments to exert authority after the initial imposition of a statewide disaster emergency declaration having legal effects within their territorial boundaries.

**Sponsors:** S. Luck (R)

The bill permits the majority of the governing body of any county or municipality by adoption of a resolution, ordinance, law, or rule to abrogate all or any portion of a disaster emergency order applying to the county or municipality that has been issued by the governor under the governor's emergency management powers when the disaster emergency lasts longer than 30 days. Upon the enactment by the governing body of such a resolution, ordinance, law, or rule the order, or any portion of the order, has no legal force and effect within, as applicable, the municipality or within the unincorporated portions of the county where the resolution, ordinance, law, or rule has been approved by the governing body of a county. The bill prohibits the state and any state department, institution, or agency from taking any action against a county or municipality, including without limitation any action resulting in denial of a monetary payment or the provision of any other form of financial assistance in retaliation for action by the governing body of the county or municipality to abrogate the governor's order. The bill requires the governing body of the county or municipality to notify the governor and any affected state departments, institutions, or agencies of the adoption of such resolution, ordinance, law, or rule. *(Note: This summary applies to this bill as introduced.)*

## Status

2/16/2021 Introduced In House - Assigned to Public & Behavioral Health & Human Services

3/5/2021 House Committee on Public & Behavioral Health & Human Services Postpone Indefinitely

## **BILL** [HB21-1036](#)

Concerning the control of a local government over a health order that applies within the territory of a local government.

**Sponsors:** A. Pico (R)

The bill specifies that a health order issued by a county, district, or municipal public health agency, public health director, or board of health takes effect within the territory of a county, city and county, or municipality, unless the governing body of the county, city and county, or municipality rejects the order by a majority vote. The bill also allows the governing body of a county, city and county, or municipality to modify a health order issued by a county, district, or municipal public health agency, public health director, or board of health. (*Note: This summary applies to this bill as introduced.*)

## Status

2/16/2021 Introduced In House - Assigned to Public & Behavioral Health & Human Services

3/5/2021 House Committee on Public & Behavioral Health & Human Services Postpone Indefinitely

## **BILL** [HB21-1050](#)

Concerning the "Workers' Compensation Act of Colorado", and, in connection therewith, making changes that affect the timely payment of benefits, guardian ad litem and conservator services, benefit offsets related to the receipt of federal disability or retirement benefits, the reduction of benefits based on apportionment, the selection of independent medical examiners, limits on temporary disability and permanent partial disability payments, the withdrawal of admissions of liability, mileage expense reimbursement, the authority of prehearing administrative law judges, the reopening of permanent total disability awards, and petitions for review and appeals of orders.

**Sponsors:** M. Gray (D) | K. Van Winkle (R) / J. Bridges (D) | J. Cooke (R)

The bill:

- Adds guardian ad litem and conservator services to the list of medical aid that an employer is required to furnish to an employee who is incapacitated as a result of a work-related injury or occupational disease ( **section 1** of the bill);
- Requires an injured worker who is claiming mileage reimbursement for travel related to obtaining compensable medical care to submit a request to the employer or insurer within 120 days after the expense is incurred, and requires the employer or insurer to pay or dispute mileage within 30 days after submittal and to include in the brochure of claimants' rights an explanation of rights to mileage reimbursement and the deadline for filing a request ( **sections 1 and 7** );
- Clarifies that offsets to disability benefits granted by the federal "Old-Age, Survivors, and Disability Insurance Amendments of 1965" only apply if the payments were not already being received by the employee at the time of the work-related injury ( **section 2** );
- Prohibits the reduction of an employee's temporary total disability, temporary partial disability, or medical benefits based on apportionment under any circumstances; limits apportionment of permanent impairment to specific situations; and declares that the employer or insurer bears the burden of proof, by a preponderance of the evidence, at a hearing regarding apportionment of permanent impairment or permanent total disability benefits ( **section 3** );
- Adds the following conditions that must be met for an employer or insurer to request the selection of an independent medical examiner when an authorized treating physician has not determined that the employee has reached maximum medical improvement (MMI): An examining physician must have



examined the employee at least 20 months after the date of the injury, have determined that the employee has reached MMI, and have served a written report to the authorized treating physician specifying that the examining physician has determined that the employee has reached MMI; and the authorized treating physician must have responded that the employee has not reached MMI or must have failed to respond within 15 days after service of the report ( **section 4** );

- Changes the whole person impairment rating applicable to an injured worker from 25% to 19% for purposes of determining the maximum amount of combined temporary disability and permanent partial disability payments an injured worker may receive ( **section 5** );
- Clarifies when benefits and penalties payable to an injured worker are deemed paid ( **section 6** );
- Prohibits an employer or insurer from withdrawing an admission of liability when 2 years or more have passed since the date the admission of liability on the issue of compensability was filed, except in cases of fraud ( **section 7** );
- Prohibits the director of the division of workers' compensation or an administrative law judge from determining issues of compensability or liability unless specific benefits or penalties are awarded or denied at the same time ( **section 8** );
- Clarifies the scope of authority of prehearing administrative law judges ( **section 9** );
- Increases the threshold amount that an injured worker must earn in order for permanent total disability payments to cease and allows for annual adjustment of the threshold amount starting in 2022 ( **section 11** ); and
- Clarifies the orders that are subject to review or appeal ( **sections 10 and 12** ).

*(Note: This summary applies to this bill as introduced.)*

#### **Status**

2/16/2021 Introduced In House - Assigned to Business Affairs & Labor

2/24/2021 House Committee on Business Affairs & Labor Refer Amended to Appropriations

#### **BILL [HB21-1051](#)**

Concerning publicly available information about applicants for public employment.

**Sponsors:** T. Geitner (R) | S. Bird (D) / B. Pettersen (D)

Under the bill, a state public body conducting a search for a chief executive officer of an agency, authority, institution, or other entity is required to name one or more candidates as finalists and to make the finalist or finalists public prior to making an offer of employment. The application materials of an applicant for any employment position, including an applicant for an executive position who is not a finalist, are not subject to public inspection under the "Colorado Open Records Act". The bill repeals a provision requiring that, if 3 or fewer candidates for an executive position meet the minimum requirements for the position, all of those candidates must be treated as finalists and their application materials are public records. *The bill requires the disclosure of demographic data concerning the race and gender of a candidate who was interviewed but not named as a finalist for a chief executive officer position, if that information was legally requested and voluntarily provided.*

*(Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.) (Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

#### **Status**

2/16/2021 Introduced In House - Assigned to Business Affairs & Labor

3/25/2021 House Committee on Business Affairs & Labor Refer Amended to House Committee of the Whole

3/30/2021 House Second Reading Passed with Amendments - Committee

4/1/2021 House Third Reading Passed - No Amendments

4/6/2021 Introduced In Senate - Assigned to State, Veterans, & Military Affairs

## **BILL [HB21-1054](#)**

### **Position: Strongly Support**

Concerning a housing assistance exception to the requirement to verify lawful presence in the United States for public benefits.

**Sponsors:** D. Jackson (D) / J. Gonzales (D)

The bill creates, *unless otherwise required by federal law*, a public or assisted housing benefit exception to the requirement that an applicant for federal, state, or local public benefits verify lawful presence in the United States.

*(Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.) (Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

### **Status**

2/16/2021 Introduced In House - Assigned to State, Civic, Military and Veterans Affairs

2/25/2021 House Committee on State, Civic, Military, & Veterans Affairs Refer Amended to House Committee of the Whole

3/2/2021 House Second Reading Passed with Amendments - Committee, Floor

3/3/2021 House Third Reading Passed - No Amendments

3/5/2021 Introduced In Senate - Assigned to State, Veterans, & Military Affairs

3/23/2021 Senate Committee on State, Veterans, & Military Affairs Refer Unamended to Senate Committee of the Whole

3/26/2021 Senate Second Reading Passed - No Amendments

3/30/2021 Senate Third Reading Passed - No Amendments

4/5/2021 Sent to the Governor

4/15/2021 Governor Signed

## **BILL [HB21-1058](#)**

Concerning measures to promote social distancing for legal marijuana, and, in connection therewith, modifying the physical examination procedure to obtain a medical marijuana card and repealing the prohibition on selling retail marijuana products online and to a person not physically present in the retail marijuana store's licensed premises.

**Sponsors:** M. Gray (D) / J. Gonzales (D)

Under current law, a physician is required to conduct an in-person physical examination of a person prior to certifying that the person would benefit from medical marijuana. The bill permits a physician to treat, counsel, and conduct appropriate personal physical examinations, in person or remotely via telephone or video conference, to establish a bona fide physician-patient relationship with a patient seeking a medical marijuana card.

Under current law, retail marijuana stores are prohibited from selling retail marijuana and retail marijuana products online and to a person not physically present in the retail marijuana store's licensed premises. The bill repeals this prohibition. *(Note: This summary applies to this bill as introduced.)*

### **Status**

2/16/2021 Introduced In House - Assigned to Business Affairs & Labor + Finance



**BILL [HB21-1068](#)**

Concerning health insurance coverage for an annual mental health wellness examination performed by a qualified mental health care provider.

**Sponsors:** D. Michaelson Jenet (D) | B. Titone (D) / D. Moreno (D)

The bill adds a requirement, as part of mandatory health insurance coverage of preventive health care services, that health plans cover an annual mental health wellness examination of up to 60 minutes that is performed by a qualified mental health care provider. The coverage must:

- Be comparable to the coverage of a physical examination;
- Comply with the requirements of federal mental health parity laws; and
- Not require any deductibles, copayments, or coinsurance for the mental health wellness examination.

The coverage applies to plans issued on or after January 1, 2022. *(Note: This summary applies to this bill as introduced.)*

**Status**

2/16/2021 Introduced In House - Assigned to Health & Insurance

**BILL [HB21-1074](#)**

Concerning civil immunity for entities that comply with applicable health guidelines related to COVID-19.

**Sponsors:** M. Bradfield (R)

The bill establishes immunity from civil liability for entities for any act or omission that results in exposure, loss, damage, injury, or death arising out of COVID-19 if the entity attempts in good faith to comply with applicable public health guidelines. The bill is repealed 2 years after the date the governor terminates the state of disaster emergency declared on March 11, 2020. *(Note: This summary applies to this bill as introduced.)*

**Status**

2/16/2021 Introduced In House - Assigned to State, Civic, Military and Veterans Affairs

3/11/2021 House Committee on State, Civic, Military, & Veterans Affairs Postpone Indefinitely

**BILL [HB21-1075](#)**

**Position:** **Strongly Support**

Concerning replacing the term "illegal alien" with "worker without authorization" as it relates to public contracts for services.

**Sponsors:** S. Lontine (D) / J. Gonzales (D)

The bill replaces the term "illegal alien" with "worker without authorization" as it relates to public contracts for services. *(Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

**Status**

2/16/2021 Introduced In House - Assigned to State, Civic, Military and Veterans Affairs

2/25/2021 House Committee on State, Civic, Military, & Veterans Affairs Refer Unamended to House Committee of the Whole

3/2/2021 House Second Reading Passed - No Amendments

3/3/2021 House Third Reading Passed - No Amendments

3/4/2021 Introduced In Senate - Assigned to State, Veterans, & Military Affairs

3/23/2021 Senate Committee on State, Veterans, & Military Affairs Refer Unamended to Senate Committee of the Whole

3/26/2021 Senate Second Reading Passed - No Amendments

3/30/2021 Senate Third Reading Passed - No Amendments

4/5/2021 Sent to the Governor

4/15/2021 Governor Signed

### **BILL [HB21-1081](#)**

Concerning the duration of a state of disaster emergency declared by the governor, and, in connection therewith, prohibiting the governor from renewing a state of disaster emergency and authorizing the general assembly to extend a state of disaster emergency.

**Sponsors:** A. Pico (R)

The bill extends the duration of a state of disaster emergency declared by the governor from 30 to 60 days, but prohibits the governor from renewing a state of disaster emergency declared beyond 60 days. Instead, the bill authorizes the general assembly, upon the written request of the governor and by adopting a joint resolution, to extend the state of disaster emergency for up to 60 additional days. The general assembly may continue, at the written request of the governor and by adopting a joint resolution for each extension, to extend a state of disaster emergency for periods of up to 60 days for as long as it deems it necessary to do so. If the general assembly is not scheduled to convene in a regular session when a state of disaster emergency will end as required by the bill, the governor or a two-thirds majority of the members of each house of the general assembly, in accordance with applicable state constitutional provisions, may call the general assembly into an extraordinary session to consider extending the state of disaster emergency. *(Note: This summary applies to this bill as introduced.)*

#### **Status**

2/16/2021 Introduced In House - Assigned to State, Civic, Military and Veterans Affairs

3/18/2021 House Committee on State, Civic, Military, & Veterans Affairs Postpone Indefinitely

### **BILL [HB21-1085](#)**

Concerning secure transportation for an individual in behavioral health crisis.

**Sponsors:** J. McCluskie (D) | C. Larson (R) / J. Bridges (D) | J. Smallwood (R)

The bill creates a regulatory and service system to provide secure transportation services, with different requirements from traditional ambulance services, for individuals experiencing a behavioral health crisis. The department of human services shall allow for the development of secure transportation alternatives. The board of county commissioners of the county in which the secure transportation service is based (commissioners) shall issue a license to an entity (licensee), valid for 3 years, that provides secure transportation services if the minimum requirements set by rule by the state board of health are met or exceeded. The commissioners shall also issue operating permits, valid for 12 months following issuance, to each vehicle operated by the licensee. A fee may be charged for each license to reflect the direct and indirect costs to the applicable county in implementing secure transportation services licensure. The state board of health is given authority to promulgate rules concerning secure transportation licensure.

The department of health care policy and financing (department) is directed to create and implement a secure transportation benefit on or before January 1, 2023. The department is required to include information on secure transportation services and benefits in its annual "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" report. The bill exempts secure transportation services from regulation under the public utilities commission. *(Note: This summary applies to this bill as introduced.)*

#### **Status**

2/16/2021 Introduced In House - Assigned to Public & Behavioral Health & Human Services

3/23/2021 House Committee on Public & Behavioral Health & Human Services Refer Amended to Appropriations

## **BILL HB21-1097**

Concerning recommendations from the Colorado behavioral health task force, and, in connection therewith, establishing a behavioral health administration.

**Sponsors:** M. Young (D) | R. Pelton (R) / R. Fields (D) | B. Gardner (R)

The bill addresses multiple recommendations from the Colorado behavioral health task force (task force), created in 2019, related to the creation of a behavioral health administration (BHA). The BHA would be a single state agency to lead, promote, and administer the state's behavioral health priorities. The bill requires the department of human services (department) to submit a plan for the creation and establishment of the BHA on or before November 1, 2021, to the joint budget committee and on or before January 30, 2022, to the department's committees of reference. The bill outlines what the plan must, at a minimum, include. The essential duties of the BHA, once established, are set forth. A timeline is described for the establishment of the BHA in the department and for a future determination of what state department, if different than the department of human services, the BHA will exist. *(Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

### **Status**

2/16/2021 Introduced In House - Assigned to Public & Behavioral Health & Human Services

3/9/2021 House Committee on Public & Behavioral Health & Human Services Refer Amended to House Committee of the Whole

3/12/2021 House Second Reading Passed with Amendments - Committee

3/16/2021 House Third Reading Passed - No Amendments

3/18/2021 Introduced In Senate - Assigned to Health & Human Services

4/5/2021 Senate Committee on Health & Human Services Refer Unamended to Senate Committee of the Whole

4/8/2021 Senate Second Reading Passed - No Amendments

4/9/2021 Senate Third Reading Passed - No Amendments

4/14/2021 Sent to the Governor

## **BILL HB21-1106**

Concerning measures to secure firearms to prevent use by persons not lawfully permitted to possess firearms.

**Sponsors:** M. Duran (D) | K. Mullica (D) / J. Bridges (D) | C. Hansen (D)

The bill requires that firearms be responsibly and securely stored when they are not in use to prevent access by unsupervised juveniles and other unauthorized users. The bill creates the offense of unlawful storage of a firearm if a person stores a firearm in a manner that the person knows, or should know:

- That a juvenile can gain access to the firearm without the permission of the juvenile's parent or guardian; or
- A resident of the premises is ineligible to possess a firearm under state or federal law.

Unlawful storage of a firearm is a class 2 misdemeanor.

The bill requires licensed gun dealers to provide with each firearm, at the time of a firearm sale or transfer, a locking device capable of securing the firearm. Transferring a firearm without a locking device is an unclassified misdemeanor punishable by a maximum \$500 fine.

The bill requires the state court administrator to annually report to the general assembly about the number of charges related to unsafe firearms storage and the disposition of those charges.

The bill requires the office of suicide prevention within the department of public health and environment (department) to include on its website, and in materials provided to firearms-related businesses and health care

providers, information about the offense of unlawful storage of a firearm, penalties for providing a handgun to a juvenile or allowing a juvenile to possess a firearm, and the requirement that gun dealers provide a locking device with each firearm transferred. Subject to available money, the department is required to develop and implement a firearms safe storage education campaign to educate the public about the safe storage of firearms, ~~and~~ state requirements related to firearms safety and storage, *and information about voluntary temporary firearms storage programs.*

*(Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.) (Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

#### **Status**

2/16/2021 Introduced In House - Assigned to State, Civic, Military and Veterans Affairs  
3/1/2021 House Committee on State, Civic, Military, & Veterans Affairs Refer Unamended to House Committee of the Whole  
3/8/2021 House Second Reading Special Order - Passed with Amendments - Floor  
3/9/2021 House Third Reading Passed - No Amendments  
3/10/2021 Introduced In Senate - Assigned to Judiciary  
4/1/2021 Senate Committee on Judiciary Refer Unamended to Senate Committee of the Whole  
4/9/2021 Senate Second Reading Passed - No Amendments  
4/12/2021 Senate Third Reading Passed - No Amendments  
4/14/2021 Sent to the Governor  
4/19/2021 Governor Signed

#### **BILL [HB21-1107](#)**

#### **Position: Support**

Concerning protections for certain public health workers.

**Sponsors:** Y. Caraveo (D) | T. Carver (R) / J. Bridges (D) | P. Lundeen (R)

Under current law, it is unlawful for a person to make available on the internet personal information of a law enforcement official (official) or a human services worker (worker), or the official's or worker's family, if the dissemination of the personal information poses an imminent and serious threat to the official's or worker's safety or the safety of the official's or worker's family. A violation of this law is a class 1 misdemeanor. Further, a worker meeting certain requirements specified in statute may submit a written request to a state or local government official to remove personal information from public records that are available on the internet.

The bill adds the same protections for public health workers, including employees, contractors, or employees of contractors of the department of public health and environment, or of county or district public health agencies, who are engaged in public health duties, and for members of county or district boards of health, other than elected county commissioners. *(Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

#### **Status**

2/16/2021 Introduced In House - Assigned to Judiciary  
3/2/2021 House Committee on Judiciary Refer Amended to House Committee of the Whole  
3/8/2021 House Second Reading Special Order - Passed with Amendments - Committee  
3/9/2021 House Third Reading Passed - No Amendments  
3/10/2021 Introduced In Senate - Assigned to Judiciary  
4/14/2021 Senate Committee on Judiciary Refer Unamended-Consent Calendar to Senate Committee of the Whole

4/19/2021 Senate Second Reading Passed - No Amendments

4/20/2021 Senate Third Reading Passed - No Amendments

**BILL [HB21-1108](#)**

Concerning updates to prohibitions against gender-based discrimination to clarify the individuals who are included in a protected class.

**Sponsors:** D. Esgar (D) / D. Moreno (D)

The bill amends the definition of "sexual orientation" and adds definitions of the terms "gender expression" and "gender identity". The bill also adds the terms "gender expression" and "gender identity" to statutes prohibiting discrimination against members of a protected class, including statutes prohibiting discriminatory practices in the following areas:

- Membership of the Colorado civil rights commission;
- Employment practices;
- Housing practices;
- Places of public accommodation;
- Publications that advertise places of public accommodation;
- Consumer credit transactions;
- Selection of patients by direct primary health care providers;
- Sales of cemetery plots;
- Membership in labor organizations;
- Colorado labor for public works projects;
- Issuance or renewal of automobile insurance policies;
- The provision of funeral services and crematory services;
- Eligibility for jury service;
- Issuance of licenses to practice law;
- The juvenile diversion program;
- Access to services for youth in foster care;
- Enrollment in a charter school, institute charter school, public school, or pilot school;
- Local school boards' written policies regarding employment, promotion, and dismissal;
- The assignment or transfer of a public school teacher;
- Leasing portions of the grounds of or improvements on the grounds of the Colorado state university - Pueblo and the Colorado school of mines;
- Enrollment or classification of students at private occupational schools;
- Training provided to peace officers concerning the prohibition against profiling;
- Criminal justice data collection;
- Employment in the state personnel system;
- The availability of services for the prevention and treatment of sexually transmitted infections;
- Membership of the health equity commission;
- The availability of family planning services;
- Requirements for managed care programs participating in the state medicaid program and the children's basic health plan;
- The treatment of and access to services by individuals in facilities providing substance use disorder treatment programs;
- Employment practices of county departments of human or social services involving the selection, retention, and promotion of employees;
- Practices of the Colorado housing and finance authority in making or committing to make a housing facility loan;
- The imposition of occupancy requirements on charitable property for which the owner is claiming an exemption from property taxes based on the charitable use of the property;

- The determination of whether expenses paid at or to a club that has a policy to restrict membership are tax deductible; and
- Practices of transportation network companies in providing services to the public.  
*(Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

**Status**

2/16/2021 Introduced In House - Assigned to Judiciary  
 3/24/2021 House Committee on Judiciary Refer Amended to House Committee of the Whole  
 3/31/2021 House Second Reading Special Order - Passed with Amendments - Committee  
 4/1/2021 House Third Reading Passed - No Amendments  
 4/6/2021 Introduced In Senate - Assigned to Judiciary  
 4/21/2021 Senate Committee on Judiciary Refer Unamended to Senate Committee of the Whole

**BILL [HB21-1110](#)**

Concerning adding language to relevant Colorado statutes related to persons with disabilities to strengthen protections against discrimination on the basis of disability.

