

TO: Joint Budget Committee
FROM: Karl Paulson, CDPHE Budget Director
CC:OSP, Andrew McLeer and Kelly Shen - JBC Staff
DATE: December 17, 2024
SUBJECT: CDPHE FY 2025-26 JBC Hearing Update

In preparing the Department of Public Health and Environment's Joint Budget Committee's FY 2025-26 Hearing Responses, the Department inadvertently missed a response to a question. This memo provides a written response to that question prior to the Department's Hearing on December 18, 2024:

[Sen. Amabile] Within funds that receive primarily TABOR exempt revenue - has the Department explored what other uses could be covered by these funds (especially for any programs that are supported by General Fund)? If so, what are those other uses?

Response: In creating CDPHE's 2025-26 budget request, the Department received instructions from the Governor's Office of State Planning Budget, given the State's budget deficit, to provide ongoing budget cuts and seek TABOR revenue savings within the Department's operations. The Department pursued this directive with vigor and explored dozens, if not hundreds of potential options, to achieve these directives and help provide support for the Department's necessary and consequential FY 2025-26 budget requests and priorities. As reflected in the Department's budget submission, these efforts have produced a net savings for the state budget balancing measures for FY 2025-26 of ongoing TABOR related revenue and spending savings/cuts of \$5.3 million and one time transfers yielding \$53.4 million in budget relief for the state. These measures included exploring enterprising programs, cutting programs, examining potential efficiencies, temporary savings measures, creating non-TABOR revenue, using non-TABOR revenue for different programs, cutting personnel, investing in IT modernization, etc. The Department's TABOR exempt revenue is a relatively small portion of the budget and consists mostly of gifts, grants, donations, federal funds, revenue from enterprises, constitutionally directed revenue (i.e. Tobacco and Prop EE funds) and reappropriated/transferred funds which typically have specifically dictated purposes tied to each dollar received. The Department did not identify any TABOR exempt revenue streams that could be repurposed for current TABOR related spending needs nor did the Department identify any current TABOR revenue/programs that would be good candidates for potential enterprising.

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT FY 2025-26 JOINT BUDGET COMMITTEE HEARING AGENDA

Wednesday, December 18, 2024

1:30 pm – 3:30 pm

1:30-1:35 Introductions and Opening Comments

Main Presenters:

- Jill Hunsaker Ryan, Executive Director

1:35- 2:05 Department Slideshow - Foundational Overview of Budget Request & Questions

Main Presenters:

- Jill Hunsaker Ryan, Executive Director
- Erick Scheminske, Chief Operating Officer
- Dr. Ned Calogne, Chief Medical Officer

2:05-2:10 Common Questions & Cash Funds

Main Presenters:

- Jill Hunsaker Ryan, Executive Director
- Erick Scheminske, Chief Operating Officer

Topics:

- Common Questions & General Cash Fund Questions: Page 1-5, Questions 1-4 in the packet

2:10-2:30 Environmental Programs

Main Presenters:

- Jill Hunsaker Ryan, Executive Director
- Sergio Guerra, Stationary Sources Program Manager
- Nicole Rowan, Director of the Water Quality Control Division
- Scott Bookman, Senior Director of Public Health Readiness and Response

Supporting Presenters:

- Dr. Ned Calogne, Chief Medical Officer
- Michael Ogletree, Division Director of Air Pollution Control
- Jim Reasor, Deputy Director of Air Pollution Control
- Jeff Lawrence, Division Director of Environmental Health and Sustainability
- Tracie White, Division Director of Hazardous Materials and Waste Management
- Erick Scheminske, Chief Operating Officer

Topics:

- Stationary Source Control Fund: Page 5-18, Questions 5-9 in the packet
- Water Quality Control Division: Page 18-21, Questions 10-12 in the packet
- Programmatic Questions: Page 21-23, Questions 13-17 in the packet

2:30-3:00 Public Health Programs

Main Presenters:

- Jill Hunsaker Ryan, Executive Director
- Elaine McManis, Division Director of Health Facilities and Emergency Medical Services

- Scott Bookman, Senior Director of Public Health Readiness and Response

Supporting Presenters:

- Dr. Chris Wells, Director of Center for Health and Environmental Data
- Carrie Cortiglio, Division Director of Prevention Services
- Erick Scheminske, Chief Operating Officer
- Justin Tarr, Deputy Director of Office of STI/HIV/Viral Hepatitis
- Dr. Ned Calogne, Chief Medical Officer
- Dr. Emily Travanty, Director of State Laboratory

Topics:

- Public Health Budget Requests: Page 23-24, Questions 18-20 in the packet
- Tobacco Funded Programs: Page 24, Question 21 in the packet
- Community Crime Victim Services Grant Program: Page 25-26, Questions 22-24 in the packet
- Health Facilities and Emergency Medical Services: Page 26-29, Questions 25-30 in the packet
- HIV and AIDS related programs: Page 29-30, Questions 31-33 in the packet
- State Laboratory: Page 30-31, Questions 34-35 in the packet