**Sponsors:** D. Ortiz (D)

The bill adds language to strengthen current Colorado law related to protections against discrimination on the basis of disability for persons with disabilities. The added provisions include:

- Prohibiting a person with a disability from being excluded from participating in or being denied the benefits of services, programs, or activities of a public entity;
- Clarifying that such prohibition includes the failure of a public entity to substantially comply with web content accessibility guidelines established and published by an international consortium;
- Any Colorado agency with the authority to promulgate rules shall not promulgate a rule that provides less protection than that provided by the "Americans with Disabilities Act of 1990".  
*(Note: This summary applies to this bill as introduced.)*

**Status**

2/16/2021 Introduced In House - Assigned to Judiciary  
 3/24/2021 House Committee on Judiciary Refer Amended to Appropriations

**BILL [HB21-1115](#)**

Concerning the regulation of members of boards of health, and, in connection therewith, regulating the members of state, county, and district boards of health.

**Sponsors:** C. Kipp (D) | K. Mullica (D) / J. Ginal (D) | K. Priola (R)

~~The bill specifies that members of a county or district board of health are not allowed to serve concurrently as members of a board of county commissioners and as members of a county or district board of health. The bill also allows members of a county or district board of health to be removed for malfeasance or other specified reasons~~ *requires members of a county or district board of health to attend annual public health training provided by the department of public health and environment and developed by the department of public health and environment along with the Colorado school of public health. The bill also requires the department of public health and environment to develop guidance on recruiting people to serve on county and district boards of health and to provide this guidance to any board of county commissioners, county board of health, or district board of health that requests it.*

*(Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.) (Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*



## Status

2/16/2021 Introduced In House - Assigned to Transportation & Local Government  
3/23/2021 House Committee on Transportation & Local Government Refer Amended to House Committee of the Whole  
3/26/2021 House Second Reading Passed with Amendments - Committee  
3/29/2021 House Third Reading Passed - No Amendments  
3/30/2021 Introduced In Senate - Assigned to Local Government  
4/13/2021 Senate Committee on Local Government Refer Unamended to Senate Committee of the Whole  
4/16/2021 Senate Second Reading Passed with Amendments - Floor  
4/19/2021 Senate Third Reading Passed - No Amendments  
4/21/2021 House Considered Senate Amendments - Result was to Adhere

## **BILL HB21-1119**

Concerning lowering the suicide rate by enhancing care for persons affected by suicide, and, in connection therewith, broadening Colorado's focus to include suicide prevention, intervention, and postvention.

**Sponsors:** J. Rich (R) | L. Daugherty (D)/ K. Donovan (D) | D. Coram (R)

The bill broadens the state's priorities and focus on suicide and suicide attempts and the after-effects of those actions on attempt survivors, family, friends, health care providers, first and last responders, educators, and students in schools where a suicide or suicide attempt has occurred. ~~The following entities are renamed as follows to reflect the new state focus:~~

- ~~The "office of suicide prevention" is renamed as the "office of suicide prevention, intervention, and postvention";~~
- ~~The "suicide prevention commission" is renamed as the "suicide prevention, intervention, and postvention commission" and its duties expanded to include training and education for health care providers, first and last responders, and educators, as well as developing a plan for follow up care for suicide attempt survivors who were treated in an emergency department;~~
- ~~The "Colorado suicide prevention plan" is renamed as the "Colorado suicide prevention, intervention, and postvention plan". The components of the plan are expanded to include training and education for health care providers, first and last responders, and educators, as well as developing a plan for follow up care for suicide attempt survivors who were treated in an emergency department.~~
- ~~The "crisis and suicide prevention training grant program" is renamed as the "crisis and suicide prevention, intervention, and postvention training grant program"; and~~
- ~~The "suicide prevention coordination cash fund" is renamed as the "suicide prevention, intervention, and postvention coordination cash fund".~~

*(Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.) (Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

## Status

2/18/2021 Introduced In House - Assigned to Public & Behavioral Health & Human Services  
3/23/2021 House Committee on Public & Behavioral Health & Human Services Refer Amended to House Committee of the Whole  
3/29/2021 House Second Reading Passed with Amendments - Committee, Floor  
3/30/2021 Introduced In Senate - Assigned to State, Veterans, & Military Affairs  
3/31/2021 House Third Reading Passed - No Amendments  
4/6/2021 Senate Committee on State, Veterans, & Military Affairs Refer Unamended - Consent Calendar to Senate Committee of the Whole  
4/9/2021 Senate Second Reading Passed - No Amendments

4/12/2021 Senate Third Reading Passed - No Amendments

4/21/2021 Sent to the Governor

### **BILL HB21-1130**

Concerning expanding the community transition specialist program.

**Sponsors:** D. Michaelson Jenet (D) | M. Bradfield (R) / C. Kolker (D) | B. Gardner (R)

The bill expands the community transition specialist program (program) by redefining "high-risk individual" to allow more individuals to access program services. The bill also expands facilities that can access program services. (*Note: This summary applies to the reengrossed version of this bill as introduced in the second house.*)

#### **Status**

2/23/2021 Introduced In House - Assigned to Public & Behavioral Health & Human Services

3/9/2021 House Committee on Public & Behavioral Health & Human Services Refer Unamended to House Committee of the Whole

3/12/2021 House Second Reading Passed - No Amendments

3/16/2021 House Third Reading Passed - No Amendments

3/19/2021 Introduced In Senate - Assigned to Health & Human Services

3/31/2021 Senate Committee on Health & Human Services Refer Unamended - Consent Calendar to Senate Committee of the Whole

4/6/2021 Senate Second Reading Passed - No Amendments

4/7/2021 Senate Third Reading Passed - No Amendments

4/14/2021 Sent to the Governor

4/20/2021 Governor Signed

### **BILL HB21-1135**

Concerning protections for consumers who participate in health-care cost-sharing arrangements.

**Sponsors:** S. Lontine (D) / R. Fields (D)

The bill defines a "health-care cost-sharing arrangement" as a health care sharing ministry or medical cost-sharing community that collects money from its members on a regular basis, at levels established by the arrangement, for purposes of sharing, covering, or defraying the medical costs of its members. A health-care cost-sharing arrangement is required to:

- Report specified information to the commissioner of insurance (commissioner) regarding its operations, financial statements, membership, and medical bills submitted, paid, and denied in Colorado;
- Provide certain written disclosures to potential and renewing members, post the disclosures on its website, if the arrangement has a website, and include the disclosures in its marketing materials;
- Provide specified written statements about arrangement finances and guidelines about arrangement procedures to members; and
- Respond to requests for payment of medical expenses from members or health-care providers within a period specified by the commissioner by rule.

An insurance broker that offers a health-care cost-sharing arrangement in this state is required to provide written or electronic disclosures about the product to prospective members before selling the arrangement to the person. The commissioner is authorized to:

- Adopt rules to implement the data reporting, disclosure, and response time requirements;
- Impose fines for failure to comply with the requirements and prohibitions specified in the bill;
- Issue an emergency, ex parte cease-and-desist order against a person the commissioner believes to be violating the bill if it appears to the commissioner that the alleged conduct is fraudulent, creates an



immediate danger to public safety, or is causing or is reasonably expected to cause significant, imminent, and irreparable public injury; and

- Impose a civil penalty, order restitution, or both, against a person that violates an ex parte cease-and-desist order.

A person is prohibited from making, issuing, circulating, or causing to be made, issued, or circulated any statement or publication that misrepresents the medical cost-sharing benefits, advantages, conditions, or terms of any health-care cost-sharing arrangement. *(Note: This summary applies to this bill as introduced.)*

#### **Status**

3/1/2021 Introduced In House - Assigned to Health & Insurance

3/23/2021 House Committee on Health & Insurance Postpone Indefinitely

#### **BILL [HB21-1150](#)**

**The Board voted to Support HB21-1150. However, the Board encourages legislators to add language to ensure that the use of the word “integration” in the bill cannot be used in the future in any way that would support the loss of someone’s cultural heritage.**

#### **Position: Support**

Concerning the creation of the Colorado office of new Americans.

**Sponsors:** I. Jodeh (D)

The bill creates, initially within the department of labor and employment, the Colorado office of new Americans (ONA). The bill sets forth the ONA's duties and responsibilities and provides details regarding funding. The ONA serves as the point of contact for immigrant-serving state agencies, private sector organizations, and the public about immigrant issues in Colorado, and has as one of its central purposes the successful integration and inclusion of immigrants and refugees in our state's communities. As its main priority, the ONA is required to implement a statewide strategy to facilitate economic stability and promote successful economic, social, linguistic, and cultural integration by investing in the success of immigrants in Colorado. *(Note: This summary applies to this bill as introduced.)*

#### **Status**

3/3/2021 Introduced In House - Assigned to State, Civic, Military, & Veterans Affairs

4/8/2021 House Committee on State, Civic, Military, & Veterans Affairs Refer Amended to Finance

4/15/2021 House Committee on Finance Refer Amended to Appropriations

#### **BILL [HB21-1191](#)**

Concerning the prohibition against discrimination based on the refusal to obtain a COVID-19 vaccine.

**Sponsors:** K. Ransom (R) | T. Van Beber (R)

The bill prohibits an employer, including a licensed health facility, from taking adverse action against an employee or an applicant for employment based on the employee's or applicant's COVID-19 immunization status. The bill allows an aggrieved employee or applicant for employment to file a civil action for injunctive, affirmative, and equitable relief and, if the employer or health facility acted with malice or wanton or willful misconduct or has repeatedly violated the law, the court may also award punitive damages and attorney fees and costs.

Additionally, the bill specifies that the COVID-19 vaccine is not mandatory, that the state cannot require any individual to obtain a COVID-19 vaccine, and that government agencies and private businesses, including health insurers, cannot discriminate against clients, patrons, or customers based on their COVID-19 vaccination status. A person aggrieved by a violation of these prohibitions may file a civil action for injunctive and other

appropriate relief and may be awarded punitive damages and attorney fees and costs for wanton, willful, or repeated violations. *(Note: This summary applies to this bill as introduced.)*

## Status

3/4/2021 Introduced In House - Assigned to Health & Insurance

## **BILL** [HB21-1198](#)

**The Board voted to Support HB21-1198 if the following four amendments are made: 1) Limit the application of the bill to hospitals and freestanding emergency departments; 2) Add language for what rate to use when Medicare does not have a rate to use for reference (for example, pregnancy); 3) Incorporate provider protections in the case of patients who deliberately misrepresent their income; and 4) Remove the requirement of providing a payment plan that does not exceed 5% of monthly income for patients who are non-qualifying. Additionally, the Board suggests that legislators consider creating an option whereby, prior to the post-36 month cancellation of debt, the provider's credit agency would be allowed to investigate assets; and if they are above a designated level, could move to collections rather than cancellation of debt.**

### **Position: Amend**

Concerning health-care billing requirements for indigent patients receiving services not reimbursed through the Colorado indigent care program, and, in connection therewith, establishing procedures before initiating collections proceedings against a patient.

**Sponsors:** I. Jodeh (D)/ J. Buckner (D) | C. Kolker (D)

No later than June 1, 2022, a health-care facility shall screen each uninsured patient for eligibility for public health insurance programs, discounted care through the Colorado indigent care program (CICP), and discounted care as described in the bill. Health-care facilities shall use a single uniform application developed by the department of health care policy and financing (department) when screening a patient. If a health-care facility determines a patient is ineligible for discounted care, the facility shall provide the patient notice of the determination and an opportunity for the patient to appeal the determination.

For emergency and other non-CICP health-care services provided to qualified patients, a health-care facility and licensed health-care professional shall limit the amounts charged to not more than 80% of the medicare rate if the patient is uninsured; collect amounts charged in monthly installments such that a patient is not paying more than 5% of the patient's household income; and after a cumulative 36 months of payments, consider the patient's bill paid in full and permanently cease any and all collection activities on any balance that remains unpaid.

A health-care facility shall make information about patient's rights and the uniform application for discounted care available to the public and to each patient.

Beginning June 1, 2023, and each June 1 thereafter, each health-care facility shall collect and report to the department data that the department determines is necessary to evaluate compliance across patient groups based on race, ethnicity, and primary language spoken with the required screening, discounted care, payment plan, and collections practices.

No later than April 1, 2022, the department shall develop a written explanation of a patient's rights, make the explanation available to the public and each patient, and establish a process for patients to submit a complaint relating to noncompliance with the requirements. The department shall periodically review health-care facilities and licensed health-care professionals (hospital providers) to ensure compliance, and the department shall notify the hospital provider if the hospital provider is not in compliance that the hospital provider has 90 days to file a corrective action plan with the department. A hospital provider may request up to 120 days to submit a corrective action plan. The department may require a hospital provider that is not in compliance to develop and operate under a corrective action plan until the department determines the hospital provider is in compliance.

The bill implements fines for hospital providers if the department determines the hospital provider's noncompliance is knowing or willful.

The bill imposes requirements on hospital providers before assigning or selling patient debt to a medical creditor or before pursuing any permissible extraordinary collection action and imposes fines for any hospital provider that fails to comply with the requirements. The bill prohibits a medical creditor from using impermissible extraordinary collection action to collect debts owed for health-care services provided by a hospital provider. A medical creditor may engage in permissible extraordinary collection actions 180 days after the first bill for a medical debt is sent to the patient. At least 30 days before taking any permissible extraordinary collection action, a medical creditor shall provide the patient with a notice about the discounted care policy, the permissible extraordinary collection actions that will be initiated, and a deadline after which such permissible extraordinary collection actions will be initiated. If a patient is later found eligible for discounted care, the medical creditor shall reverse any permissible extraordinary collection actions. *(Note: This summary applies to this bill as introduced.)*

### **Status**

3/4/2021 Introduced In House - Assigned to Health & Insurance

4/21/2021 House Committee on Health & Insurance Refer Amended to Appropriations

### **BILL [HB21-1202](#)**

Concerning the ability of certain health-care providers to repurpose therapeutic drugs that have been approved by the food and drug administration for another purpose to provide treatment to individuals with COVID-19.

**Sponsors:** S. Luck (R)

The bill specifies that:

- A physician, physician assistant, or advanced practice registered nurse with prescriptive authority may prescribe and dispense, and a pharmacist may dispense, therapeutic drugs for off-label use, including hydroxychloroquine sulfate and ivermectin, to provide prophylaxis or outpatient (at-home) and inpatient (hospital) treatment to an individual with COVID-19; and
- This practice is not unprofessional conduct or otherwise grounds for discipline. *(Note: This summary applies to this bill as introduced.)*

### **Status**

3/4/2021 Introduced In House - Assigned to Health & Insurance

3/31/2021 House Committee on Health & Insurance Postpone Indefinitely

### **BILL [HB21-1206](#)**

Concerning the protection of critical services through the creation of sustainable medicaid transportation safety requirements.

**Sponsors:** C. Larson (R) | A. Valdez (D) / D. Moreno (D) | D. Coram (R)

Current law requires the public utilities commission (commission) to oversee the safety and oversight of medicaid nonmedical and nonemergency medical transportation services (transportation services). The bill eliminates the commission's responsibility to oversee the safety and oversight of the transportation services.

The bill requires the department of health care policy and financing (department) to oversee the safety and oversight of the transportation services. The bill also requires the department to collaborate with stakeholders to establish rules and processes for the transportation services. *(Note: This summary applies to this bill as introduced.)*

## Status

3/4/2021 Introduced In House - Assigned to Health & Insurance

4/6/2021 House Committee on Health & Insurance Refer Amended to Appropriations

## **BILL [HB21-1232](#)**

**The Board voted to remain Neutral on HB21-1232, but continue to monitor the bill as it is amended.**

### **Position: Neutral**

Concerning the establishment of a standardized health benefit plan to be offered in Colorado.

**Sponsors:** D. Roberts (D) | I. Jodeh (D) / K. Donovan (D)

The bill requires the commissioner of insurance (commissioner) in the department of regulatory agencies to establish a standardized health benefit plan (standardized plan) by rule to be offered by health insurance carriers (carriers) in the individual and small group markets. The standardized plan must:

- Offer health-care coverage at the bronze, silver, and gold levels;
- Be offered through the Colorado health benefit exchange;
- Be a standardized benefit design created through a stakeholder engagement process;
- Provide first-dollar, predictable coverage for certain high value services; and
- Comply with state and federal law.

Beginning January 1, 2023, and each year thereafter, the bill encourages carriers that offer:

- An individual health benefit plan in Colorado to offer the standardized plan in the individual market; and
- A small group health benefit plan in Colorado to offer the standardized plan in the small group market.

For 2023, each carrier shall set a goal of offering a standardized plan premium that is at least 10% less than the premium rate for health benefit plans offered by that carrier in the 2021 calendar year in the individual and small group market. For 2024, each carrier shall set a goal of offering a standardized plan premium that is at least 20% less than the premium rate for health benefit plans offered by that carrier in the 2021 calendar year in the individual and small group market. For 2025 and each year thereafter, carriers are encouraged to limit annual premium rate increases for the standardized plan to no more than the consumer price index plus one percent, relative to the previous year.

The Colorado option authority (authority) is created for the purpose of operating as a carrier to offer the standardized plan as the Colorado option if the carriers do not meet the established premium rate goals. The authority shall operate as a nonprofit, unincorporated public entity. The authority is required to implement a provider fee schedule as established by the commissioner in consultation with the executive director of the department of health care policy and financing. Health-care providers and health facilities are required to accept consumers who are enrolled in any health benefit plan offered by the authority. The bill creates an advisory committee to make recommendations to the authority concerning the development, implementation, and operation of the authority.

The commissioner is required to apply to the secretary of the United States department of health and human services for a waiver and include a request for a pass-through of federal funding to capture savings as a result of the implementation of the standardized plan. The commissioner is required to disapprove of a rate filing submitted by a carrier if the rate filing reflects a cost shift between the standardized plan and the health benefit plan for which rate approval is being sought.

The bill makes the failure to accept consumers who are covered through the Colorado option or the balance billing of a patient in violation of this bill grounds for discipline under specified practice acts.

The bill repeals the authority and its functions if the United States congress establishes a national public option program that meets or exceeds the premium rate goals set forth in and health-care coverage pursuant to this bill. *(Note: This summary applies to this bill as introduced.)*

#### **Status**

3/18/2021 Introduced In House - Assigned to Health & Insurance

#### **BILL [HB21-1258](#)**

Concerning establishing a temporary program to facilitate youth mental health services in response to identified needs, and, in connection therewith, making an appropriation.

**Sponsors:** D. Michaelson Jenet (D) | K. Van Winkle (R) / J. Buckner (D) | R. Woodward (R)

The bill establishes a temporary youth mental health services program (program) in the office of behavioral health (office) within the department of human services to facilitate access to mental health services for youth to respond to identified mental health needs, including those needs that may have resulted from the COVID-19 pandemic. The program reimburses providers for up to 3 mental health sessions with a youth and may provide additional reimbursement subject to available money. As soon as practicable, but no later than May 31, 2021, the department of human services is required to enter into an agreement with a vendor to create, or use an existing, website or web-based application as a portal available to youth and providers to facilitate the program. The program is repealed, effective June 30, 2022. The bill makes an appropriation. *(Note: This summary applies to this bill as introduced.)*

#### **Status**

4/6/2021 Introduced In House - Assigned to Public & Behavioral Health & Human Services

4/20/2021 House Committee on Public & Behavioral Health & Human Services Refer Amended to Appropriations

#### **BILL [SB21-009](#)**

#### **Position: Support**

Concerning the creation of a reproductive health care program, and, in connection therewith, providing contraceptive methods and counseling services to participants.

**Sponsors:** S. Jaquez Lewis / Y. Caraveo (D)

The bill creates the reproductive health care program that provides contraceptive methods and counseling services to participants. *(Note: This summary applies to this bill as introduced.)*

#### **Status**

2/16/2021 Introduced In Senate - Assigned to Health & Human Services

3/22/2021 Senate Committee on Health & Human Services Refer Unamended to Appropriations

#### **BILL [SB21-011](#)**

**The Board recommends an amendment that would have pharmacists provide information to every patient receiving an opioid prescription that explains the issue and offers an opiate antagonist (thereby eliminating the need for the pharmacist to use their judgment or seek more information). Further, the Board recommends that a pharmacist not have liability for not directly offering an antagonist.**

#### **Position: Support**

Concerning responsibilities of a pharmacist related to opiate antagonists, and, in connection therewith, authorizing a pharmacist to prescribe an opiate antagonist and requiring a pharmacist who dispenses an opioid to offer to prescribe or dispense an opiate antagonist in certain situations.

**Sponsors:** R. Fields (D) / K. Mullica (D) | R. Pelton (R)

The bill authorizes a pharmacist to prescribe an opiate antagonist. The bill requires a pharmacist who dispenses an opioid to an individual to inform the individual of the potential dangers of a high dose of opioid and offer to prescribe the individual an opiate antagonist if:

- In the pharmacist's professional judgment, the individual would benefit from the information;
- The individual has a history of prior opioid overdose or substance use disorder;
- The individual is, at the same time, prescribed a benzodiazepine, a sedative hypnotic drug, carisoprodol, tramadol, or gabapentin; or
- The opioid prescription being dispensed is at or in excess of 90 morphine milligram equivalent.  
(*Note: This summary applies to this bill as introduced.*)

#### **Status**

2/16/2021 Introduced In Senate - Assigned to Health & Human Services

3/10/2021 Senate Committee on Health & Human Services Refer Amended to Appropriations

#### **BILL [SB21-014](#)**

Concerning changes to allocation formulas for the Colorado child care assistance program.

**Sponsors:** B. Kirkmeyer (R)

The bill allows the state department of human services (state department), along with the child care allocation workgroup, to consider a utilization factor. This utilization factor would enable the state department to consider the volume of the eligible population and the service delivery cost to each county department of human or social services (county department) when allocating and distributing money for the Colorado child care assistance program (CCCAP). The bill further allows a county department to set its own eligibility levels for CCCAP, expressed as a percentage of the federal poverty level. (*Note: This summary applies to this bill as introduced.*)

#### **Status**

2/16/2021 Introduced In Senate - Assigned to Health & Human Services

3/24/2021 Senate Committee on Health & Human Services Refer Amended to Appropriations

#### **BILL [SB21-016](#)**

**The Board encourages only incorporation of screenings and services that are recommended by Advisory Committee on Immunization Practices (ACIP), the Health Resources and Services Administration (HRSA), the National Academy of Medicine (NAM), and the U.S. Preventive Services Task Force (USPSTF).**

#### **Position: Support**

Concerning services related to preventive health care, and, in connection therewith, requiring coverage for certain preventive measures, screenings, and treatments that are administered, dispensed, or prescribed by health care providers and facilities.

**Sponsors:** B. Pettersen (D) | D. Moreno (D) / D. Esgar (D) | K. Mullica (D)

The bill codifies a number of preventive health care services currently required to be covered by health insurance carriers pursuant to the federal "Patient Protection and Affordable Care Act" and adds them to the current list of services required to be covered by Colorado health insurance carriers, which services are not subject to policy deductibles, copayments, or coinsurance. The bill expands certain preventive health care services to include osteoporosis screening; urinary incontinence screening; and counseling, prevention, screening, and treatment of a sexually transmitted infection (STI).

Current law requires a health care provider or facility to perform a diagnostic exam for an STI and subsequently treat the STI at the request of a minor patient. The bill allows a health care provider to administer, dispense, or prescribe preventive measures or medications where applicable. The consent of a parent is not a prerequisite for



a minor to receive preventive care, but a health care provider shall counsel the minor on the importance of bringing the minor's parent or legal guardian into the minor's confidence regarding the services.

Current law requires the executive director of the department of health care policy and financing to authorize reimbursement for medical or diagnostic services provided by a certified family planning clinic. The bill removes the requirement that services be provided by a certified family planning clinic and authorizes reimbursement for family planning services and family-planning-related services provided by any licensed health care provider. *(Note: This summary applies to this bill as introduced.)*

**Status**

2/16/2021 Introduced In Senate - Assigned to Health & Human Services

3/24/2021 Senate Committee on Health & Human Services Refer Amended to Appropriations

**BILL [SB21-018](#)**

Concerning continuing the necessary document program indefinitely.

**Sponsors:** D. Moreno (D) / D. Esgar (D)

The bill continues the necessary document program indefinitely. *(Note: This summary applies to this bill as introduced.)*

**Status**

2/16/2021 Introduced In Senate - Assigned to Health & Human Services

2/17/2021 Senate Committee on Health & Human Services Refer Unamended to Appropriations

**BILL [SB21-021](#)**

Concerning the enactment of the "Audiology and Speech-language Pathology Interstate Compact", and, in connection therewith, making an appropriation.

**Sponsors:** J. Buckner (D) | D. Hisey (R) / M. Young (D) | T. Carver (R)

The bill enacts the "Audiology and Speech-language Pathology Interstate Compact" allowing audiologists and speech-language pathologists licensed in any compact state to provide:

- Audiology or speech-language pathology services in each member state under a privilege to practice; and
- Telehealth services in each member state under a privilege to practice.

The bill authorizes the director of the division of professions and occupations in the department of regulatory agencies to promulgate rules and to facilitate Colorado's participation in the compact, including notification to the compact commission of any adverse action taken by the director against a Colorado audiologist or speech-language pathologist.

*The bill makes the following appropriations:*

- \$108,432 and 0.3 FTE to the department of regulatory agencies from the division of professions and occupations cash fund;
- \$17,014 and 0.1 FTE to the department of law from reappropriated funds;
- \$60,000 to the office of the governor for use by the office of information technology from reappropriated funds; and
- \$21,503 and 0.1 FTE to the department of public safety for use by the Colorado bureau of investigation from the Colorado bureau of investigation identification unit cash fund.

*(Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.) (Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

**Status**

2/16/2021 Introduced In Senate - Assigned to Health & Human Services  
2/17/2021 Senate Committee on Health & Human Services Refer Unamended to Appropriations  
3/12/2021 Senate Committee on Appropriations Refer Amended - Consent Calendar to Senate Committee of the Whole  
3/12/2021 Senate Second Reading Special Order - Passed with Amendments - Committee  
3/16/2021 Senate Third Reading Passed - No Amendments  
3/17/2021 Introduced In House - Assigned to Public & Behavioral Health & Human Services  
4/13/2021 House Committee on Public & Behavioral Health & Human Services Refer Amended to Finance

**BILL [SB21-022](#)**

Concerning confirmation of receipt of a written request to perform an audit of a medicaid provider prior to the commencement of the audit.

**Sponsors:** J. Bridges (D) | J. Smallwood (R) / M. Snyder (D) | H. McKean (R)

The bill requires that, prior to initiating a review or audit of a medicaid provider, a reviewer or auditor shall confirm receipt of the written request to perform the audit or review. *(Note: This summary applies to this bill as introduced.)*

**Status**

2/16/2021 Introduced In Senate - Assigned to Health & Human Services  
2/17/2021 Senate Committee on Health & Human Services Refer Amended to Appropriations

**BILL [SB21-025](#)**

**Position: Support**

Concerning family planning services for individuals whose income does not exceed two hundred fifty percent of the federal poverty level.

**Sponsors:** B. Pettersen (D)

The bill requires the department of health care policy and financing to seek federal authorization through an amendment to the state medical assistance plan to provide family planning services to individuals who are not pregnant and whose income does not exceed 250% of the federal poverty level. *(Note: This summary applies to this bill as introduced.)*

**Status**

2/16/2021 Introduced In Senate - Assigned to Health & Human Services  
3/24/2021 Senate Committee on Health & Human Services Refer Amended to Appropriations

**BILL [SB21-027](#)**

Concerning emergency supplies for Colorado babies and families, and, in connection therewith, providing diapering essentials through diaper distribution centers and making an appropriation.

**Sponsors:** B. Pettersen (D) / S. Gonzales-Gutierrez (D) | K. Tipper (D)

The bill requires the department of public health and environment to select one or more nonprofit organizations to administer diaper distribution centers that provide diapering essentials to eligible individuals. Diapering essentials must be made available to all Colorado residents. *(Note: This summary applies to this bill as introduced.)*



## Status

2/16/2021 Introduced In Senate - Assigned to Health & Human Services

3/3/2021 Senate Committee on Health & Human Services Refer Amended to Appropriations

### **BILL SB21-028**

Concerning compliance with the "State Administrative Procedure Act" by certain state entities in the promulgation of legal standards affecting public health.

**Sponsors:** B. Kirkmeyer (R)

The bill clarifies that, whenever the state board of health or the Colorado department of public health and environment promulgates a rule, it shall do so by complying with the "State Administrative Procedure Act" The bill also prohibits the state board of health and the Colorado department of public health and environment from issuing an order that has the general applicability of a rule unless the state board of health or the Colorado department of public health and environment issues the order in accordance with the requirements for promulgating a rule, as set forth in the "State Administrative Procedure Act". *(Note: This summary applies to this bill as introduced.)*

## Status

2/16/2021 Introduced In Senate - Assigned to State, Veterans, & Military Affairs

3/2/2021 Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely

### **BILL SB21-036**

Concerning additional procedural requirements for the issuance of emergency public health orders.

**Sponsors:** B. Gardner (R)

The bill requires that a state agency, in issuing an emergency public health order, comply with the procedural requirements set forth in the "State Administrative Procedure Act" (APA) that apply to emergency rules. To extend an emergency public health order beyond the 120-day limit that applies to emergency rules, the agency must comply with the rule-making procedures regarding notice and a hearing, as set forth in the APA. *(Note: This summary applies to this bill as introduced.)*

## Status

2/16/2021 Introduced In Senate - Assigned to State, Veterans, & Military Affairs

3/2/2021 Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely

### **BILL SB21-064**

Concerning criminalizing retaliation against an elected official, and, in connection therewith, making an appropriation.

**Sponsors:** L. Garcia (D) | J. Cooke (R) / K. Mullica (D)

Under current law, there is a crime of retaliation against a judge if an individual makes a credible threat or commits an act of harassment or an act of harm or injury upon a person or property as retaliation or retribution against a judge. ~~The crime is a class 4 felony. The bill adds elected officials and their families to the crime.~~ *The bill creates a similar crime if an individual makes a credible threat or commits an act of harassment as retaliation or retribution against an elected official or the official's family. Retaliation against an elected official is a class 1 misdemeanor unless committed by means of a credible threat, then it is a class 6 felony. The bill makes following appropriations from the general fund to the department of corrections to comply with the 5-year corrections appropriation requirement:*

- For fiscal year 2022-23 \$16,279;
- For fiscal year 2023-24 \$18,415;

- *For fiscal year 2024-25 \$18,415; and*
- *For fiscal year 2025-26 \$18,415.*

*(Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.) (Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

**Status**

2/16/2021 Introduced In Senate - Assigned to Judiciary + Appropriations  
 3/18/2021 Senate Committee on Judiciary Refer Amended to Appropriations  
 4/1/2021 Senate Committee on Appropriations Refer Amended to Senate Committee of the Whole  
 4/1/2021 Senate Second Reading Special Order - Passed with Amendments - Committee  
 4/5/2021 Senate Third Reading Passed - No Amendments  
 4/6/2021 Introduced In House - Assigned to Judiciary

**BILL [SB21-077](#)**

Concerning the elimination of verification of an individual's lawful presence in the United States as a requirement for individual credentialing.

**Sponsors:** J. Gonzales (D) / A. Benavidez (D) | C. Kipp (D)

The bill eliminates the requirement that the department of education and each division, board, or agency of the department of regulatory agencies verify the lawful presence of each applicant before issuing or renewing a license. The bill also specifies that lawful presence is not required of any applicant for any *state or local* license, certificate, or registration. The bill affirmatively states that the bill is a state law within the meaning of the federal law that gives states authority to provide for eligibility for state and local public benefits to persons who are unlawfully residing in the United States.

*(Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.) (Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

**Status**

2/16/2021 Introduced In Senate - Assigned to Business, Labor, & Technology  
 3/17/2021 Senate Committee on Business, Labor, & Technology Refer Amended to Senate Committee of the Whole  
 3/22/2021 Senate Second Reading Passed with Amendments - Committee  
 3/23/2021 Senate Third Reading Passed - No Amendments  
 3/25/2021 Introduced In House - Assigned to State, Civic, Military, & Veterans Affairs  
 4/12/2021 House Committee on State, Civic, Military, & Veterans Affairs Refer Amended to House Committee of the Whole  
 4/15/2021 House Second Reading Laid Over Daily - No Amendments  
 4/16/2021 House Second Reading Passed with Amendments - Committee  
 4/19/2021 House Third Reading Laid Over Daily - No Amendments  
 4/21/2021 House Third Reading Passed - No Amendments

**BILL [SB21-080](#)**

Concerning protections for entities that comply with public health guidelines related to COVID-19.

**Sponsors:** R. Woodward (R) / S. Bird (D) | M. Bradfield (R)

An entity is not liable for any damages that result from exposure, loss, damage, injury, or death arising out of COVID-19 unless:

- A claimant proves by clear and convincing evidence that the exposure, loss, damage, injury, or death was caused by the entity's failure to comply with public health guidelines; or
- The exposure, loss, damage, injury, or death was caused by gross negligence or a willful and wanton act or omission of the entity.

The bill is repealed 2 years after the date the governor terminates the state of disaster emergency declared on March 11, 2020. *(Note: This summary applies to this bill as introduced.)*

**Status**

2/16/2021 Introduced In Senate - Assigned to Business, Labor, & Technology

3/8/2021 Senate Committee on Business, Labor, & Technology Postpone Indefinitely

**BILL SB21-085**

**Board Position on 3/9/2021:**

The Board appreciates the intent of the bill but does not recommend that it be passed without Amendments, because it is an extraordinarily complex challenge to undertake quality analyses, this is likely to have major impacts into the future, and many amendments should be considered. The Board's recommendation is that this concept be referred to a Task Force for further development before passage. At first look, the following amendments should be considered, and there may well be others: Public programs should be excluded from actuarial review. (1) The bill should allow for the request actuarial reviews if an insurance benefit is being cut/reduced- not just adding new benefits. (2) Greater focus on health equity (i.e. contractor selected through a process that includes stakeholders; the report should include an equity analysis; adding a section of language that includes identifying who would benefit from the proposal). (3) The description of potential savings should be broken into multiple levels in the same way that the costs are, and look for savings over a window of time. (4) The length of time required for the actuarial analysis should not prohibit a bill from moving in a single legislative session, which may require such bills to be flagged before a regular session begins. (5) Any mandate that results in a premium impact of less than 1% should be deemed negligible and the contractor should not perform the estimates in sections in IV-VII for that mandate. If an equity review or language that outlines the demographics of who would benefit from proposed legislation is added to the bill, the Board urges that that information still be gathered if a premium impact is deemed negligible.

**4/13/2021**

The Board voted to Oppose SB21-085. While they appreciate the intent of the law, the concern is that the timing and budget would not allow for the required quality of analysis that would lead to adequate meaningful data from which to make policy decisions.

**Position: Oppose**

Concerning actuarial reviews of proposed legislation that may impose a new health benefit mandate on health benefit plans.

**Sponsors:** J. Ginal (D) | J. Smallwood (R) / S. Lontine (D)

The bill requires the division of insurance (division) to retain a contractor on or before November 1, 2021, for the purpose of performing actuarial reviews of proposed legislation that may impose a new health benefit mandate on health benefit plans. The contractor, under the direction of the division, shall conduct an actuarial review of up to 5 legislative proposals for each regular legislative session, each at the request of a member of the general assembly. Each actuarial review performed by the contractor must consider the predicted effects of the legislative proposal during the 5 years immediately following the effective date of the proposed legislation, including specifically described considerations.

In preparing a fiscal note for any legislative proposal that may impose a new health benefit mandate on health benefit plans, the legislative service agency charged with preparing the fiscal note shall either:

- Include in the fiscal note information that is produced by the contractor in review of the legislative proposal; or
- If no information is produced by the contractor in review of the legislative proposal, indicate such fact in the fiscal note. *(Note: This summary applies to this bill as introduced.)*

**Status**

2/16/2021 Introduced In Senate - Assigned to Finance  
 3/30/2021 Senate Committee on Finance Refer Amended to Appropriations  
 4/23/2021 Senate Committee on Appropriations Postpone Indefinitely

**BILL SB21-089**

Concerning the expansion of breast cancer screening services provided through the department of public health and environment to include screening of other types of cancer.

**Sponsors:** J. Buckner (D)

Current law appropriates \$5 million annually from the tobacco tax cash fund to the department of public health and environment (department) for breast and cervical cancer screenings. The bill expands the use of the funds for additional cancer screenings. The bill changes the name of the breast cancer screening fund to the cancer screening fund and authorizes the money in the fund to be used for breast and cervical cancer screenings, colorectal cancer screenings, and screenings for additional screenable cancers. The bill changes the makeup of the existing advisory board from persons interested in health care and the promotion of breast cancer screenings to include persons who are interested in health care and the promotion of services for other screenable cancers. When making recommendations to the executive director of the department concerning cancer screening services, the bill requires the advisory board to allocate, at a minimum, \$2.5 million annually for breast and cervical cancer screenings, \$1 million annually for colorectal cancer screenings, and, if feasible, money for screenings for additional screenable cancers. *(Note: This summary applies to this bill as introduced.)*

**Status**

2/16/2021 Introduced In Senate - Assigned to Health & Human Services  
 3/17/2021 Senate Committee on Health & Human Services Postpone Indefinitely

**BILL SB21-090**

Concerning the renewal of a small group health benefit plan issued to an employer that no longer meets the definition of small employer after the small group plan was first issued.

**Sponsors:** J. Smallwood (R) / E. Hooton (D)

The bill clarifies that if a small employer has been issued a health benefit plan subject to small group insurance laws and rules, and then following the issuance date ~~no longer meets the definition of "small employer"~~ *subsequently employs more than 100 employees*, the small group insurance laws and rules continue to apply to the plan as long as the employer renews the current health benefit plan. If the employer opts to renew its current plan, the bill requires an insurance carrier to offer the employer the same small group health benefit plan or, if the same plan is no longer available, a similar plan that the carrier offers to other small employers. The bill requires an insurance carrier to notify the employer that the small group insurance laws and rules will no longer apply if the employer fails to renew the current plan or elects to enroll in a different health benefit plan.

*(Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.) (Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

**Status**

2/16/2021 Introduced In Senate - Assigned to Health & Human Services

2/22/2021 Senate Committee on Health & Human Services Refer Amended - Consent Calendar to Senate Committee of the Whole  
2/25/2021 Senate Second Reading Passed with Amendments - Committee  
2/26/2021 Senate Third Reading Passed - No Amendments  
3/1/2021 Introduced In House - Assigned to Health & Insurance  
3/9/2021 House Committee on Health & Insurance Refer Unamended to House Committee of the Whole  
3/11/2021 House Second Reading Special Order - Passed - No Amendments  
3/16/2021 House Third Reading Passed - No Amendments  
3/18/2021 Sent to the Governor  
3/25/2021 Governor Signed

### **BILL SB21-122**

Concerning the bulk purchase of opiate antagonists pursuant to a standing order.

**Sponsors:** J. Ginal (D) / M. Froelich (D)

Current law allows specific entities to purchase opiate antagonists through the opiate antagonist bulk purchase fund (fund) and also allows specific entities to receive opiate antagonists pursuant to standing orders and protocols. The bill aligns these sections of law so that:

- A unit of local government may purchase opiate antagonists through the fund pursuant to a standing order and protocol; and
- A harm reduction organization, law enforcement agency, or first responder to which opiate antagonists have been prescribed or dispensed through a standing order and protocol may purchase the opiate antagonists through the fund. (*Note: This summary applies to the reengrossed version of this bill as introduced in the second house.*)

### **Status**

2/23/2021 Introduced In Senate - Assigned to Health & Human Services  
3/10/2021 Senate Committee on Health & Human Services Refer Unamended to Senate Committee of the Whole  
3/12/2021 Senate Second Reading Special Order - Passed - No Amendments  
3/16/2021 Senate Third Reading Passed - No Amendments  
3/17/2021 Introduced In House - Assigned to Public & Behavioral Health & Human Services  
3/30/2021 House Committee on Public & Behavioral Health & Human Services Refer Unamended to House Committee of the Whole  
4/1/2021 House Second Reading Passed - No Amendments  
4/5/2021 House Third Reading Passed - No Amendments  
4/8/2021 Sent to the Governor  
4/15/2021 Governor Signed

### **BILL SB21-123**

Concerning expanding the Canadian prescription drug importation program to include prescription drug suppliers from nations other than Canada upon the enactment of legislation by the United States congress authorizing such practice.

**Sponsors:** J. Ginal (D) | D. Coram (R) / K. McCormick | M. Lynch

In 2019, the Colorado general assembly enacted, and the governor subsequently signed into law, the Canadian prescription drug importation program (program) in the department of health care policy and financing (department). The bill states that the department may expand the program to allow a manufacturer, wholesale distributor, or pharmacy from a nation other than Canada to export prescription drugs into the state under the program if certain conditions are met.

If, upon the satisfaction of these conditions, the department decides to expand the program, the executive director of the department shall notify the president of the senate, the speaker of the house of representatives, and specified legislative committees, of the department's intent to do so. The executive director shall provide the notice at least 30 days before the program is expanded, and the notice may include any recommendations of the department for legislation to amend the program to reflect its expansion. *(Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

### **Status**

2/25/2021 Introduced In Senate - Assigned to Health & Human Services  
3/8/2021 Senate Committee on Health & Human Services Refer Unamended to Senate Committee of the Whole  
3/11/2021 Senate Second Reading Passed - No Amendments  
3/12/2021 Senate Third Reading Passed - No Amendments  
3/17/2021 Introduced In House - Assigned to Health & Insurance  
4/7/2021 House Committee on Health & Insurance Refer Unamended to House Committee of the Whole  
4/12/2021 House Second Reading Passed - No Amendments  
4/13/2021 House Third Reading Passed - No Amendments  
4/16/2021 Sent to the Governor

### **BILL [SB21-126](#)**

Concerning credentialing of physicians as participating physicians in health coverage plan provider networks.

**Sponsors:** R. Fields (D) / D. Michaelson Jenet (D)

The bill requires that when a physician applies to be credentialed as a participating physician in a health insurance carrier's (carrier's) provider network, the carrier must conclude the process of credentialing the applicant within 60 calendar days after the carrier receives the applicant's completed application. A carrier must provide each applicant written or electronic notice of the outcome of the applicant's credentialing within 10 calendar days after the conclusion of the credentialing process. Within 7 calendar days after a carrier receives an application, the carrier must provide the applicant a receipt. If a carrier receives an application but fails to provide the applicant a receipt within 7 calendar days, the carrier shall consider the applicant a participating physician, effective no later than 53 calendar days following the carrier's receipt of the application. A carrier may not deny a claim for a medically necessary covered service provided to a covered person if the service:

- Is a covered benefit under the covered person's health coverage plan; and
- Is provided by a participating physician who is in the provider network for the carrier's health coverage plan and has concluded the carrier's credentialing process.

A carrier may not require a participating physician to submit an application or participate in a contracting process in order to be recredentialed. A carrier must allow a participating physician to remain credentialed and include the participating physician in the carrier's provider network unless the carrier discovers information indicating that the participating physician no longer satisfies the carrier's guidelines for participation. The commissioner of insurance is required to enforce the new requirements. A carrier that fails to comply with the bill or with any rules adopted pursuant to the bill is subject to such civil penalties as the commissioner may order. *(Note: This summary applies to this bill as introduced.)*

### **Status**

2/25/2021 Introduced In Senate - Assigned to Health & Human Services  
3/8/2021 Senate Committee on Health & Human Services Refer Amended to Appropriations



## **BILL [SB21-127](#)**

Concerning the authority of a regulator of health care professionals during a disaster emergency declared by the governor.