3:00-3:30 Budget Reduction Options

Main Presenters:

- Jill Hunsaker Ryan, Executive Director
- Erick Scheminske, Chief Operating Officer
- Scott Bookman, Senior Director of Public Health Readiness and Response

Supporting Presenters:

- Steve Mccannon, Mobile Sources Program Manager
- Nicole Rowan, Division Director of Water Quality Control Division
- Michael Ogletree, Division Director of the Air Pollution Control Division
- Jim Reasor, Deputy Director of the Air Pollution Control Division
- Sergio Guerra, Stationary Sources Program Manager
- Lubna Ahmed, Environmental Justice Boards Manager

Topics:

- Statewide Requests: Page 31-32, Questions 36-37 in the packet
- Electrifying School Buses Grant Program Transfer: Page 32-36, Questions 38-41 in the packet
- Environmental Cash Funds: Page 36-37, Question 42 in the packet
- Public Health Infrastructure: Page 37-45, Questions 43-49 in the packet
- Ongoing Public Health Expenditures: Page 46-65, Questions 50-52 in the packet
- ARPA Expenditures: Page 65-66, Questions 53-55 in the packet



COLORADO
Department of Public
Health & Environment

Joint Budget Committee Hearing

Jill Hunsaker Ryan, MPH
Executive Director

December 18, 2024

Introductions and Opening Remarks





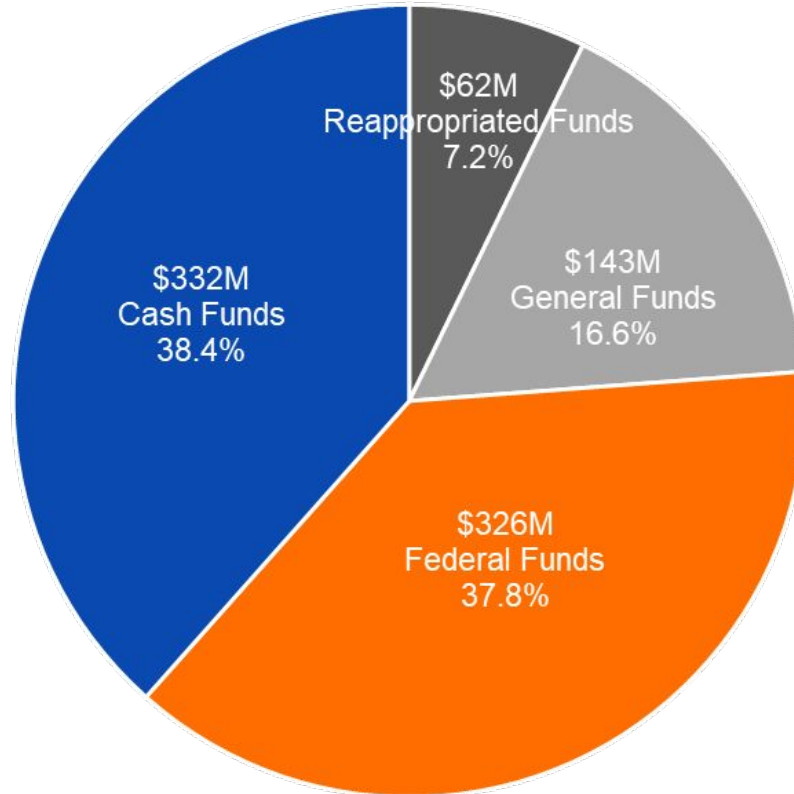
What's Changed

- Colorado's population has grown by nearly 45 percent or 1.8 million people over 25 years (1999-2023).
- In the last 5 years, CDPHE has implemented many new programs, for example: climate change unit (Air Division), Office of Gun Violence Prevention: Office of Environmental Justice/Ombudsperson, an Air Toxics program, childhood lead program, a regional disease control and emergency response system, and 13 pieces of new state air quality legislation.
- Our risks are different today:
 - Nearly 2.5 times the number of non-COVID reportable diseases cases over 10 years: 8,654 in 2015 to 20,254 in 2024
 - A drastic increase in the once-rare disease of syphilis
 - COVID-19 and other emerging diseases like Mpox
 - Pandemic precursors like the worldwide prevalence of Highly Pathogenic Avian Influenza
 - Impact of climate change and interest in air quality legislation
 - Federal drinking water standards around PFAS water contamination
 - Gun violence and mass shootings
 - Two new ozone standards and federal downgrades of air quality
 - Higher prevalence of wildland fires/Marshall fire
 - Colorado's Environmental Justice Act
 - Increase in homelessness/spread of communicable disease



FY25 Budget \$863M TF (Current Long Bill)