**Sponsors:** J. Ginal (D) / K. Mullica (D)

The bill authorizes the director of the division of professions and occupations or the applicable regulatory board in the department of regulatory agencies (regulator) to suspend or waive statutes or rules governing a health care profession or occupation over which a regulator has authority during a disaster emergency declared by the governor. The suspension or waiver of a statute or rule is limited to those in which strict compliance would prevent, hinder, or delay necessary action in coping with or responding to the disaster emergency and may not suspend, waive, or modify any supervisory requirements. The bill allows a regulator to promulgate emergency rules commensurate with the nature of the disaster emergency and within the limits of the declaration and the applicable practice act for a health care profession or occupation. The emergency rules automatically expire 60 days after the termination of the declared disaster emergency. *(Note: This summary applies to this bill as introduced.)*

### **Status**

2/25/2021 Introduced In Senate - Assigned to Business, Labor, & Technology

3/17/2021 Senate Committee on Business, Labor, & Technology Postpone Indefinitely

## **BILL [SB21-129](#)**

Concerning establishing a pilot program to reduce the suicide rate among veterans.

**Sponsors:** L. Garcia (D) / D. Ortiz (D)

The bill requires the state department of human services (department) to establish a veteran suicide prevention pilot program (pilot program) to reduce the suicide rate and suicidal ideation among veterans by providing no-cost, stigma-free, confidential, and effective behavioral health treatment for post-9/11 veterans and their families. The department is permitted to enter into an agreement with a nonprofit organization to administer the pilot program. The department is required to include information about the pilot program in its annual report to the general assembly. The pilot program is repealed June 30, 2025. *(Note: This summary applies to this bill as introduced.)*

### **Status**

2/25/2021 Introduced In Senate - Assigned to State, Veterans, & Military Affairs

3/18/2021 Senate Committee on State, Veterans, & Military Affairs Refer Amended to Appropriations

## **BILL [SB21-130](#)**

Concerning authorization for local governments to exempt business personal property from taxation.

**Sponsors:** C. Holbert (R) | B. Pettersen (D) / K. Van Winkle (R) | S. Bird (D)

The bill allows counties, municipalities, and special districts to exempt up to 100% of business personal property from the levy and collection of property taxation for the 2021 property tax year. *(Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

### **Status**

2/25/2021 Introduced In Senate - Assigned to State, Veterans, & Military Affairs

3/18/2021 Senate Committee on State, Veterans, & Military Affairs Refer Unamended - Consent Calendar to Senate Committee of the Whole

3/22/2021 Senate Second Reading Passed - No Amendments

3/23/2021 Senate Third Reading Passed - No Amendments

3/24/2021 Introduced In House - Assigned to Transportation & Local Government

4/7/2021 House Committee on Transportation & Local Government Refer Amended to House Committee of the Whole

4/12/2021 House Second Reading Passed with Amendments - Committee

4/13/2021 House Third Reading Passed - No Amendments

4/14/2021 Senate Considered House Amendments - Result was to Concur - Repass

4/20/2021 Sent to the Governor

## **BILL** [SB21-137](#)

Concerning the "Behavioral Health Recovery Act of 2021", and, in connection therewith, making an appropriation.

**Sponsors:** B. Pettersen (D) / D. Michaelson Jenet (D) | C. Kennedy (D)

**Section 1** of the bill titles the bill the "Behavioral Health Recovery Act of 2021". **Section 2** of the bill continues the requirement that a podiatrist must adhere to the limitations on prescribing opioids. **Sections 3 and 4** of the bill continue the funding for the medication-assisted treatment expansion pilot program (pilot program) for the 2020-21 through 2022-23 state fiscal years and repeal the pilot program on June 30, 2023. **Section 5** of the bill expands the Colorado state university AgrAbility project (project) by providing funding for the project's rural rehabilitation specialists to provide information, services, and research-based, stress-assistance information, education, suicide prevention training, and referrals to behavioral health-care services to farmers, ranchers, agricultural workers, and their families to mitigate incidences of harmful responses to stress experienced by these individuals. **Section 6** of the bill appropriates money to the department of public health and environment to address behavioral health disorders through public health prevention and intervention and to work with community partners to address behavioral health, mental health, and substance use priorities throughout the state. **Section 7** of the bill continuously appropriates money to the harm reduction grant program. **Section 8** of the bill requires a managed care organization (MCO) to notify a person's provider of approval of authorization of services no later than 24 hours after the submission of the request for services. The initial authorization for intensive residential treatment must be no less than 7 days, and the initial authorization for transitional residential treatment must be no less than 14 days. The initial authorization period may be longer if the MCO does not have sufficient information from the person's provider. MCOs shall continually authorize services in accordance with the person's provider if the MCO's determination conflicts with the provider's recommendation. MCOs shall provide specific justification for each denial of continued authorization for all 6 dimensions in the most recent edition of "The ASAM Criteria for Addictive, Substance-related, and Co-occurring Conditions". **Section 9** of the bill requires the state medical assistance program (medicaid) to include screening for perinatal mood and anxiety disorders for each child enrolled in medicaid in accordance with the health resources and services administration guidelines. The screening must be made available to any person, regardless of whether the person is enrolled in medicaid, so long as the person's child is enrolled in medicaid. **Section 10** of the bill requires the department of human services to develop a statewide data collection and information system to analyze implementation data and selected outcomes to identify areas for improvement, promote accountability, and provide insights to continually improve child and program outcomes. **Section 11** of the bill requires the department of human services, in collaboration with the department of agriculture, to contract with a nonprofit organization primarily focused on serving agricultural and rural communities in Colorado to provide vouchers to individuals living in rural and frontier communities in need of behavioral health-care services. **Section 12** of the bill requires the center for research into substance use disorder prevention, treatment, and recovery support strategies to engage in community engagement activities to address substance use prevention, harm reduction, criminal justice response, treatment, and recovery. **Section 13** of the bill continues the building substance use disorder treatment capacity in underserved communities grant program. **Section 14** of the bill requires the perinatal substance use data linkage project to utilize data from multiple state-administered data sources when examining certain issues related to pregnant and postpartum women with substance use disorders and their infants. **Section 15** of the bill requires the office of behavioral health to use a competitive selection process to select a recovery residence certifying body to certify recovery residences and educate and train recovery residence owners and staff on industry best practices. **Section 16** of



the bill requires the office of behavioral health to establish a program to provide temporary financial housing assistance to individuals with a substance use disorder who have no supportive housing options when the individual is transitioning out of a residential treatment setting and into recovery or receiving treatment for the individual's substance use disorder. **Section 16** of the bill also creates the recovery support services grant program for the purpose of providing recovery-oriented services to individuals with a substance use and co-occurring mental health disorder. **Section 17** of the bill continues the appropriation to the maternal and child health pilot program. **Section 18** of the bill continues the program to increase public awareness concerning the safe use, storage, and disposal of opioids and the availability of naloxone and other drugs used to block the effects of an opioid overdose. **Section 19** of the bill continues the harm reduction grant program and the maternal and child health pilot program. **Section 20** of the bill appropriates money to various state departments for certain programs. (*Note: This summary applies to this bill as introduced.*)

### Status

3/1/2021 Introduced In Senate - Assigned to Health & Human Services

3/31/2021 Senate Committee on Health & Human Services Witness Testimony and Committee Discussion Only

4/5/2021 Senate Committee on Health & Human Services Refer Amended to Appropriations

### **BILL** [SB21-139](#)

Concerning reimbursement for dental care services provided through telehealth.

**Sponsors:** R. Fields (D) | C. Simpson / S. Lontine (D) | M. Soper (R)

The bill requires each dental plan issued, amended, or renewed in this state to cover services offered to a covered person through telehealth. *The bill also requires the state's medical assistance program to reimburse providers for dental care services provided through telehealth.*

*(Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.) (Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

### Status

3/1/2021 Introduced In Senate - Assigned to Health & Human Services

3/22/2021 Senate Committee on Health & Human Services Refer Amended - Consent Calendar to Senate Committee of the Whole

3/25/2021 Senate Second Reading Passed with Amendments - Committee

3/26/2021 Senate Third Reading Passed - No Amendments

3/30/2021 Introduced In House - Assigned to Health & Insurance

4/20/2021 House Committee on Health & Insurance Refer Unamended to House Committee of the Whole

### **BILL** [SB21-154](#)

#### **Position: Support**

Concerning the implementation of the 988 national suicide prevention lifeline network in Colorado.

**Sponsors:** C. Kolker (D) | C. Simpson (R) / L. Cutter (D) | M. Soper (R)

On October 17, 2020, congress passed the "National Suicide Hotline Designation Act of 2020" designating 988 as the 3-digit number for the national suicide prevention lifeline to aid rapid access to suicide prevention and mental health support services. The bill implements 988 as the 3-digit number for crisis response services in Colorado. On or before July 1, 2022, the department of human services (department) shall contract with a nonprofit organization to create the 988 crisis hotline center to provide intervention services and crisis care coordination to individuals calling the 988 crisis hotline 24 hours a day, 7 days a week.

Beginning January 1, 2022, a 988 surcharge (surcharge) is imposed on service users in an amount to be established by the public utilities commission (commission) on an annual basis. The bill requires each service supplier to collect the surcharge from its service users and remit the collected surcharges to the commission on a monthly basis. The state treasurer shall credit the surcharge collections to the 988 surcharge cash fund (fund). The bill imposes a prepaid wireless 988 charge on each retail transaction in an amount to be established by the commission on an annual basis. The bill requires each seller to collect the prepaid wireless 988 charge from the consumer on each retail transaction occurring in the state and remit the collected charges to the department of revenue. The state treasurer shall credit the prepaid wireless 988 charge to the fund. The office of behavioral health in the department may expend money from the fund for the administration and operation of the 988 crisis hotline center. Beginning January 1, 2023, and each January 1 thereafter, the department shall submit information about the usage of the 988 crisis hotline center to the federal substance abuse and mental health services administration, and information about the expenditures of the fund to the federal communications commission. *(Note: This summary applies to this bill as introduced.)*

### **Status**

3/1/2021 Introduced In Senate - Assigned to Health & Human Services

4/7/2021 Senate Committee on Health & Human Services Refer Amended to Finance

### **BILL [SB21-156](#)**

Concerning the creation of a pilot grant program for the use of nurses in 911 dispatch to help divert incoming 911 calls that do not require emergency medical service to other types of medical care.

**Sponsors:** L. Garcia (D) / K. Mullica (D)

The bill requires the division of homeland security and emergency management in the department of public safety (division), on or before January 1, 2022, to implement a pilot grant program (program) to help finance the use of nurse intake of 911 calls, which involves nurses assisting with 911 dispatch for the purpose of diverting nonurgent 911 calls to medical care that does not require ambulance service or treatment in an emergency room. The division, after reviewing applications, shall designate 4 public safety answering points to participate in the program, one of which is located in a county with 60,000 or more residents and 3 of which are located in a county or counties with fewer than 60,000 residents. To participate in the program, the designated public safety answering points must each enter into a contract with an entity that can provide nurses who are trained and equipped to provide nurse intake of 911 calls. On or before June 1, 2023, the division shall report to the judiciary committees in the senate and the house of representatives or their successor committees on the program. *(Note: This summary applies to this bill as introduced.)*

### **Status**

3/1/2021 Introduced In Senate - Assigned to Health & Human Services

3/24/2021 Senate Committee on Health & Human Services Refer Amended to Appropriations

### **BILL [SB21-158](#)**

Concerning modifications to the Colorado health service corps program administered by the department of public health and environment to expand the availability of geriatric care providers in shortage areas in the state.

**Sponsors:** J. Danielson (D) | B. Pettersen (D) / B. Titone (D) | M. Duran (D)

The bill modifies the Colorado health service corps program administered by the primary care office (office) in the department of public health and environment, which program includes a loan repayment program, as follows:

- Allows geriatric advanced practice providers, which include advanced practice registered nurses and physician assistants with geriatric training or experience, to participate in the loan repayment program

on the condition of committing to provide geriatric care to older adults in health professional shortage areas for a specified period; and

- Requires the general assembly to annually and continuously appropriate money from the general fund to the office for the 2021-22 through the 2025-26 fiscal years to help repay loans for geriatric advanced practice providers. (*Note: This summary applies to this bill as introduced.*)

### Status

3/1/2021 Introduced In Senate - Assigned to Health & Human Services

3/22/2021 Senate Committee on Health & Human Services Refer Amended to Appropriations

### **BILL [SB21-160](#)**

Concerning certain administrative clarifications to local government election codes.

**Sponsors:** B. Gardner (R) / M. Snyder (D)

The bill makes the following changes to the local government and special district election codes:

- Revises statutory citations to clarify that the Colorado local government election code is the portion of the election code applicable to special district elections;
- Provides additional statutory citations to specify all instances in which a county assessor provides a list of property owners for an election;
- Clarifies that, when computing time for any designated period of days for a local government election, the first day from which the period of days runs is excluded and the last day from which the period of days runs is included;
- Specifies that the candidate self-nomination form for special district elections must contain the county where the special district is located;
- Clarifies that a candidate's and witness's respective addresses and telephone numbers and a candidate's current e-mail address need to be provided but do not need to be printed by the candidate and witness on the self-nomination form for special district elections;
- *Clarifies the procedures for reviewing and verifying a self-nomination form and curing any insufficiencies; and*
- ~~Specifies that an eligible elector of a local government who is a covered voter must reside within the boundaries of the local government to receive a mail ballot;~~
- Clarifies that local government ballots may be automatically sent to eligible electors who are qualified under contracts to purchase taxable property. ~~and~~
- ~~Eliminates provisions governing a self-affirming oath or affirmation of an elector in the statutes governing special districts that are covered by similar provisions in the election code.~~

The board of directors of a special district currently consists of 5 or 7 directors elected at large. The bill provides a process for dividing a special district into separate director districts and for members to be elected from each director district at large or by the electors within each director district.

*(Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.) (Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

### Status

3/2/2021 Introduced In Senate - Assigned to State, Veterans, & Military Affairs

3/23/2021 Senate Committee on State, Veterans, & Military Affairs Refer Amended - Consent Calendar to Senate Committee of the Whole

3/26/2021 Senate Second Reading Passed with Amendments - Committee, Floor

3/30/2021 Senate Third Reading Passed - No Amendments

3/31/2021 Introduced In House - Assigned to State, Civic, Military, & Veterans Affairs

## **BILL [SB21-169](#)**

Concerning protecting consumers from unfair discrimination in insurance practices.

**Sponsors:** J. Buckner (D)

An insurer is prohibited from:

- Considering an individual's race, color, national or ethnic origin, religion, sex, sexual orientation, disability, or transgender status in any insurance practice; or
- Directly or indirectly using any external consumer data and information source, algorithm, or predictive model (external data source) that unfairly discriminates against an individual based on an individual's race, color, national or ethnic origin, religion, sex, sexual orientation, disability, or transgender status.

On and after January 1, 2022, an insurer that uses one or more external data sources in any insurance practice shall submit certain disclosures to the division of insurance. The commissioner of insurance (commissioner) may examine and investigate an insurer's use of an external data source. If the commissioner determines that use of an external data source bears no direct causal relationship to insurance losses or to the condition of a property or applicant to be potentially insured and that the use of the external data source unfairly discriminates on the basis of an individual's membership in a protected class, the commissioner may promulgate rules restricting or prohibiting the use of the external data source. *(Note: This summary applies to this bill as introduced.)*

### **Status**

3/2/2021 Introduced In Senate - Assigned to Business, Labor, & Technology

## **BILL [SB21-175](#)**

### **Position: Strongly Support**

Concerning the Colorado prescription drug affordability review board, and, in connection therewith, directing the board to review the affordability of certain drugs and establish upper payment limits for certain drugs; prohibiting certain entities from purchasing or reimbursing for any drug for distribution in the state at an amount that exceeds the upper payment limit established for the prescription drug; and establishing penalties for violations.

**Sponsors:** S. Jaquez Lewis | J. Gonzales (D) / Y. Caraveo (D) | C. Kennedy (D)

The bill creates the Colorado prescription drug affordability review board (board) as an independent unit of state government and requires the board to perform affordability reviews of prescription drugs and establish upper payment limits for prescription drugs the board determines are unaffordable for Colorado consumers. The board is also required to promulgate rules as necessary for its purposes.

The board shall determine by rule the methodology for establishing an upper payment limit for a prescription drug. An upper payment limit applies to all purchases of and payer reimbursements for the prescription drug dispensed or administered to individuals in the state in person, by mail, or by other means. Any savings generated for a health benefit plan as a result of an upper payment limit established by the board must be used by the carrier that issued the health benefit plan to reduce costs to consumers.

On and after January 1, 2022, the bill prohibits any purchase or payer reimbursement for a prescription drug from exceeding an upper payment limit established by the board for that prescription drug. A person who violates the prohibition may be subject to a fine of \$1,000 for each violation. Final board decisions are subject to judicial review.

A person aggrieved by a decision of the board may appeal the decision within 60 days. The board shall consider the appeal and issue a final decision concerning the appeal within 60 days after the board receives the appeal.

Any prescription drug manufacturer (manufacturer) that intends to withdraw a prescription drug for which the board has established an upper payment limit from sale or distribution within the state must notify, at least 180 days before the withdrawal:

- The commissioner;
- The attorney general; and
- Each entity in the state with which the manufacturer has contracted for the sale or distribution of the prescription drug.

A manufacturer who fails to comply with the notice requirement may be required to pay a penalty of up to \$500,000. For all prescription drugs dispensed at a pharmacy and paid for by a carrier during the immediately preceding calendar year, the bill requires each carrier and each pharmacy benefit management firm acting on behalf of a carrier to report certain information.

The bill creates the Colorado prescription drug affordability advisory council to provide stakeholder input to the board. The board must submit an annual report to the governor and to subject matter committees of the general assembly summarizing the activities of the board during the preceding calendar year. (*Note: This summary applies to this bill as introduced.*)

#### **Status**

3/8/2021 Introduced In Senate - Assigned to Health & Human Services

3/17/2021 Senate Committee on Health & Human Services Refer Amended to Appropriations

#### **BILL [SB21-176](#)**

Concerning protections for Colorado workers against discriminatory employment practices.

**Sponsors:** F. Winter (D) | B. Pettersen (D) / S. Lontine (D) | M. Gray (D)

For purposes of addressing discriminatory or unfair employment practices pursuant to Colorado's anti-discrimination laws, the bill:

- Allows an employment discrimination claim to be brought in any court of competent jurisdiction in the county or district where the alleged discriminatory or unfair employment practice occurred and allows an individual to file a civil action, without otherwise exhausting administrative proceedings and remedies, as long as the individual either files a charge with the Colorado civil rights commission (commission) or serves a written demand for the relief on the individual's employer and allows the employer 14 days to respond;
- Expands the definition of "employee" to include individuals in domestic service; individuals who perform a service for a price, including independent contractors, subcontractors, and their employees; and individuals who offer services or labor without pay;
- Adds new definitions of "caregiver", "care recipient", "child", "minor child", "harassment", "hostile work environment", and "independent contractor";
- Adds protections from discriminatory or unfair employment practices for individuals based on their "marital status" or "caregiver status";
- Specifies that it is a discriminatory or unfair employment practice for an employer to fail to initiate an investigation of a complaint or fail to take prompt remedial action if appropriate;
- Prohibits certain preemployment medical examinations, imposes limitations on inquiries and examinations about an employee's disability during employment, and specifies that violations of these prohibitions and limitations constitute discriminatory or unfair employment practices;

- Expands the time limit to file a charge with the commission from 6 months to 300 days after the alleged discriminatory or unfair employment practice occurred;
- Repeals the limits on remedies in cases involving age discrimination; and
- Limits the ability of an employer to require confidentiality of claims once a charge is filed with the commission. *(Note: This summary applies to this bill as introduced.)*

**Status**

3/8/2021 Introduced In Senate - Assigned to Judiciary

4/1/2021 Senate Committee on Judiciary Lay Over Amended

**BILL [SB21-181](#)**

Concerning state agencies addressing health disparities in Colorado.

**Sponsors:** R. Fields (D) | D. Coram (R) / L. Herod (D) | Y. Caraveo (D)

The bill renames the existing "health disparities grant program" to the "health disparities and community grant program" (program) and expands the program to authorize the office of health equity (office) to:

- Award grants from money currently transferred from the prevention, early detection, and treatment fund to the health disparities grant program fund (fund) for the purpose of positively affecting social determinants of health to reduce the risk of future disease and exacerbating health disparities in underrepresented populations; and
- Award grants from any additional money appropriated by the general assembly to the fund to community organizations to reduce health disparities in underrepresented communities through policy and systems changes regarding the social determinants of health.

On or before January 1, 2022, and continuing every 2 years thereafter, the office is required to issue a report concerning health disparities in Colorado by race and ethnicity that includes an assessment of the impact of social determinants of health on health disparities and recommended strategies to begin to address such inequities with the collaboration of the health equity commission and other stakeholders. On or before July 1, 2022, the office is required to facilitate a state agency work group to develop an equity strategic plan. Specific state agencies are required to participate in the state agency work group to ensure coordination in equity-related work across state agencies to address social determinants of health in each agency's respective area. The bill adds additional state agency executive directors to the health equity commission. *(Note: This summary applies to this bill as introduced.)*

**Status**

3/10/2021 Introduced In Senate - Assigned to Health & Human Services

3/31/2021 Senate Committee on Health & Human Services Refer Amended to Appropriations

**BILL [SB21-193](#)**

Concerning protections for pregnant people during the perinatal period.

**Sponsors:** J. Buckner (D)/ L. Herod (D)

The bill:

- Requires each carrier offering medical malpractice insurance in the state to cover the insured for providing care during the entire course of a person's vaginal birth after a previous caesarian birth;
- Extends the statute of limitations from 2 years to 3 years for actions alleging lack of informed consent in cases related to a pregnant person;
- Repeals language that gives no force or effect to an advanced directive of a person who is pregnant while the person's fetus is viable;



- Requires annual reporting to the legislature on the use of restraints on a pregnant person within each jail, private contract prison, and correctional facility;
- Establishes requirements for each facility that incarcerates or has custody of people with the capacity for pregnancy;
- Requires the Colorado civil rights commission to receive reports from people alleging maternity care that is not organized for, and provided to, a person who is pregnant or in the postpartum period in a manner that is culturally congruent; maintains the person's dignity, privacy, and confidentiality; ensures freedom from harm and mistreatment; and enables informed choices and continuous support; and
- Requires each health facility that provides services related to labor and childbirth to demonstrate to the department of public health and environment that the health facility has a policy that meets certain requirements. *(Note: This summary applies to this bill as introduced.)*

### Status

3/22/2021 Introduced In Senate - Assigned to Judiciary

### **BILL** [SB21-194](#)

Concerning maternal health.

**Sponsors:** J. Buckner (D)/ L. Herod (D)

The bill:

- Requires a carrier offering a health benefit plan in the state, and the department of health care policy and financing when administering the "Colorado Medical Assistance Act", to reimburse health-care providers that provide health-care services related to labor and delivery in a way that promotes high-quality, cost-effective care, prevents risk in subsequent pregnancy, and does not discriminate based on the type of provider or facility;
- Requires each health-care provider licensed by the state to provide health-care services related to labor and delivery to implement best practices for interprofessional collaboration and the transfer of a pregnant person from home or a birthing center to a health facility;
- Requires the health equity commission in the department of public health and environment to study the use of research evidence in policies related to the perinatal period in Colorado and report findings to the general assembly;
- Requires the department of public health and environment to make recommendations to improve numerous topics related to maternal health; and
- Requires the department of health care policy and financing to seek an amendment to the state medical assistance plan to provide 12 months of postpartum medical benefits to persons who qualified for benefits while pregnant. *(Note: This summary applies to this bill as introduced.)*

### Status

3/22/2021 Introduced In Senate - Assigned to Health & Human Services

4/14/2021 Senate Committee on Health & Human Services Refer Amended to Appropriations

### **BILL** [SB21-199](#)

**Position: Strongly Support**

Concerning measures to remove barriers to certain public opportunities.

**Sponsors:** S. Jaquez Lewis (D) | F. Winter (D) / D. Esgar (D) | S. Gonzales-Gutierrez (D)

The bill repeals existing provisions that require a person to demonstrate the person's lawful presence in the United States to be eligible for certain public benefits and requires that lawful presence is not a requirement of eligibility for state or local public benefits, as defined by 8 U.S.C. sec. 1621. The bill amends statutory provisions that still require lawful presence to clarify acceptable documents to demonstrate eligibility. The

general assembly shall not allocate additional funding to any state or local public benefit program for this purpose for fiscal year 2021-22. However, starting for fiscal year 2022-23, any additional funding required for a state or local public benefit program for this purpose is subject to the standard budget process for the applicable program. Current law prohibits a state agency or political subdivision from entering into or renewing a public contract with a contractor who knowingly employs or contracts persons who are undocumented. The bill repeals that requirement and associated statutory provisions. Current law requires that state agencies and local governments use secure and verifiable identity documents when providing services or issuing official documents. The bill repeals that requirement and associated statutory provisions. *(Note: This summary applies to this bill as introduced.)*

#### **Status**

3/26/2021 Introduced In Senate - Assigned to State, Veterans, & Military Affairs

4/22/2021 Senate Committee on State, Veterans, & Military Affairs Refer Amended to Appropriations

#### **BILL [SB21-205](#)**

Concerning the provision for payment of the expenses of the executive, legislative, and judicial departments of the state of Colorado, and of its agencies and institutions, for and during the fiscal year beginning July 1, 2021, except as otherwise noted.

**Sponsors:** D. Moreno (D) / J. McCluskie (D)

Provides for the payment of expenses of the executive, legislative, and judicial departments of the state of Colorado, and of its agencies and institutions, for and during the fiscal year beginning July 1, 2021, except as otherwise noted. *(Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

#### **Status**

4/5/2021 Introduced In Senate - Assigned to Appropriations

4/6/2021 Senate Committee on Appropriations Refer Unamended to Senate Committee of the Whole

4/8/2021 Senate Second Reading Passed with Amendments - Floor

4/9/2021 Senate Third Reading Passed - No Amendments

4/9/2021 Introduced In House - Assigned to Appropriations

4/13/2021 House Committee on Appropriations Refer Amended to House Committee of the Whole

4/14/2021 House Second Reading Special Order - Passed with Amendments - Floor

4/15/2021 House Third Reading Passed - No Amendments

4/16/2021 Senate Considered House Amendments - Result was to Not Concur - Request Conference Committee

#### **BILL [SB21-211](#)**

##### **Position: Strongly Support**

Concerning the removal of certain measures related to the reduction of the adult dental benefit enacted in House Bill 20-1361, and, in connection therewith, making an appropriation.

**Sponsors:** D. Moreno (D) / L. Herod (D)

**Joint Budget Committee.** The bill eliminates certain measures that reduce the adult dental benefit. The bill requires the state treasurer to transfer money from the general fund to the unclaimed property trust fund to repay the unclaimed property trust fund for money transferred from it to the general fund in the 2020-21 fiscal year from savings from the reduction of the adult dental benefit in the medical assistance program. The bill makes an appropriation. *(Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*



## Status

4/5/2021 Introduced In Senate - Assigned to Appropriations

4/6/2021 Senate Committee on Appropriations Refer Unamended to Senate Committee of the Whole

4/8/2021 Senate Second Reading Passed - No Amendments

4/9/2021 Senate Third Reading Passed - No Amendments

4/9/2021 Introduced In House - Assigned to Appropriations

4/13/2021 House Committee on Appropriations Refer Unamended to House Committee of the Whole

4/15/2021 House Second Reading Special Order - Passed - No Amendments

4/19/2021 House Third Reading Passed - No Amendments

## **BILL** [SB21-239](#)

Concerning the statewide communication system for referral to behavioral health services, and, in connection therewith, making an appropriation.

**Sponsors:** C. Kolker (D) | R. Zenzinger (D) / J. Amabile (D) | T. Van Beber (R)

The bill expands the necessary human referral services authorized by the Colorado 2-1-1 collaborative (collaborative) to include necessary referrals for behavioral health services and other resources in the state for Coloradans, particularly for individuals who are unemployed, regardless of whether they receive benefits.

The bill requires the department of human services' office of behavioral health to contract with the collaborative to hire and train specialized personnel. The bill also requires the office of behavioral health to collaborate with the collaborative to engage in targeted marketing and outreach, and to ensure the marketing and outreach are targeted to traditionally underserved communities, such as immigrant, low-income, and communities of color.

The bill also requires the collaborative to coordinate with the department of labor and employment (department) to target, conduct outreach, and market to individuals who are unemployed, regardless of whether they receive benefits, and may need referrals for behavioral health services and other resources. The department is required to update its unemployment application web page and specified websites to include contact information for the collaborative. The bill makes an appropriation. (*Note: This summary applies to this bill as introduced.*)

## Status

4/12/2021 Introduced In Senate - Assigned to Health & Human Services

## **BILL** [SB21-242](#)

Concerning the expansion of the allowable uses of the housing development grant fund, and, in connection therewith, making an appropriation.

**Sponsors:** J. Gonzales (D) | B. Pettersen (D) / S. Gonzales-Gutierrez (D) | S. Woodrow (D)

The bill allows the division of housing within the department of local affairs to use the housing development grant fund for rental assistance, tenancy support service programs, and awarding grants and loans for the purchase of underutilized hotels, underutilized motels, and other underutilized properties. The bill expands those who are eligible to benefit from the rental assistance and tenancy support programs to include individuals experiencing homelessness. The bill also transfers \$15 million from the general fund to the housing development grant fund for the funding of rental assistance and tenancy support programs for individuals experiencing homelessness related to underutilized hotels, underutilized motels, and other underutilized properties, and the awarding of grants and loans for the purchase of underutilized hotels, underutilized motels, and other underutilized properties. Finally, the bill requires the department of local affairs, during its annual report to the assigned committee of reference, to report on the rental and tenancy support service programs provided by the division of housing for individuals experiencing homelessness related to underutilized hotels, underutilized motels, and other underutilized properties and the grants and loans awarded by the division in

relation to the rental, acquisition, or renovation of underutilized hotels, underutilized motels, and other underutilized properties. *(Note: This summary applies to this bill as introduced.)*

**Status**

4/12/2021 Introduced In Senate - Assigned to Local Government

**BILL [SB21-243](#)**

Concerning annual appropriations to the department of public health and environment.

**Sponsors:** D. Moreno (D) / J. McCluskie (D)

For each of the 2021-22, 2022-23, and 2023-24 state fiscal years, the bill requires the general assembly to appropriate \$21,090,149 to the department of public health and environment as follows:

- \$10,000,000 for distributions to local public health agencies; and
- \$11,090,149 for disease control and public health response. *(Note: This summary applies to this bill as introduced.)*

**Status**

4/13/2021 Introduced In Senate - Assigned to Appropriations

## MEMO

TO: Health District Board of Directors  
FROM: Carol Plock, Executive Director  
DATE: April 23, 2021  
RE: Employee Appreciation and Well-Being (COVID-19) Concept

Since the beginning of the COVID-19 pandemic on March 5, 2020 in Colorado, the employees of the Health District have provided extraordinary health services to the community – some by providing old services in new ways, some through expanded services and hours, and some by the creation of entirely new services developed specifically to help keep people safe in this time of intense need. Staff have faced constant change, unusual challenges, and, to varying levels, many have experienced added responsibilities and stressors.

During COVID-19, most people in the U.S. and the world have found their lives significantly impacted, and there have been many added stressors to our all our lives – the stresses of: trying to stay protected and distanced and the loss of connection with loved ones, of adapted ways of working, the loss of income, of parents working out how to both work and make sure their children are taken care of and educated, of selves and families getting the COVID-19 virus, of losing loved ones, and so much more.

In certain fields, including health services, the stresses have been even more intense. In the health and behavioral health field, organizations are struggling to hold on to current employees, and to find people to fill open slots. In a recent meeting where COVID updates were given by top leaders of local health and behavioral health organizations, every speaker mentioned workforce issues as a major current challenge. Workers are weary of the stress, change, and challenges.

It is impossible to convey how very grateful I am to the Health District employees who have so steadfastly continued to serve our community, despite all of the challenges and stressors they have experienced. Many of our staff members have worked incredible hours, have completely changed what their normal work assignments used to be, and were in positions that required them to be in close contact with others before vaccines were available.

Although it is not possible for us to change the past, or to take away the stresses of COVID, the Health District's Management Team has been working on a concept for a way that we could appropriately offer a little bit of extra thanks to our employees for their intense dedication, and to help them have some down time in order to focus on their own well-being.

At this point, we would like to present the concept to the Board for your consideration, discussion, and potential approval.

We propose that the Health District:

- 1) Offer all existing employees an additional two days of time off, with the expectation that they will be taken in this calendar year.
- 2) In order to compensate those whose jobs have required extraordinary commitment, offer some employees an additional 1-5 days off, the amount to be determined based on the extra commitment required. The timeline for taking this additional time off is still under consideration.

*The Management Team is working on a matrix that would assign points based on a variety of factors, including things such as the level to which the employee needed to work increased hours without compensation (for those in exempt status), unusual hours (for example, nights and weekends), in close contact with others prior to vaccine, and on multiple disaster response projects.*

- 3) Acknowledge that in order to allow employees to take this time off without causing added stress, we will need to reduce certain scheduling and productivity expectations, and extend some timelines.

The main cost of this approach is the lowered productivity or outcomes that will be produced. There could be some financial outlay in terms of an employee who leaves prior to taking the added leave. But since our emphasis would be on *taking* the leave over the next few months, in order to help in recovery from this stressful year, our goal would be to keep that to a minimum.

On the other hand, the value of this approach is to have a modest way of expressing our appreciation to one of the most dedicated, committed group of people one could ever find, and to show them that we care about their mental well-being. When our staff jumped in *immediately* to provide health screening and good health practices to those experiencing homelessness who were in congregate shelters, or to significantly expand Connections hours so that anyone experiencing stress could talk to someone at any time, or to completely re-create how dental services could be provided for the best possible protection, or to create a brand new location so that people who didn't *have* a home to shelter in but were COVID positive or needed to quarantine could have a safe place, or to jump through all the hoops necessary to safely provide COVID vaccine, while at the same time working with community partners to find those most in need of the vaccine, and so much more – our staff showed enormous self-sacrifice, dedication, and colossal heart. We believe that it is important to acknowledge the incalculable value that they have provided to our community, and provide a little help as we all attempt to recover from this journey.

**Health District**  
OF NORTHERN LARIMER COUNTY  
**BOARD OF DIRECTORS**  
**SPECIAL MEETING**  
**March 9, 2021**

**Health District Office Building**  
120 Bristlecone Drive, Fort Collins  
Remote Meeting

**MINUTES**

**BOARD MEMBERS PRESENT:** Michael D. Liggett, Esq., Board President  
Joseph Prows, MD MPH, Board Treasurer  
Celeste Kling, J.D., Board Secretary  
Molly Gutilla, MS DrPH, Board Vice President

**Staff Present:**

Carol Plock, Executive Director  
Chris Sheafor, Support Services Director  
Brian Ferrans, CIT Director  
James Stewart, Medical Director  
Karen Spink, Assistant Director  
Dana Turner, Dental Director  
Richard Cox, Communications Director  
Kristen Cochran-Ward, MH/SU Director  
Suman Mathur, Evaluator & Data Analyst

**Staff Present:**

Alyson Williams, Policy Coordinator  
Jessica Shannon, Resource Dev. Coordinator  
MJ Jorgensen, Project Impl. Coordinator  
Ida Cossitt-Glesner, Public Policy Specialist  
Anita Benavidez, Executive Assistant

**Public Present:**

Elaine Branjord  
Rev. Gretchen Haley

**CALL TO ORDER; APPROVAL OF AGENDA**

Director Celeste Kling called the meeting to order at 4:00 p.m.

**MOTION:** To approve the agenda as Presented  
*Moved/Seconded/Carried Unanimously*

**PUBLIC COMMENT**

Rev. Gretchen Haley, Senior Minister at Foothills Unitarian Church expressed her deep gratitude for the Health District's efforts in response to the pandemic and on the Vaccine Equity Project. She has worked with Dr. Stewart and MJ Jorgensen on the equity effort and appreciates their non-stop generosity, flexibility, desire to align around core values of equity, and support.

**DISCUSSION & ACTIONS**

**Policy**

Policy Coordinator Alyson Williams introduced the Health District's new Public Policy Specialist, Ida Cossitt-Glesner. Ms. Cossitt-Glesner has her Master's Degree in Public Administration and is actively engaged in this year's legislative work. Ms. Williams reviewed both State and Federal policy activity. The Legislature has been in session for 25 days with 413 bills introduced, 19 bills killed or lost, and 8 issues on which the Health District has taken a position.

## *State Legislative Proposals*

### **HB21-1021: Peer Support Professionals Behavioral Health**

The bill requires the Department of Human Services to establish procedures to approve recovery support services organizations for reimbursement of peer support professional services. It permits recovery support services organizations to bill Medicaid for eligible peer support services and allows HCPF to reimburse those organizations. The bill passed committee this afternoon, unanimously, with amendments to be more explicit about definition of a qualified mental health provider and clarification on language of how recovery organizations work.

**MOTION: To support HB21-1021: Peer Support Professionals Behavioral Health.**  
*Moved/Seconded/Carried Unanimously*

### **HB21-1054: Housing Public Benefit Verification Requirement –**

Currently both federal and state law require that individuals verify lawful presence to receive certain government benefits. This bill removes that requirement for public or assisted housing benefits. A question related to how this would be different from federal law; the current law mostly mimics federal law, but states are allowed to exempt themselves from federal law on lawful presence verification, for state benefits only (not federal benefits).

**MOTION: To strongly support HB21-1054: Housing Public Benefit Verification Requirements.**  
*Moved/Seconded/Carried Unanimously*

### **HB21-1117: Local Government Authority Promote Affordable Housing Units**

A board member asked whether this bill is on our radar. The bill clarifies that the existing authority of cities and counties to plan for and regulate the use of land includes the authority to regulate development or redevelopment in order to promote the construction of new affordable housing units. Ms. Williams is monitoring the bill, but no analysis was ready for this meeting.

### **SB21-011: Pharmacist Prescribe Dispense Opiate Antagonist**

The bill requires a pharmacist who dispenses an opioid prescription to inform the patient of the potential dangers of an opioid and to offer to prescribe the patient an opiate antagonist in the following circumstances: (1) If, in their professional judgment, the patient would benefit; (2) The patient has a history of opioid overdose or substance use disorder (SUD); (3) At the same time, the patient is also prescribed a benzodiazepine, a sedative hypnotic drug, carisoprodol; tramadol, or gabapentin and (4) The prescription is a 90 milligram morphine equivalent (MME) or more. While the concept is a good one because opiate antagonists like naloxone can temporarily reverse an overdose and save lives and is not dangerous, one concern raised was how a pharmacist would know if the patient has an issue with substance use. The Board in general was concerned about the weight of that responsibility and would like to see verbiage that ensures no liability on behalf of the pharmacist. One recommendation was that every pharmacy could include a notice with every dispensed opioid prescription that this option is available.

**MOTION: To support SB21-011: Pharmacist Prescribe Dispense Opiate Antagonist, with an amendment declaring no liability on the part of the pharmacist for not offering it (if language stays as written), or an amendment indicating that the notice that an opiate antagonist can be prescribed and provided is to be included with every prescription.**  
*Moved/Seconded/Carried Unanimously*

**SB21-016: Protecting Preventive Health Care Coverage** codifies into Colorado state law several preventive health care services provided under the federal “Patient Protection and Affordable Care Act”. Such codification requires Colorado health insurance carriers to provide these services without policy deductibles, copayments, or coinsurance. However, it also expands preventive health services

to include screenings for osteoporosis and urinary incontinence for men, and expanded coverage for counseling, prevention, screening, and treatment of a sexually transmitted infection, which are not preventive services recommended by the USPSTF, HRSA, or NAM

**MOTION: To support SB21-016: Protecting Preventive Health Care Coverage, but only for those preventive services on the ACA list, as recommended by USPSTF, HRSA, or NAM.**

*Moved/Seconded/Carried Unanimously*

**SB21-085: Actuarial Review Health Insurance Mandate Legislation** – By November 1, 2021, the Division of Insurance is to retain a contractor that has experience with health care policy and actuarial reviews. The contractor is to perform actuarial reviews on proposed legislation that may impose a new health benefit mandate on health plans. Under the direction of the DOI, the contractor is to conduct such reviews of up to 5 legislative proposals that are being or will be considered for each regular session, at the request of a legislator. If the DOI gets more than 5 requests, the chair of the House Health & Insurance Committee and the chair of the Senate Health & Human Services Committee shall select which legislative proposals the contractor is to review. After significant discussion of the pros and cons for this bill, the Board recognizes that it would be helpful to understand the impact of proposed legislation. However, their strong concern is that due to timing, cost, and other challenges, it would be incredibly difficult for the concept to work well. While the Board cannot support the bill, it decided to take an amending position to try to get to a neutral position.

Amendments the board supported include the following: 1) Legislator requests should not include actuarial review of legislation that focuses on expansion of benefits in public health insurance; 2) Section VI should be stricken; 3) It should allow a legislator to request an actuarial analysis when it is being proposed that an insurance benefit would be cut or reduced; 4) The actuarial analysis should make clear who would benefit from the proposal (and include demographics); 5) The report should include an equity analysis by a qualified contractor; 6) The actuary should be selected through a process that includes consumer stakeholders; 7) Sections IV, V, VI, and VII should include required reporting of potential costs or savings; 8) Section VII should include more detail, including impact on: premiums and cost sharing, out of pocket spending, and near and long-term impact to Medicaid, CHIP, TANF, SNAP, and WIC, as appropriate; 9) Increases in productivity should be estimated; 10) Section VII should be amended to include cost savings over at least a 10 year window, and Section IX include health benefit over at least a five and ten year window; 11) Any coverage mandate resulting in a premium impact of <1% should be deemed negligible, and the contractor should not perform further work except for equity impacts; 12) The length of time required for the analysis should not prohibit a bill from moving in a single legislative session, which may require flagged bills to be identified prior to the start of session.

**MOTION: To take an amending position on SB21-085: Actuarial Review Health Insurance Mandate Legislation, with the amendments listed above required for a neutral position.**

**With the complexity of the issue, the Board encourages the development of a Task Force to work out more detail rather than pass this legislation this session.**

*Moved/Seconded/Carried Unanimously*

**SB21-175: Prescription Drug Affordability Board** is a very complex bill that establishes a Prescription Drug Affordability Board (PDAB) to collect and evaluate information concerning the cost of prescription drugs sold to Colorado consumers, conduct affordability reviews, to set upper payment limits (UPLs) on certain expensive prescription drugs, and to make policy recommendations to the General Assembly to improve affordability. Any savings from setting UPLs must be used by carriers to reduce consumer cost. The Fiscal Note has not been officially drafted but a similar bill reviewed last



year was \$1.3M annually.

**MOTION: To strongly support SB21-175: Prescription Drug Affordability Board.**  
*Moved/Seconded/Carried Unanimously*

**HB21-XXX:** A proposed **Public Option bill** has not yet been introduced, so there is no specific language to review, but it is expected to require that ‘each health-care provider shall accept consumers who are enrolled in any health benefit plan offered by the authority,’ which would impact the Health District’s functioning. The Board supports drafting a proposed amendment to ensure Health District operations can continue as they currently operate for direct services.

### ***Federal Policy Issues***

**COVID Relief (Stimulus Package)** – Not much has changed – the COBRA subsidy now includes coverage of 100% (formerly 85%) of premiums from the month after enactment through 9/30/2021. The minimum wage increase has been dropped due to a parliamentarian decision that it does not qualify for the reconciliation process. There is \$6B available nationally for state and local government funding; in CO, it is still likely that some of those funds will pass through the State, and hopefully that some will come to Special Districts.

**Vaccine Equity Project** – Karen Spink and MJ Jorgensen presented the potential of the Health District’s involvement with a rapidly evolving Vaccine Equity Project; a memo about the project was included in the board packet. MJ Jorgensen and Dr. Stewart were invited into conversations with a group involved in developing a proposal to ensure effective equitable distribution of the COVID-19 vaccines in Larimer County, specifically in reaching Latinx, Immigrant, Black, and Indigenous community members. A proposal was sent to our Executive Director about a week ago, and a meeting was held with group leaders last Thursday evening. Participants were excited about this comprehensive, community-integrated solution. United Way, the Bohemian Foundation, City of Fort Collins, Larimer County, and the Health District are all considering providing funding. This effort aligns with Health District equity goals and the desire to aid in getting people vaccinated and protected from COVID-19.

There are two areas in which staff believes the Health District can bring value: Assisting with: (1) Coordinated, Community Based Mobile Vaccination Sites; and (2) Coordination of Communication Strategies. The details are still being worked out. The group is being agile with the project and working to include other BIPOC entities. Health District staff is requesting approval for up to \$60K to support this effort. Funding may be available in the reserves budget from the COVID line item, or if not, would come from a general “other community health needs” line item. Success will be in part evaluated by the numbers participating in equity clinics.

**MOTION: To approve up to \$60K funding through December 31, 2021, to support a collaborative community COVID-19 Vaccine Equity initiative with BIPOC communities in the areas noted.**

*Moved/Seconded/Carried Unanimously*

### **DISCUSSION**

#### **Brief Status Update, COVID and the Health District**

The Health District’s involvement in directly providing vaccines is starting to increase. While during February, we received vaccine for only two clinics, in March, we will be providing second does for those clinics and also assisting Salud with one or more of their clinics. It is difficult to plan clinics, since confirmation of vaccine doesn’t arrive until Sunday night or Monday morning. We are hoping to do pop-up clinics for the Northern CO Health Network, Abyssinian Church, and Red Feather Lakes area. Colorado has received its first 400K doses of the Janssen vaccine, while Pfizer and Moderna

increase production. Larimer County has 36K residents fully immunized (about one in 10), and about 2/3 of those 70+ are vaccinated. The state is seeing some growth in the variant viruses with 3 – 6% of cases tested specimens being variant-related. Colorado is currently in the upper third of states' case rates, vs. the bottom third previously. The IRQ is serving 2 – 5 people at any one time, which is a relief after the Blue Spruce shelter was showing two outbreak weeks where 4-5 people were testing positive each week. We made a special effort to do a pop-up vaccination clinic at that shelter during or shortly after the outbreak, but were unable to get either county or state approval.

### **Board Member Replacement Update**

There are currently two applicants for the empty Board seat and acceptance of applications closes on March 11. After Chris Sheafor has ensured candidate eligibility, staff will send received applications to the Board with a link to indicate which candidates they might want to interview; no decisions will be made on interviews until a brief Board meeting March 16. If held, interviews will be conducted in a 90-minute window (5:30 – 7:00 pm) on Wednesday, March 24. Staff anticipates making the decision at the April 13 Special Board meeting unless all board members can't be present; in which case the decision would be made at the regular meeting in April.

### **PUBLIC COMMENT (2<sup>nd</sup> opportunity)**

None

### **ANNOUNCEMENTS**

- March 23, 4:00 pm – Board of Directors Regular Meeting
- April 13, 4:00 pm – Board of Directors Special Meeting
- April 27, 4:00 pm – Board of Directors Regular Meeting

### **ADJOURN**

#### **MOTION: To Adjourn the Meeting**

*Moved/Seconded/Carried Unanimously*

The meeting was adjourned at 5:36 p.m.

Respectfully submitted:

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Anita Benavidez, Assistant to the Board of Directors

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Michael D. Liggett, Esq., Board President

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Molly Gutilla, MS DrPH, Board Vice President

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Celeste Kling, J.D., Board Secretary

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Joseph Prows, MD MPH, Board Treasurer

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Faraz Naqvi, MD, Liaison to UCHHealth-North/PVHS Board

**Health District**  
OF NORTHERN LARIMER COUNTY  
**BOARD OF DIRECTORS**  
**SPECIAL MEETING**  
**March 16, 2021**

**Health District Office Building**  
120 Bristlecone Drive, Fort Collins

**MINUTES**

**BOARD MEMBERS PRESENT:** Molly Gutilla, MS DrPH, Board Vice President  
Joseph Prows, MD MPH, Board Treasurer  
Celeste Kling, J.D., Board Secretary  
Michael D. Liggett, Esq., Board President

**Staff Present:**

Carol Plock, Executive Director  
Anita Benavidez, Executive Assistant

**CALL TO ORDER; APPROVAL OF AGENDA**

Director Michael Liggett called the meeting to order at 8:35 a.m.

**MOTION: To approve the agenda as Presented**  
*Moved/Seconded/Carried Unanimously*

**DISCUSSION & ACTIONS**

**Decision on Inviting Board Candidates for an Interview**

The Health District has received applications from three eligible candidates to fill the empty seat on the Board: Deborah Archer, Ray Black, and Johanna Ulloa. Executive Director Carol Plock provided a summary of the Board members' input on the straw poll that board members completed to indicate which candidates they would choose to interview, with Johanna Ulloa being unanimously the first choice. In the straw poll, two board members indicated that they would like for the board to interview candidates; two board members did not feel that was necessary. After a brief discussion about the board's apparent leaning towards Johanna Ulloa, the board decided not to hold interviews.

The Board agreed that the candidate pool was excellent, met the Health District's goal of diversity, and all Board members noted their great respect for the candidates. After discussion about the selection process, the Board determined that they would put the selection of a board candidate on the upcoming board meeting agenda.

**MOTION: To proceed with the selection process without interviews.**  
*Moved/Seconded/Carried Unanimously*

The selected candidate will start as a Board member at the April 13 Board of Directors Special Meeting. Candidates will be informed of the decision to not hold interviews, as well as the board's leaning, through a formal notice that will be sent by the Election Officer, and the Executive Director (and any board members interested) will also contact the candidates to thank them for their interest.

**ADJOURN**

**MOTION: To Adjourn the Meeting**  
*Moved/Seconded/Carried Unanimously*

The meeting was adjourned at 8:55 a.m.

Respectfully submitted:

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Anita Benavidez, Assistant to the Board of Directors

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Michael D. Liggett, Esq., Board President

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Molly Gutilla, MS DrPH, Board Vice President

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Celeste Kling, J.D., Board Secretary

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Joseph Prows, MD MPH, Board Treasurer

**Health District**  
OF NORTHERN LARIMER COUNTY  
**BOARD OF DIRECTORS**  
**SPECIAL MEETING**  
**March 23, 2021**

**Health District Office Building**  
120 Bristlecone Drive, Fort Collins  
Remote Meeting

**MINUTES**

**BOARD MEMBERS PRESENT:** Michael D. Liggett, Esq., Board President  
Joseph Prows, MD MPH, Board Treasurer  
Celeste Kling, J.D., Board Secretary  
Molly Gutilla, MS DrPH, Board Vice President

**Staff Present:**

Carol Plock, Executive Director  
Chris Sheafor, Support Services Director  
James Stewart, Medical Director  
Karen Spink, Assistant Director  
Dana Turner, Dental Director  
Richard Cox, Communications Director  
Kristen Cochran-Ward, MH/SU Director  
Lorraine Haywood, Finance Director

**Staff Present:**

Alyson Williams, Policy Coordinator  
Jessica Shannon, Resource Dev. Coordinator  
Pam Klein, Project Specialist MHSU  
Laura Mai, Assistant Finance Director  
Anita Benavidez, Executive Assistant

**Public Present:**

Elaine Branjord

**CALL TO ORDER; APPROVAL OF AGENDA**

Director Michael Liggett called the meeting to order at 4:00 p.m.

The consent agenda was modified to remove the February 23, 2021 minutes, to be voted on off the Consent Agenda because of the absence of one member, and to remove the March 9, 2021 minutes from the agenda.

**MOTION:** To approve the agenda as Amended  
*Moved/Seconded/Carried Unanimously*

**PUBLIC COMMENT**

None

**DISCUSSION & ACTIONS**

**Policy**

Policy Coordinator Alyson Williams updated the Board on the legislative session which has been in session for 39 days, has had 454 bills introduced, 48 bills killed or postponed indefinitely, and the Board has taken a position on 12 bills thus far. The Joint Budget Committee approved restoration of the Medicaid Adult Dental Benefit to an annual limit of \$1,500 and the restoration of \$1M to the Senior Dental Program, to be included in the Long Bill (budget). SB21- 009 providing reproductive health services for undocumented individuals passed Senate HHS and the Housing Public Benefit and the Replacing Contracting Terms bills both passed the House and will be heard in Senate today.

***State Legislative Proposals***

**HB21-1107: Protections for Public Health Department Workers**

Under current law, it is unlawful to publish the personal information of a law enforcement official, human services worker, and their families, if publishing of the personal information would pose an imminent and serious threat to their safety. This bill extends the protection of personal information on the internet to public health workers, including employees, contractors or employees of contractors of CDPHE or local public health agencies. In addition, a protected person can submit a written request to a state or local government official to remove their personal information from public records that are available on the internet. A violation is a class 1 misdemeanor.

**MOTION: To support HB21-1107: Protections for Public Health Department Workers**  
*Moved/Seconded/Carried Unanimously*

**HB21-1135: Health-Care Cost-Sharing Consumer Protections** The bill would have required operators of health care cost-sharing arrangements (CSAs) to report specified information to the Commissioner of Insurance in the Department of Regulatory Agencies (DORA), provide disclosures to consumers, and respond to requests for payment within a specified time period. **This bill was killed today** on request of the sponsor because it would interfere with ongoing litigation; it is likely to come back next year.

**SB21-154: 988 Suicide Prevention Lifeline Network**

In 2020, the U.S. Congress passed the “National Suicide Hotline Designation Act of 2020” designating 988 as the 3-digit number for the national suicide prevention lifeline. This bill implements 988 as the 3-digit number for crisis response services in Colorado. Colorado will keep its existing crisis services, only the number will change. Funding is coming from additional fees of up to 50 cents, paid in the consumer’s bill.

**MOTION: To support SB21-154: 988 Suicide Prevention Lifeline Network**  
*Moved/Seconded/Carried Unanimously*

*Federal Policy Issues*

**COVID Relief (America Rescue Plan Act)**

The ARPA has passed, and it includes: Medicaid provisions include an option to have community based mobile crisis response with increased FMAP, funding that provides an incentive for states who have not yet done the Medicaid expansion; a new option to extend postpartum coverage for 12 months; and increased Medicaid Drug rebates for manufacturers that have imposed excessive price increases.

Related to private insurance, provisions include COBRA premium subsidies, enhanced marketplace premium tax credits, tax relief for individuals who received excess marketplace premium tax credits in 2020, free marketplace insurance for those who received UI in 2021, and \$20M in grants to states to modernize and update marketplace systems, programs, or technology. Under the ARP, average savings under Connect for Health Colorado’s plan for those who are in households making 250-300% of FPL could be as much as \$79/month.

With regard to housing, provisions include emergency rental assistance for low-income renters, housing vouchers for those previously unhoused, and a Homeowner Assistance Fund to maintain mortgages, utilities, and taxes. The State will receive \$3.926B in state fiscal relief, local governments will receive \$2.088B, and there is also \$1.211B in relief for K-12 schools. Additional relief will be available in an amount up to \$1,600 per child through the Child Tax Credit (anticipated to lift 57,000 children out of poverty), and up to nearly \$1,000 through the Earned Income Tax Credit for 299,000 childless workers.

**Board Member Appointment to Fill Vacant Seat** – Executive Director Carol Plock reviewed the process in filling the seat vacated by Dr. Faraz Naqvi which included a call for candidates, postings on a variety of media, as well as an invitation to all past candidates and representatives from various diverse



groups. There were three candidates: Deborah Archer, Ray Black, and Johanna Ulloa, and all were exceptional. The Board previously made the decision to select a candidate without interviews.

**MOTION: To appoint Johanna Ulloa to fill the seat being vacated by Dr. Faraz Naqvi, until the next regular election.**

*Moved/Seconded/Carried Unanimously*

A board comment was that Johanna Ulloa will be a great addition to the board. She will be sworn in prior to the next board meeting.

## **REPORTS & DISCUSSION**

### **COVID-19**

#### *Current Status*

Dr. James Stewart provided an update on the COVID-19 pandemic, comparing March 10, 2020 to current numbers, highlighting the exponential growth in cases globally. On March 10, 2020, total worldwide cases were 117,723, with 4,258 deaths. By March 23, 2021, there were 123,541,704 worldwide cases, with 2,720,169 deaths, indicating the tragic spread of this deadly virus. US and Colorado trends of 7-day cases and 7-day deaths show some flattening in cases - though still at two times the levels seen last summer before the November steep increase - with the good news of a steady decline in deaths. Larimer County has seen no COVID deaths since March 8. On February 6, the state moved Larimer County to Yellow on its 'levels' dial, with a risk score of medium. Positivity rates remain below 5%, but hospitalizations are seeing a slight tick up.

Vaccinations in Larimer County are continuing to rise, with 1 in 4 having at least one dose. 77% of those aged 70+ are immunized. There remain 200K adults in Larimer County to be vaccinated and at the current rate it would take about 195 days to get everyone at least one dose. We would need to see an increase in vaccinations in order to avoid a potential COVID-19 spike in the fall. A rough estimate of immunity in Larimer County is as much as 45%, taking into account those that have been infected and those receiving the vaccine. The supply of vaccines is increasing: there are seven extremely effective vaccines being used globally. Researchers and experts are monitoring the variants very closely; the vaccines appear to be doing a good job of protecting against them, which is different from what we typically see in flu variants and flu vaccine. Research on treatment also continues, the latest showing that low dose aspirin use early in a patient's hospital stay is associated with a 44% reduction of risk for mechanical ventilation.

Now that we are a year in, as we start to think about recovery, researchers are looking at what COVID-19 has meant for the health and well-being of all. The American Psychological Association surveyed 3K adults and identified some key findings including respondents' report of high proportions of: undesired weight changes (61%), sleeping disturbances (67%), drinking more alcohol (23%), delays or cancellation of health care services (47%). It reported that essential workers are more than twice as likely to have received treatment from a mental health professional (34% compared to 12%) and to have been diagnosed with a mental health disorder (25% compared to 9%). Of those who reported undesired weight gain, the average amount was 29 lbs. There are also concerns about the impact of delays in cancer diagnosis and treatment that are expected to result in an increase in Years of Life Lost (YLL). UNICEF reports that across virtually every key measure of childhood, progress has gone backward since the onset of the pandemic. US Emergency Departments are seeing an increase of visits for Mental Health, Overdose, and Violence Outcomes.

#### ***COVID and the Health District***

Ms. Plock gave a brief status report on COVID and the Health District. Much of our focus is now on vaccinations; our access appears to have significantly increased, particularly for equity clinics for diverse populations. After starting vaccines on February 11, we were getting vaccine every other week, until this

week, when we have both second dose clinics for 200, and two equity pop-up clinics. Pop-up clinics are currently scheduled for the Northern Colorado Health Network, the Cultural Enrichment Center, Red Feather Lakes, people experiencing homelessness, Holy Family Church, and more. The Health District continues to develop strong relationships with the state, county, and the community to make these special clinics happen. The March 4 vaccine equity proposal conversation has led to agreements between the Health District and BIPOC representatives for development of messaging. Ms. Plock reminded us that we are still on the upward side of the vaccinations wave, and anticipate at least another two months of being involved in providing vaccinations.

Good news is that the Isolation/Recovery Quarantine (IRQ) facility has not had any residents since the big snowstorm (March 14), and recent tests at one of the shelters reported no positive results. Staff continues to pull together the pieces necessary to apply for FEMA assistance, if needed, including an updated Public Health order. Whether or not we may receive stimulus package funding for reimbursement of these costs is still unclear; although the state would like to give special districts part of the funding, it is not clear how they might be able to do so yet.

Although we have an increasing number of employees who have been or are starting to get vaccinated, the risk is not over in our community and variants are increasing. We will continue to get our staff connected to vaccines, but are not yet planning a full return to the office, though the Connections/CAYAC program has plans to gradually return to the offices starting at the end of May.

### **HealthInfoSource.com – Demo and update**

Staff member Lin Wilder provided a tour of the new HealthInfoSource (HIS) program. The focus of the redesign was around mental health and substance use. HIS will be a key tool for the Health District Connections team, other mental health providers, care coordinators, and community members. The intent is to have the most current provider information available through one resource for easy access. HIS is also available in the mobile world – on tablets and mobile phones. Ms. Wilder took the Board through a demonstration of the system, highlighting some key features including “click of a button” translation into 100+ languages, the ability to search for providers via multiple filters, the ability to create a free user profile so the user can save favorites, in-depth information on services for substance use disorders and addictions. Filtering can be done based on provider specialty, treatment approach, location, whether accepting new patient, insurance accepted, ages served, etc. HIS is starting with a ‘soft launch,’ and has 140+ provider records today and the team anticipates 4-500 provider records over the long term.

Resources include easy access to information on groups and classes, mental health screenings, links to blogs, articles, and professional announcements. Care Coordinators can manage their notes online and can easily text or email profiles and other resources to clients, as well as search results. Anyone who uses the site can make referrals to other providers including access to care coordinator notes. HIS will be announced in the upcoming *Compass*, and staff is doing tutorials with providers and care coordinators as well as outreach for training. Publicity will include a variety of marketing approaches. With regard to evaluating the tool, staff will be monitoring Google analytics and the Health District Evaluation team is already looking at what would be appropriate metrics.

### **Executive Director Updates**

In addition to continuing to support community needs by helping people enroll in Medicaid and Marketplace health insurance plans and providing significant amounts of dental care and mental health care, and continuing our COVID work, there are few other items of note: The Technical Advisory Committee for Larimer County’s Behavioral Health Services has been working to define new priorities for the next round of LC behavioral health funding. The NE Region Health Care Coalition introduced their newest plan for emergency response and, with some advocacy, mental health will have more inclusion, as will the Health District. The NCLA Health Care Working Group has put together a meeting

on April 20 that will include all the top industry leaders in health care; a presentation from Tom Gonzales, and policy updates. Staff are starting back to work on end-of-year reports, which will come to the board in two sections. Ms. Plock noted that she will be out for knee surgery next week.

***Liaison to PVHS/UCHealth North Report***

Director Kling reported that she is in the midst of the Board orientation, has met with David Thompson, the Chief Financial Officer and is meeting with previous Board Director Naqvi as needed. Her first Board meeting will be the 21<sup>st</sup> of April.

**PUBLIC COMMENT (2<sup>nd</sup> opportunity)**

None

**CONSENT AGENDA**

- Approval of the Board Meeting Minutes for January 26, 2021; February 9, 2021; and February 23, 2021

It was noted that the February 9 Board of Directors Minutes need to be retitled “Special” Meeting and the February 23 minutes should be removed from the Consent Agenda in order that only those attending the meeting vote on minutes approval.

**MOTION: To approve the amended Consent Agenda (Minutes of January 26 and February 9 with the title of “Special Meeting”)**  
*Moved/Seconded/Carried Unanimously*

**MOTION: To approve the February 23, 2021, Board of Directors Minutes**  
*Moved/Seconded/Carried Unanimously*

**PRELIMINARY REPORT:** December 2020 Financials cannot be approved until after the audit. The revision was a result of a new code allowing for Federal funding not pulled information correctly in the reports.

**ANNOUNCEMENTS**

- April 13, 4:00 pm – Board of Directors Special Meeting (policy)
- April 27, 4:00 pm – Board of Directors Regular Meeting
- May 11, 4:00 pm – Board of Directors Special Meeting (policy)

**ADJOURN**

**MOTION: To Adjourn the Meeting**  
*Moved/Seconded/Carried Unanimously*

The meeting was adjourned at 5:27 p.m.

Respectfully submitted:

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Anita Benavidez, Assistant to the Board of Directors

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Michael D. Liggett, Esq., Board President

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Molly Gutilla, MS DrPH, Board Vice President

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Celeste Kling, J.D., Board Secretary

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Joseph Prows, MD MPH, Board Treasurer

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
BALANCE SHEET  
As of 10/31/2020

Revised

ASSETS

Current Assets:	
Cash & Investments	\$9,033,802
Accounts Receivable	449,348
Property Taxes Receivable	144,793
Specific Ownership Tax Receivable	60,670
Prepaid Expenses	46,947
Total Current Assets	<u>9,735,559</u>
Property and Equipment	
Land	4,592,595
Building and Leasehold Improvements	4,421,116
Equipment	1,110,359
Accumulated Depreciation	(2,902,223)
Total Property and Equipment	<u>7,221,847</u>
Total Assets	<u><u>16,957,406</u></u>

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	768,437
Deposits	1,000
Deferred Revenue	742,993
Total Current Liabilities	<u>1,512,430</u>
Long-term Liabilities:	
Compensated Absences Payable	13,579
Total Long-term Liabilities	<u>13,579</u>
Deferred Inflows of Resources	
Deferred Property Tax Revenue	123,232
Total Deferred Inflows of Revenues	<u>123,232</u>
Total Liabilities & Deferred Inflows of Resources	<u>1,649,241</u>
EQUITY	
Retained Earnings	13,706,789
Net Income	1,601,376
TOTAL EQUITY	<u>15,308,165</u>
TOTAL LIABILITIES AND EQUITY	<u><u>16,957,406</u></u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
STATEMENT OF REVENUES AND EXPENSES  
As of 10/31/2020  
Revised

	<u>Current Month</u>	<u>Year to Date</u>
Revenue		
Property Taxes	21,561	8,127,384
Specific Ownership Taxes	60,669	523,036
Lease Revenue	96,697	955,702
Interest Income	2,462	60,423
Sales Revenue	0	80
Fee For Service Income	10,903	88,079
Third Party Income	70,602	466,255
Grant Income	368,955	712,670
Special Projects	0	5,307
Miscellaneous Income	806	17,219
Gain/(Loss) on Asset Disposal	(3,570)	(3,570)
Total Revenue	<u>629,083</u>	<u>10,952,584</u>
Expenses:		
Operating Expenses		
Administration	49,714	697,456
Board Expenses	623	60,753
Connections: Mental Health/Substance Issues Svcs	149,294	1,415,445
Dental Services	285,657	2,657,717
Integrated Care (MHSA/PC)	85,416	814,782
Health Promotion	69,757	593,199
Healthy Mind Matters	52,000	532,783
Program Assessment & Evaluation	17,806	170,660
Health Care Access	88,095	808,167
HealthInfoSource	8,161	72,836
Resource Development	13,953	130,455
Contingency -Operational	0	4,330
Special Projects	97,851	912,399
Grant Projects	61,525	342,715
Total Operating Expenses	<u>979,852</u>	<u>9,213,698</u>
Depreciation and Amortization		
Depreciation Expense	<u>13,377</u>	<u>137,510</u>
Total Depreciation and Amortization	<u>13,377</u>	<u>137,510</u>
Total Expenses	<u>993,229</u>	<u>9,351,208</u>
Net Inome	<u>(364,145)</u>	<u>1,601,376</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
Statement of Revenues and Expenditures - Budget and Actual  
As of 10/31/2020  
Revised

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
<b>Revenue:</b>								
Property Taxes	\$16,093	\$21,561	\$5,468	\$8,217,561	\$8,127,384	(\$90,177)	\$8,250,616	\$123,232
Specific Ownership Taxes	68,683	60,669	( 8,014)	546,884	523,036	( 23,848)	650,000	126,964
Lease Revenue	96,697	96,697	0	955,702	955,702	0	1,149,096	193,394
Interest Income	15,000	2,462	( 12,538)	150,000	60,423	( 89,577)	180,000	119,577
Sales Revenue	42	0	( 42)	422	80	( 342)	506	426
Fee for Services Income	19,243	10,903	( 8,340)	192,433	88,079	(104,354)	230,919	142,840
Third Party Reimbursements	65,294	70,602	5,308	795,979	466,255	(329,724)	974,247	507,992
Grant Revenue	31,104	368,955	337,851	416,378	712,670	296,292	1,201,408	488,738
Partnership Revenue	2,563	0	( 2,563)	25,627	5,307	( 20,321)	31,270	25,963
Miscellaneous Income	1,708	806	( 902)	17,083	17,219	136	20,500	3,281
Gain/(Loss) on Disposal of Assets	0	(3,570)	(3,570)	0	(3,570)	( 3,570)	0	3,570
<b>Total Revenue</b>	<b>\$316,427</b>	<b>\$629,083</b>	<b>\$312,656</b>	<b>\$11,318,068</b>	<b>\$10,952,584</b>	<b>(\$365,484)</b>	<b>\$12,688,562</b>	<b>\$1,735,978</b>
<b>Expenditures:</b>								
Operating Expenditures								
Administration	\$70,689	\$49,714	\$20,975	\$808,045	\$697,456	\$110,589	\$932,658	\$235,202
Board Expenses	3,509	623	2,887	68,705	60,753	7,952	75,723	14,970
Connections: Mental Health/Substance Issue...	191,135	149,294	41,842	1,687,543	1,415,445	272,098	2,015,365	599,920
Dental Services	395,354	285,657	109,697	3,460,118	2,657,717	802,400	4,136,444	1,478,727
Integrated Care (MH/SUD/PC)	118,998	85,416	33,582	1,051,080	814,782	236,297	1,256,927	442,144
Health Promotion	85,177	69,757	15,421	745,889	593,199	152,690	880,564	287,365
Community Impact	71,948	52,000	19,948	628,501	532,783	95,718	751,297	218,514
Program Assessment & Evaluation	22,578	17,806	4,772	200,807	170,660	30,148	240,165	69,505
Health Care Access	117,624	88,095	29,529	1,018,329	808,167	210,161	1,228,945	420,777
HealthInfoSource	11,776	8,161	3,615	99,844	72,836	27,008	119,237	46,401
Resource Development	17,995	13,953	4,042	156,575	130,455	26,120	187,143	56,688
Contingency (Operations)	0	0	0	45,000	4,330	40,670	192,000	187,670
Special Projects	205,239	97,851	107,388	1,991,886	912,399	1,079,487	2,718,118	1,805,719
Grant Projects	31,104	61,525	(30,421)	416,378	342,715	73,663	1,201,408	858,693
<b>Total Operating Expenditures</b>	<b>\$1,343,128</b>	<b>\$979,852</b>	<b>\$363,276</b>	<b>\$12,378,699</b>	<b>\$9,213,698</b>	<b>\$3,165,001</b>	<b>\$15,935,993</b>	<b>\$6,722,295</b>
<b>Net Income</b>	<b>(\$1,026,701)</b>	<b>(\$350,769)</b>	<b>\$675,933</b>	<b>(\$1,060,631)</b>	<b>\$1,738,886</b>	<b>\$2,799,517</b>	<b>(\$3,247,431)</b>	<b>(\$4,986,317)</b>

Unaudited - For Management Use Only



HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
BALANCE SHEET  
As of 11/30/2020  
Revised  
ASSETS

Current Assets:	
Cash & Investments	\$8,600,015
Accounts Receivable	212,076
Property Taxes Receivable	123,232
Specific Ownership Tax Receivable	49,775
Prepaid Expenses	<u>68,096</u>
Total Current Assets	<u>9,053,194</u>
Property and Equipment	
Land	4,592,595
Building and Leasehold Improvements	4,421,116
Equipment	1,110,359
Accumulated Depreciation	<u>(2,915,492)</u>
Total Property and Equipment	<u>7,208,578</u>
Total Assets	<u><u>16,261,773</u></u>

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	730,705
Deposits	1,000
Deferred Revenue	<u>641,281</u>
Total Current Liabilities	<u>1,372,986</u>
Long-term Liabilities:	
Compensated Absences Payable	<u>13,579</u>
Total Long-term Liabilities	<u>13,579</u>
Deferred Inflows of Resources	
Deferred Property Tax Revenue	<u>61,741</u>
Total Deferred Inflows of Revenues	<u>61,741</u>
Total Liabilities & Deferred Inflows of Resources	<u>1,448,306</u>
EQUITY	
Retained Earnings	13,706,789
Net Income	<u>1,106,678</u>
TOTAL EQUITY	<u>14,813,467</u>
TOTAL LIABILITIES AND EQUITY	<u><u>16,261,773</u></u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
STATEMENT OF REVENUES AND EXPENSES  
As of 11/30/2020  
Revised

	<u>Current Month</u>	<u>Year to Date</u>
Revenue		
Property Taxes	61,491	8,188,875
Specific Ownership Taxes	49,775	572,811
Lease Revenue	96,697	1,052,399
Interest Income	2,079	62,501
Sales Revenue	0	80
Fee For Service Income	7,470	95,549
Third Party Income	50,848	517,102
Grant Income	152,551	865,221
Special Projects	0	5,307
Miscellaneous Income	896	18,115
Gain/(Loss) on Asset Disposal	0	(3,570)
Total Revenue	<u>421,805</u>	<u>11,374,389</u>
Expenses:		
Operating Expenses		
Administration	54,112	751,568
Board Expenses	596	61,349
Connections: Mental Health/Substance Issues Svcs	120,638	1,536,083
Dental Services	250,387	2,908,104
Integrated Care (MHSA/PC)	66,272	881,055
Health Promotion	45,771	638,970
Healthy Mind Matters	(18,132)	514,652
Program Assessment & Evaluation	2,831	173,491
Health Care Access	84,892	893,059
HealthInfoSource	6,577	79,414
Resource Development	13,016	143,470
Contingency -Operational	0	4,330
Special Projects	(103,013)	809,386
Grant Projects	379,286	722,002
Total Operating Expenses	<u>903,235</u>	<u>10,116,933</u>
Depreciation and Amortization		
Depreciation Expense	<u>13,268</u>	<u>150,778</u>
Total Depreciation and Amortization	<u>13,268</u>	<u>150,778</u>
Total Expenses	<u>916,503</u>	<u>10,267,711</u>
Net Inome	<u>(494,698)</u>	<u>1,106,678</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
Statement of Revenues and Expenditures - Budget and Actual  
As of 11/30/2020  
Revised

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
<b>Revenue:</b>								
Property Taxes	\$33,017	\$61,491	\$28,474	\$8,250,578	\$8,188,875	( \$61,703)	\$8,250,616	\$61,741
Specific Ownership Taxes	48,300	49,775	1,475	595,184	572,811	( 22,373)	650,000	77,189
Lease Revenue	96,697	96,697	0	1,052,399	1,052,399	0	1,149,096	96,697
Interest Income	15,000	2,079	( 12,921)	165,000	62,501	( 102,499)	180,000	117,499
Sales Revenue	42	0	( 42)	464	80	( 384)	506	426
Fee for Services Income	19,243	7,470	( 11,773)	211,676	95,549	( 116,127)	230,919	135,370
Third Party Reimbursements	65,294	50,848	( 14,446)	861,272	517,102	( 344,170)	974,247	457,145
Grant Revenue	31,104	152,551	121,446	447,482	865,221	417,739	1,201,408	336,187
Partnership Revenue	2,563	0	( 2,563)	28,190	5,307	( 22,883)	31,270	25,963
Miscellaneous Income	1,708	896	( 813)	18,792	18,115	( 677)	20,500	2,385
Gain/(Loss) on Disposal of Assets	0	0	0	0	(3,570)	( 3,570)	0	3,570
<b>Total Revenue</b>	<b>\$312,968</b>	<b>\$421,805</b>	<b>\$108,837</b>	<b>\$11,631,036</b>	<b>\$11,374,389</b>	<b>( \$256,647)</b>	<b>\$12,688,562</b>	<b>\$1,314,173</b>
<b>Expenditures:</b>								
Operating Expenditures								
Administration	\$62,497	\$54,112	\$8,385	\$870,542	\$751,568	\$118,974	\$932,658	\$181,089
Board Expenses	3,509	596	2,913	72,214	61,349	10,865	75,723	14,374
Connections: Mental Health/Substance Issue...	164,202	120,638	43,564	1,851,744	1,536,083	315,662	2,015,365	479,282
Dental Services	337,082	250,387	86,695	3,797,200	2,908,104	889,095	4,136,444	1,228,339
Integrated Care (MH/SUD/PC)	102,725	66,272	36,453	1,153,805	881,055	272,750	1,256,927	375,872
Health Promotion	72,320	45,771	26,548	818,209	638,970	179,238	880,564	241,593
Community Impact	61,348	(18,132)	79,480	689,850	514,652	175,198	751,297	236,645
Program Assessment & Evaluation	19,665	2,831	16,834	220,473	173,491	46,982	240,165	66,674
Health Care Access	99,222	84,892	14,330	1,117,551	893,059	224,492	1,228,945	335,886
HealthInfoSource	9,687	6,577	3,109	109,531	79,414	30,117	119,237	39,824
Resource Development	15,272	13,016	2,256	171,847	143,470	28,377	187,143	43,673
Contingency (Operations)	0	0	0	45,000	4,330	40,670	192,000	187,670
Special Projects	205,239	(103,013)	308,252	2,197,125	809,386	1,387,738	2,718,118	1,908,732
Grant Projects	31,104	379,286	(348,182)	447,482	722,002	(274,520)	1,201,408	479,406
<b>Total Operating Expenditures</b>	<b>\$1,183,872</b>	<b>\$903,235</b>	<b>\$280,638</b>	<b>\$13,562,571</b>	<b>\$10,116,933</b>	<b>\$3,445,638</b>	<b>\$15,935,993</b>	<b>\$5,819,060</b>
<b>Net Income</b>	<b>(\$870,904)</b>	<b>(\$481,430)</b>	<b>\$389,474</b>	<b>(\$1,931,535)</b>	<b>\$1,257,456</b>	<b>\$3,188,991</b>	<b>(\$3,247,431)</b>	<b>(\$4,504,887)</b>

Unaudited - For Management Use Only

**HEALTH DISTRICT**  
**of Northern Larimer County**  
**January 2021**  
**Summary Financial Narrative**

**Revenues**

The Health District is 6.2% behind year-to-date tax revenue projections. Interest income is 41.9% behind year-to-date projections. Lease revenue is at year-to-date projections. Yield rates on investment earnings increased slightly from 0.29% to 0.37% (based on the weighted average of all investments). Fee for service revenue from clients is 24.1% behind year-to-date projections and revenue from third party reimbursements is 14.8% behind year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 20.1% behind year-to-date projections.

**Expenditures**

Operating expenditures (excluding grants and special projects) are 17.4% behind year-to-date projections. Program variances are as follows: Administration 16.0%; Board 72.1%; Connections: Mental Health/Substance Issues Services 20.7%; Dental Services 15.2%; MH/SUD/Primary Care 15.7%; Health Promotion 14.9%; Community Impact 21.6%; Program Assessment and Evaluation 13.9%; Health Care Access 13.8%; and Resource Development 11.6%.

**Capital Outlay**

Capital expenditures are 0.03% behind year-to-date projections.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
BALANCE SHEET  
As of 1/31/2021

ASSETS

Current Assets:	
Cash & Investments	\$4,670,119
Accounts Receivable	137,167
Property Taxes Receivable	8,274,968
Specific Ownership Tax Receivable	44,804
Prepaid Expenses	67,306
Total Current Assets	13,194,365
Property and Equipment	
Land	4,592,595
Building and Leasehold Improvements	7,171,247
Equipment	1,148,460
Accumulated Depreciation	(2,934,114)
Total Property and Equipment	9,978,188
Total Assets	23,172,553

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	969,207
Deposits	7,786
Deferred Revenue	672,657
Total Current Liabilities	1,649,650
Long-term Liabilities:	
Compensated Absences Payable	50,250
Total Long-term Liabilities	50,250
Deferred Inflows of Resources	
Deferred Property Tax Revenue	8,105,377
Total Deferred Inflows of Revenues	8,105,377
Total Liabilities & Deferred Inflows of Resources	9,805,277
EQUITY	
Retained Earnings	13,900,525
Net Income	(533,249)
TOTAL EQUITY	13,367,276
TOTAL LIABILITIES AND EQUITY	23,172,553

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
STATEMENT OF REVENUES AND EXPENSES  
As of 1/31/2021

	<u>Current Month</u>	<u>Year to Date</u>
Revenue		
Property Taxes	169,591	169,591
Specific Ownership Taxes	44,804	44,804
Lease Revenue	96,697	96,697
Interest Income	2,326	2,326
Fee For Service Income	10,569	10,569
Third Party Income	62,616	62,616
Grant Income	35,474	35,474
Miscellaneous Income	<u>3,662</u>	<u>3,662</u>
Total Revenue	<u>425,738</u>	<u>425,738</u>
Expenses:		
Operating Expenses		
Administration	55,385	55,385
Board Expenses	675	675
Connections: Mental Health/Substance Issues Svcs	142,202	142,202
Dental Services	276,263	276,263
Integrated Care (MHSA/PC)	86,636	86,636
Health Promotion	61,158	61,158
Community Impact	47,298	47,298
Program Assessment & Evaluation	19,251	19,251
Health Care Access	88,775	88,775
Resource Development	14,233	14,233
Mulberry Offices	5,822	5,822
Special Projects	125,636	125,636
Grant Projects	<u>18,628</u>	<u>18,628</u>
Total Operating Expenses	<u>941,962</u>	<u>941,962</u>
Depreciation and Amortization		
Depreciation Expense	<u>17,026</u>	<u>17,026</u>
Total Depreciation and Amortization	<u>17,026</u>	<u>17,026</u>
Total Expenses	<u>958,988</u>	<u>958,988</u>
Net Inome	<u>(533,249)</u>	<u>(533,249)</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
Statement of Revenues and Expenditures - Budget and Actual  
As of 1/31/2021

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
<b>Revenue:</b>								
Property Taxes	\$237,787	\$169,591	( \$68,196)	\$237,787	\$169,591	( \$68,196)	\$8,274,968	\$8,105,377
Specific Ownership Taxes	60,841	44,804	( 16,037)	60,841	44,804	( 16,037)	650,000	605,196
Lease Revenue	96,697	96,697	0	96,697	96,697	0	1,183,569	1,086,872
Interest Income	4,000	2,326	( 1,674)	4,000	2,326	( 1,674)	130,000	127,674
Sales Revenue	50	0	( 50)	50	0	( 50)	600	600
Fee for Services Income	13,923	10,569	( 3,354)	13,923	10,569	( 3,354)	167,081	156,512
Third Party Reimbursements	73,472	62,616	( 10,856)	73,472	62,616	( 10,856)	881,666	819,050
Grant Revenue	70,536	35,474	( 35,062)	70,536	35,474	( 35,062)	1,404,188	1,368,714
Partnership Revenue	2,058	0	( 2,058)	2,058	0	( 2,058)	24,695	24,695
Miscellaneous Income	1,635	3,662	2,026	1,635	3,662	2,026	19,625	15,963
<b>Total Revenue</b>	<b>\$561,000</b>	<b>\$425,738</b>	<b>( \$135,262)</b>	<b>\$561,000</b>	<b>\$425,738</b>	<b>( \$135,262)</b>	<b>\$12,736,392</b>	<b>\$12,310,653</b>
<b>Expenditures:</b>								
Operating Expenditures								
Administration	\$65,917	\$55,385	\$10,532	\$65,917	\$55,385	\$10,532	\$922,767	\$867,382
Board Expenses	2,418	675	1,743	2,418	675	1,743	75,523	74,848
Connections: Mental Health/Substance Issues Svcs	179,401	142,202	37,199	179,401	142,202	37,199	2,121,411	1,979,209
Dental Services	325,638	276,263	49,375	325,638	276,263	49,375	3,864,795	3,588,532
Integrated Care (MH/SUD/PC)	102,825	86,636	16,189	102,825	86,636	16,189	1,219,791	1,133,155
Health Promotion	71,895	61,158	10,737	71,895	61,158	10,737	865,158	804,000
Community Impact	60,309	47,298	13,011	60,309	47,298	13,011	713,580	666,282
Program Assessment & Evaluation	22,370	19,251	3,119	22,370	19,251	3,119	265,194	245,943
Health Care Access	102,972	88,775	14,196	102,972	88,775	14,196	1,208,842	1,120,067
Resource Development	16,105	14,233	1,872	16,105	14,233	1,872	193,262	179,029
Mulberry Office	15,961	5,822	10,138	15,961	5,822	10,138	191,529	185,707
Contingency (Operations)	0	0	0	0	0	0	60,000	60,000
Special Projects	155,627	125,636	29,992	155,627	125,636	29,992	2,673,230	2,547,594
Grant Projects	67,591	18,628	48,963	67,591	18,628	48,963	1,404,188	1,385,560
<b>Total Operating Expenditures</b>	<b>\$1,189,028</b>	<b>\$941,962</b>	<b>\$247,067</b>	<b>\$1,189,028</b>	<b>\$941,962</b>	<b>\$247,067</b>	<b>\$15,779,270</b>	<b>\$14,837,308</b>
<b>Net Income</b>	<b>(\$628,029)</b>	<b>(\$516,224)</b>	<b>\$111,805</b>	<b>(\$628,029)</b>	<b>(\$516,224)</b>	<b>\$111,805</b>	<b>(\$3,042,878)</b>	<b>(\$2,526,655)</b>



For 1/1/2020 to 1/31/2020

	<u>Current Month</u> <u>Budget</u>	<u>Current Month</u> <u>Actual</u>	<u>Current Month</u> <u>Variance</u>	<u>Year to Date</u> <u>Budget</u>	<u>Year to Date</u> <u>Actual</u>	<u>Year to Date</u> <u>Variance</u>	<u>Annual Budget</u>	<u>Annual Funds</u> <u>Remaining</u>
Non-Operating Expenditures								
Building	2,757,000	2,750,131	6,869	2,757,000	2,750,131	6,869	2,818,500	68,369
Capital Equipment	-	-	-	-	-	-	14,300	14,300
General Office Equipment	-	-	-	-	-	-	60,000	60,000
Medical & Dental Equipment	5,000	3,656	1,344	5,000	3,656	1,344	121,775	118,119
Computer Equipment	-	-	-	-	-	-	-	-
Computer Software	-	-	-	-	-	-	-	-
Equipment for Building	5,700	5,670	30	5,700			57,700	
Total Non-Operating Expenditures	<u>\$ 2,767,700</u>	<u>\$ 2,759,458</u>	<u>\$ 8,242</u>	<u>\$ 2,767,700</u>	<u>\$ 2,753,788</u>	<u>\$ 8,212</u>	<u>\$ 3,072,275</u>	<u>\$ 260,787</u>

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
Statement of Program Revenues and Expenditures - Budget and Actual  
As of 1/31/2021

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
<b>Administration</b>								
Revenue:								
Miscellaneous Income	\$875	\$0	( \$875)	\$875	\$0	( \$875)	\$10,500	\$10,500
Total Revenue	875	0	( 875)	875	0	( 875)	10,500	10,500
Expenditures:								
Salaries and Benefits	48,553	45,027	3,526	48,553	45,027	3,526	582,638	537,611
Supplies and Purchased Services	17,364	10,358	7,006	17,364	10,358	7,006	340,129	329,771
Total Expenditures	65,917	55,385	10,532	65,917	55,385	10,532	922,767	867,382
<b>Board of Directors</b>								
Expenditures:								
Salaries and Benefits	0	0	0	0	0	0	8,612	8,612
Supplies and Purchased Services	2,418	675	1,743	2,418	675	1,743	37,911	37,236
Election Expenses	0	0	0	0	0	0	29,000	29,000
Total Expenditures	2,418	675	1,743	2,418	675	1,743	75,523	74,848
<b>Connections: Mental Health/substance Issue</b>								
Revenue:								
Fees, Reimbursements & Other Income	2,083	1,833	( 250)	2,083	1,833	( 250)	25,000	23,167
Total Revenue	2,083	1,833	( 250)	2,083	1,833	( 250)	25,000	23,167
Expenditures:								
Salaries and Benefits	150,099	110,628	39,471	150,099	110,628	39,471	1,801,187	1,690,559
Supplies and Purchased Services	29,302	31,574	(2,272)	29,302	31,574	(2,272)	320,224	288,650
Total Expenditures	179,401	142,202	37,199	179,401	142,202	37,199	2,121,411	1,979,209
<b>Dental Services</b>								
Revenue:								
Fees, Reimbursements & Other Income	54,982	57,958	2,976	54,982	57,958	2,976	659,779	601,821
Total Revenue	54,982	57,958	2,976	54,982	57,958	2,976	659,779	601,821
Expenditures:								
Salaries and Benefits	260,501	229,206	31,295	260,501	229,206	31,295	3,126,009	2,896,803
Supplies and Purchased Services	65,137	47,057	18,080	65,137	47,057	18,080	738,786	691,729
Total Expenditures	325,638	276,263	49,375	325,638	276,263	49,375	3,864,795	3,588,532

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
Statement of Program Revenues and Expenditures - Budget and Actual  
As of 1/31/2021

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
<b>Integrated Care (MHSA/PC)</b>								
Revenue:								
Fees, Reimbursements & Other Income	17,106	0	( 17,106 )	17,106	0	( 17,106 )	205,275	205,275
Total Revenue	17,106	0	( 17,106 )	17,106	0	( 17,106 )	205,275	205,275
Expenditures:								
Salaries and Benefits	90,653	78,618	12,035	90,653	78,618	12,035	1,087,834	1,009,216
Supplies and Purchased Services	12,172	8,018	4,154	12,172	8,018	4,154	131,957	123,939
Total Expenditures	102,825	86,636	16,189	102,825	86,636	16,189	1,219,791	1,133,155
<b>Community Impact</b>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	51,941	44,912	7,028	51,941	44,912	7,028	623,289	578,377
Supplies and Purchased Services	8,368	2,386	5,982	8,368	2,386	5,982	90,291	87,905
Total Expenditures	60,309	47,298	13,011	60,309	47,298	13,011	713,580	666,282
<b>Program Assessment &amp; Evaluation</b>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	18,878	17,793	1,085	18,878	17,793	1,085	226,533	208,740
Supplies and Purchased Services	3,492	1,458	2,034	3,492	1,458	2,034	38,661	37,203
Total Expenditures	22,370	19,251	3,119	22,370	19,251	3,119	265,194	245,943
<b>Health Promotion</b>								
Revenue:								
Fees, Reimbursements & Other Income	700	0	( 700 )	700	0	( 700 )	8,402	8,402
Total Revenue	700	0	( 700 )	700	0	( 700 )	8,402	8,402
Expenditures:								
Salaries and Benefits	57,889	53,150	4,739	57,889	53,150	4,739	694,665	641,515
Supplies and Purchased Services	14,006	8,008	5,998	14,006	8,008	5,998	170,493	162,485
Total Expenditures	71,895	61,158	10,737	71,895	61,158	10,737	865,158	804,000

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
Statement of Program Revenues and Expenditures - Budget and Actual  
As of 1/31/2021

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
<b><u>Health Care Access</u></b>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	82,221	78,264	3,956	82,221	78,264	3,956	986,647	908,383
Supplies and Purchased Services	20,751	10,511	10,240	20,751	10,511	10,240	222,195	211,684
Total Expenditures	102,972	88,775	14,196	102,972	88,775	14,196	1,208,842	1,120,067
<b><u>Resource Development</u></b>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	14,075	13,368	707	14,075	13,368	707	168,902	155,534
Supplies and Purchased Services	2,030	865	1,165	2,030	865	1,165	24,360	23,495
Total Expenditures	16,105	14,233	1,872	16,105	14,233	1,872	193,262	179,029
<b><u>Mulberry Offices</u></b>								
Revenue:								
Fees, Reimbursements & Other Income	13,335	14,103	769	13,335	14,103	769	160,016	145,913
Total Revenue	13,335	14,103	769	13,335	14,103	769	160,016	145,913
Expenditures:								
Salaries and Benefits	0	0	0	0	0	0	0	0
Supplies and Purchased Services	15,961	5,822	10,138	15,961	5,822	10,138	191,529	185,707
Total Revenue	15,961	5,822	10,138	15,961	5,822	10,138	191,529	185,707

## Health District of Northern Larimer County

### Investment Schedule January 2021

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,383	0.031%	0.04%	N/A
Local Government Investment Pool	COLOTRUST	\$ 3,027,128	68.318%	0.09%	N/A
Flex Savings Account	First National Bank	\$ 138,429	3.124%	0.05%	N/A
Certificate of Deposit	Advantage Bank	\$ 140,295	3.166%	1.60%	12/27/2021
Certificate of Deposit	Advantage Bank	\$ 113,373	2.559%	2.15%	9/2/2021
Certificate of Deposit	Points West	\$ 115,123	2.598%	0.70%	12/12/2021
Certificate of Deposit	Points West	\$ 156,147	3.524%	1.00%	4/2/2022
Certificate of Deposit	Adams State Bank	\$ 239,075	5.396%	1.59%	10/7/2021
Certificate of Deposit	Cache Bank & Trust	\$ 250,000	5.642%	0.50%	1/9/2022
Certificate of Deposit	Farmers Bank	\$ 250,000	5.642%	0.65%	6/27/2022
Total/Weighted Average		<u>\$ 4,430,953</u>	<u>100.000%</u>	<u>0.37%</u>	

Notes:

The local government investment pool invests in U.S. Treasury securities, U.S. Government agency securities, certificate of deposits, commercial paper, money market funds and repurchase agreements backed by these same securities.

**HEALTH DISTRICT**  
**of Northern Larimer County**  
**February 2021**  
**Summary Financial Narrative**

**Revenues**

The Health District is 30.7% behind year-to-date tax revenue projections. Interest income is 77.4% behind year-to-date projections. Lease revenue is at year-to-date projections. Yield rates on investment earnings increased slightly from 0.37% to 0.45% (based on the weighted average of all investments). Fee for service revenue from clients is 37.8% behind year-to-date projections and revenue from third party reimbursements is 10.6% behind year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 28.0% behind year-to-date projections.

**Expenditures**

Operating expenditures (excluding grants and special projects) are 19.0% behind year-to-date projections. Program variances are as follows: Administration 18.4%; Board 59.8%; Connections: Mental Health/Substance Issues Services 24.6%; Dental Services 17.4%; MH/SUD/Primary Care 16.5%; Health Promotion 15.0%; Community Impact 20.0%; Program Assessment and Evaluation 13.6%; Health Care Access 11.3%; and Resource Development 12.0%.

**Capital Outlay**

Capital expenditures are 0.04% behind year-to-date projections.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
BALANCE SHEET  
As of 2/28/2021

ASSETS

Current Assets:	
Cash & Investments	\$4,093,802
Accounts Receivable	69,185
Property Taxes Receivable	8,105,377
Specific Ownership Tax Receivable	51,224
Prepaid Expenses	62,258
Total Current Assets	12,381,846
Property and Equipment	
Land	4,592,595
Building and Leasehold Improvements	7,171,247
Equipment	1,179,450
Accumulated Depreciation	(2,954,229)
Total Property and Equipment	9,989,063
Total Assets	22,370,910

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	943,202
Deposits	7,786
Deferred Revenue	584,253
Total Current Liabilities	<u>1,535,242</u>
Long-term Liabilities:	
Compensated Absences Payable	50,250
Total Long-term Liabilities	<u>50,250</u>
Deferred Inflows of Resources	
Deferred Property Tax Revenue	6,534,574
Total Deferred Inflows of Revenues	<u>6,534,574</u>
Total Liabilities & Deferred Inflows of Resources	<u>8,120,065</u>
EQUITY	
Retained Earnings	13,900,525
Net Income	350,319
TOTAL EQUITY	<u>14,250,844</u>
TOTAL LIABILITIES AND EQUITY	<u><u>22,370,910</u></u>



HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
STATEMENT OF REVENUES AND EXPENSES  
As of 2/28/2021

	Current Month	Year to Date
Revenue		
Property Taxes	1,570,804	1,740,394
Specific Ownership Taxes	51,224	96,027
Lease Revenue	96,697	193,394
Interest Income	833	3,160
Fee For Service Income	6,750	17,319
Third Party Income	68,700	131,315
Grant Income	31,152	66,627
Special Projects	3,256	3,256
Miscellaneous Income	939	4,600
<b>Total Revenue</b>	<b>1,830,355</b>	<b>2,256,093</b>
Expenses:		
Operating Expenses		
Administration	87,751	143,136
Board Expenses	2,077	2,751
Connections: Mental Health/Substance Issues Svcs	125,447	267,650
Dental Services	254,859	531,122
Integrated Care (MHSA/PC)	83,331	169,967
Health Promotion	60,293	121,450
Community Impact	48,160	95,459
Program Assessment & Evaluation	19,050	38,301
Health Care Access	89,752	178,528
Resource Development	14,115	28,348
Mulberry Offices	1,879	7,702
Special Projects	84,990	210,626
Grant Projects	54,840	73,468
<b>Total Operating Expenses</b>	<b>926,544</b>	<b>1,868,506</b>
Depreciation and Amortization		
Depreciation Expense	20,115	37,140
<b>Total Depreciation and Amortization</b>	<b>20,115</b>	<b>37,140</b>
<b>Total Expenses</b>	<b>946,659</b>	<b>1,905,647</b>
<b>Net Inome</b>	<b>883,696</b>	<b>350,446</b>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
Statement of Revenues and Expenditures - Budget and Actual  
As of 2/28/2021

	Budget	Current Month Actual	Variance	Budget	Year to Date Actual	Variance	Annual Budget	Remaining Funds
<b>Revenue:</b>								
Property Taxes	\$2,304,763	\$1,570,804	( \$733,959 )	\$2,542,550	\$1,740,394	( \$802,156 )	\$8,274,968	\$6,534,574
Specific Ownership Taxes	47,177	51,224	4,047	108,018	96,027	( 11,991 )	650,000	553,973
Lease Revenue	96,697	96,697	0	193,394	193,394	0	1,183,569	990,175
Interest Income	10,000	833	( 9,167 )	14,000	3,160	( 10,840 )	130,000	126,840
Sales Revenue	50	0	( 50 )	100	0	( 100 )	600	600
Fee for Services Income	13,923	6,750	( 7,173 )	27,847	17,319	( 10,528 )	167,081	149,762
Third Party Reimbursements	73,472	68,700	( 4,773 )	146,944	131,315	( 15,629 )	881,666	750,351
Grant Revenue	70,536	31,152	( 39,384 )	141,072	66,627	( 74,446 )	1,404,188	1,337,561
Partnership Revenue	2,058	3,256	1,198	4,116	3,256	( 860 )	24,695	21,439
Miscellaneous Income	1,635	939	( 696 )	3,271	4,600	1,330	19,625	15,025
<b>Total Revenue</b>	<b>\$2,620,312</b>	<b>\$1,830,355</b>	<b>( \$789,957 )</b>	<b>\$3,181,312</b>	<b>\$2,256,093</b>	<b>( \$925,219 )</b>	<b>\$12,736,392</b>	<b>\$10,480,299</b>
<b>Expenditures:</b>								
Operating Expenditures								
Administration	\$109,407	\$87,751	\$21,656	\$175,324	\$143,136	\$32,188	\$922,767	\$779,631
Board Expenses	4,418	2,077	2,341	6,835	2,751	4,084	75,523	72,772
Connections: Mental Health/Substance Issues Svcs	175,426	125,447	49,978	354,827	267,650	87,177	2,121,411	1,853,761
Dental Services	317,500	254,859	62,641	643,138	531,122	112,016	3,864,795	3,333,673
Integrated Care (MH/SUD/PC)	100,818	83,331	17,487	203,643	169,967	33,676	1,219,791	1,049,824
Health Promotion	70,926	60,293	10,633	142,820	121,450	21,370	865,158	743,708
Community Impact	58,972	48,160	10,812	119,281	95,459	23,822	713,580	618,121
Program Assessment & Evaluation	21,945	19,050	2,895	44,314	38,301	6,014	265,194	226,893
Health Care Access	98,337	89,752	8,585	201,309	178,528	22,781	1,208,842	1,030,314
Resource Development	16,105	14,115	1,990	32,210	28,348	3,862	193,262	164,914
Mulberry Office	15,961	2,007	13,954	31,921	7,829	24,093	191,529	183,700
Contingency (Operations)	0	0	0	0	0	0	60,000	60,000
Special Projects	136,627	84,990	51,637	292,255	210,626	81,629	2,673,230	2,462,604
Grant Projects	67,591	54,840	12,751	135,183	73,468	61,715	1,404,188	1,330,720
<b>Total Operating Expenditures</b>	<b>\$1,194,032</b>	<b>\$926,672</b>	<b>\$267,360</b>	<b>\$2,383,060</b>	<b>\$1,868,634</b>	<b>\$514,427</b>	<b>\$15,779,270</b>	<b>\$13,910,636</b>
<b>Net Income</b>	<b>\$1,426,280</b>	<b>\$903,683</b>	<b>( \$522,597 )</b>	<b>\$798,251</b>	<b>\$387,459</b>	<b>( \$410,792 )</b>	<b>( \$3,042,878 )</b>	<b>( \$3,430,338 )</b>

For 1/1/2020 to 1/31/2020

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Annual Funds Remaining
Non-Operating Expenditures								
Building	2,757,000	2,750,131	6,869	2,757,000	2,750,131	6,869	2,818,500	68,369
Capital Equipment	-	-	-	-	-	-	14,300	14,300
General Office Equipment	-	-	-	-	-	-	60,000	60,000
Medical & Dental Equipment	5,000	3,656	1,344	5,000	3,656	1,344	121,775	118,119
Computer Equipment	-	-	-	-	-	-	-	-
Computer Software	-	-	-	-	-	-	-	-
Equipment for Building	5,700	5,670	30	5,700			57,700	
Total Non-Operating Expenditures	\$ 2,767,700	\$ 2,759,458	\$ 8,242	\$ 2,767,700	\$ 2,753,788	\$ 8,212	\$ 3,072,275	\$ 260,787

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
Statement of Program Revenues and Expenditures - Budget and Actual  
As of 2/28/2021

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
<b>Administration</b>								
Revenue:								
Miscellaneous Income	\$875	\$0	( \$875 )	\$1,750	\$0	( \$1,750 )	\$10,500	\$10,500
Total Revenue	875	0	( 875 )	1,750	0	( 1,750 )	10,500	10,500
Expenditures:								
Salaries and Benefits	48,553	44,710	3,843	97,106	89,737	7,369	582,638	492,901
Supplies and Purchased Services	60,854	43,041	17,813	78,218	53,398	24,819	340,129	286,731
Total Expenditures	109,407	87,751	21,656	175,324	143,136	32,188	922,767	779,631
<b>Board of Directors</b>								
Expenditures:								
Salaries and Benefits	0	1,191	(1,191)	0	1,191	(1,191)	8,612	7,421
Supplies and Purchased Services	2,418	886	1,532	4,835	1,560	3,275	37,911	36,351
Election Expenses	2,000	0	2,000	2,000	0	2,000	29,000	29,000
Total Expenditures	4,418	2,077	2,341	6,835	2,751	4,084	75,523	72,772
<b>Connections: Mental Health/substance Issue</b>								
Revenue:								
Fees, Reimbursements & Other Income	2,083	1,210	873	4,167	3,043	( 1,124 )	25,000	21,957
Total Revenue	2,083	1,210	( 873 )	4,167	3,043	( 1,124 )	25,000	21,957
Expenditures:								
Salaries and Benefits	150,099	107,437	42,662	300,198	218,065	82,133	1,801,187	1,583,122
Supplies and Purchased Services	25,327	18,011	7,316	54,629	49,585	5,044	320,224	270,639
Total Expenditures	175,426	125,447	49,978	354,827	267,650	87,177	2,121,411	1,853,761
<b>Dental Services</b>								
Revenue:								
Fees, Reimbursements & Other Income	54,982	59,352	4,370	109,963	117,309	7,346	659,779	542,470
Total Revenue	54,982	59,352	4,370	109,963	117,309	7,346	659,779	542,470
Expenditures:								
Salaries and Benefits	260,501	221,885	38,616	521,002	451,091	69,910	3,126,009	2,674,918
Supplies and Purchased Services	56,999	32,974	24,026	122,136	80,031	42,106	738,786	658,755
Total Expenditures	317,500	254,859	62,641	643,138	531,122	112,016	3,864,795	3,333,673

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
Statement of Program Revenues and Expenditures - Budget and Actual  
As of 2/28/2021

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
<b><u>Integrated Care (MHSA/PC)</u></b>								
Revenue:								
Fees, Reimbursements & Other Income	17,106	0	( 17,106 )	34,213	0	( 34,213 )	205,275	205,275
Total Revenue	17,106	0	( 17,106 )	34,213	0	( 34,213 )	205,275	205,275
Expenditures:								
Salaries and Benefits	90,653	78,164	12,489	181,306	156,782	24,524	1,087,834	931,052
Supplies and Purchased Services	10,165	5,167	4,998	22,338	13,185	9,153	131,957	118,772
Total Expenditures	100,818	83,331	17,487	203,643	169,967	33,676	1,219,791	1,049,824
<b><u>Community Impact</u></b>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	51,941	44,733	7,208	103,881	89,646	14,236	623,289	533,643
Supplies and Purchased Services	7,031	3,427	3,604	15,400	5,813	9,586	90,291	84,478
Total Expenditures	58,972	48,160	10,812	119,281	95,459	23,822	713,580	618,121
<b><u>Program Assessment &amp; Evaluation</u></b>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	18,878	17,702	1,176	37,756	35,495	2,261	226,533	191,038
Supplies and Purchased Services	3,067	1,348	1,719	6,559	2,806	3,753	38,661	35,855
Total Expenditures	21,945	19,050	2,895	44,314	38,301	6,014	265,194	226,893
<b><u>Health Promotion</u></b>								
Revenue:								
Fees, Reimbursements & Other Income	700	0	700	1,400	0	( 1,400 )	8,402	8,402
Total Revenue	700	0	( 700 )	1,400	0	( 1,400 )	8,402	8,402
Expenditures:								
Salaries and Benefits	57,889	53,032	4,856	115,778	106,183	9,595	694,665	588,482
Supplies and Purchased Services	13,037	7,260	5,777	27,043	15,268	11,775	170,493	155,225
Total Expenditures	70,926	60,293	10,633	142,820	121,450	21,370	865,158	743,708

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
Statement of Program Revenues and Expenditures - Budget and Actual  
As of 2/28/2021

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
<b>Health Care Access</b>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	82,221	72,733	9,487	164,441	150,998	13,444	986,647	835,649
Supplies and Purchased Services	16,116	17,019	(903)	36,867	27,530	9,337	222,195	194,665
Total Expenditures	98,337	89,752	8,585	201,309	178,528	22,781	1,208,842	1,030,314
<b>Resource Development</b>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	14,075	13,316	759	28,150	26,684	1,467	168,902	142,218
Supplies and Purchased Services	2,030	799	1,231	4,060	1,664	2,396	24,360	22,696
Total Expenditures	16,105	14,115	1,990	32,210	28,348	3,862	193,262	164,914
<b>Mulberry Offices</b>								
Revenue:								
Fees, Reimbursements & Other Income	13,335	15,827	2,492	26,669	29,930	3,261	160,016	130,086
Total Revenue	13,335	15,827	2,492	26,669	29,930	3,261	160,016	130,086
Expenditures:								
Salaries and Benefits	0	0	0	0	0	0	0	0
Supplies and Purchased Services	15,961	2,007	13,954	31,921	7,829	24,093	191,529	183,700
Total Revenue	15,961	2,007	13,954	31,921	7,829	24,093	191,529	183,700

## Health District of Northern Larimer County

### Investment Schedule January 2021

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,383	0.031%	0.04%	N/A
Local Government Investment Pool	COLOTRUST	\$ 3,027,128	68.318%	0.09%	N/A
Flex Savings Account	First National Bank	\$ 138,429	3.124%	0.05%	N/A
Certificate of Deposit	Advantage Bank	\$ 140,295	3.166%	1.60%	12/27/2021
Certificate of Deposit	Advantage Bank	\$ 113,373	2.559%	2.15%	9/2/2021
Certificate of Deposit	Points West	\$ 115,123	2.598%	0.70%	12/12/2021
Certificate of Deposit	Points West	\$ 156,147	3.524%	1.00%	4/2/2022
Certificate of Deposit	Adams State Bank	\$ 239,075	5.396%	1.59%	10/7/2021
Certificate of Deposit	Cache Bank & Trust	\$ 250,000	5.642%	0.50%	1/9/2022
Certificate of Deposit	Farmers Bank	\$ 250,000	5.642%	0.65%	6/27/2022
Total/Weighted Average		\$ 4,430,953	100.000%	0.37%	

Notes:

The local government investment pool invests in U.S. Treasury securities, U.S. Government agency securities, certificate of deposits, commercial paper, money market funds and repurchase agreements backed by these same securities.