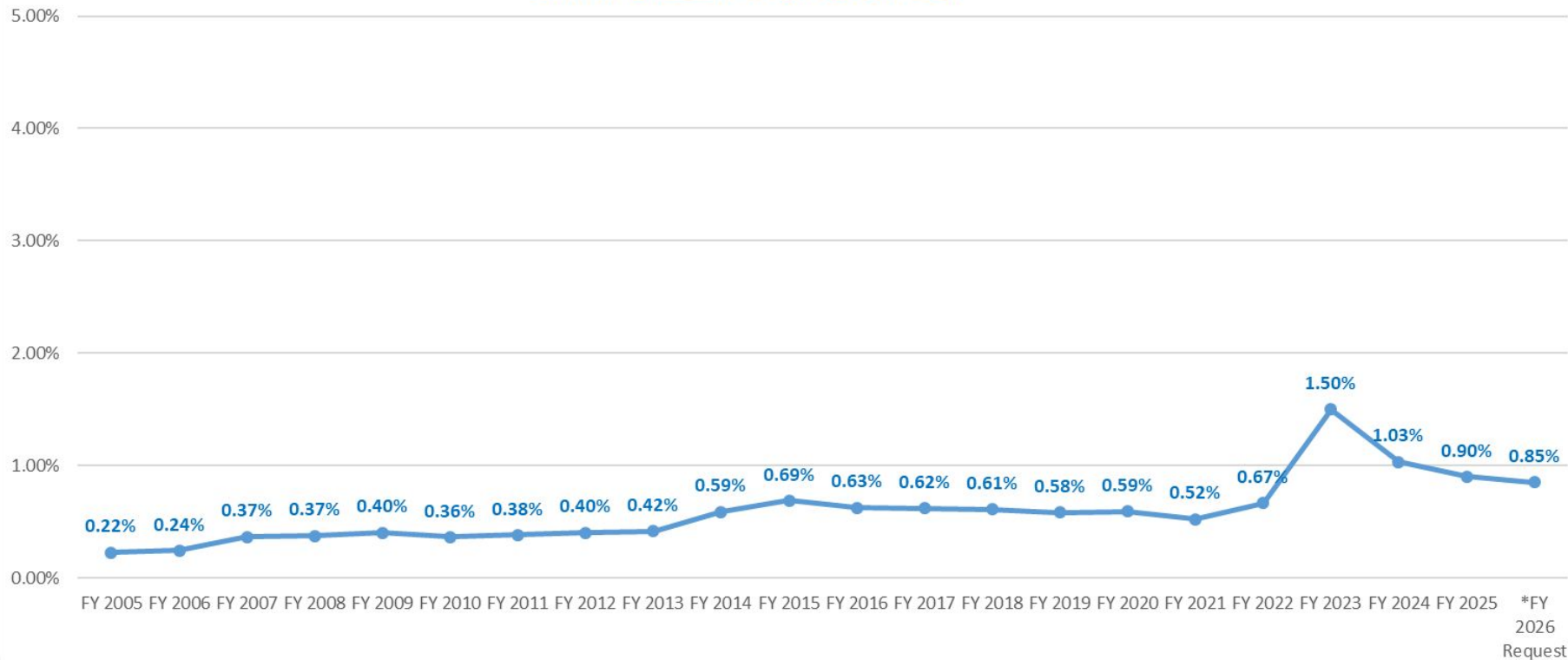
*GF Exempt is immaterial





Historical Appropriation (Long Bill)

CDPHE GF as a Percent of State GF





TABOR Considerations and CDPHE's Budget

The Executive Branch's budget request balances competing interests with regard to fees:

1. Cash funds increases impact the TABOR Cap
 - Cash funds add more to the state budget than GF due to indirect cost recoveries.
 - Cash fund revenue growth above the TABOR limit is refunded as General Fund.
2. Industry shares burden for the cost of pollution regulation and eventually pays 100%
3. Prevents industry from passing costs along to consumers - spreads higher rates (utilities, water, etc.,) over time.

Expected new Cash Fund revenues in FY26 would grow projected TABOR refunds

- Air Pollution Control Division Stationary Sources Fund
- Water Quality Control Division operating fees
- Hazardous Substances Response Fund / Superfund obligations



New Air Legislation 2020-2024

- **SB20-204 Air Quality Enterprise**
- **SB21-260 Sustainability of the Transportation System / Clean Fleet Enterprise**
- **HB21-1266 Environmental Justice/GHG Programs**
- **HB21-1189 Regulate Air Toxics**
- **HB21-1286 Building Energy Performance**
- **SB21-264 Reduce Natural Gas Utilities**
- **SB22-179 Deter Tampering**
- **HB22-1244 Air Toxics**
- **SB22-193 Air Quality Improvements Investments**
- **SB23-198 Clean Energy Plan**
- **HB23-1294 Pollution Protection Measures**
- **HB 23-1161 Appliance Standards**
- **FY23 Air Quality Transformation Decision Item**
- **HB24-1338 Environmental Justice 2.0, Disproportionately Impacted Communities**
- **SB24-229 Ozone and Other Air Quality Improvements**

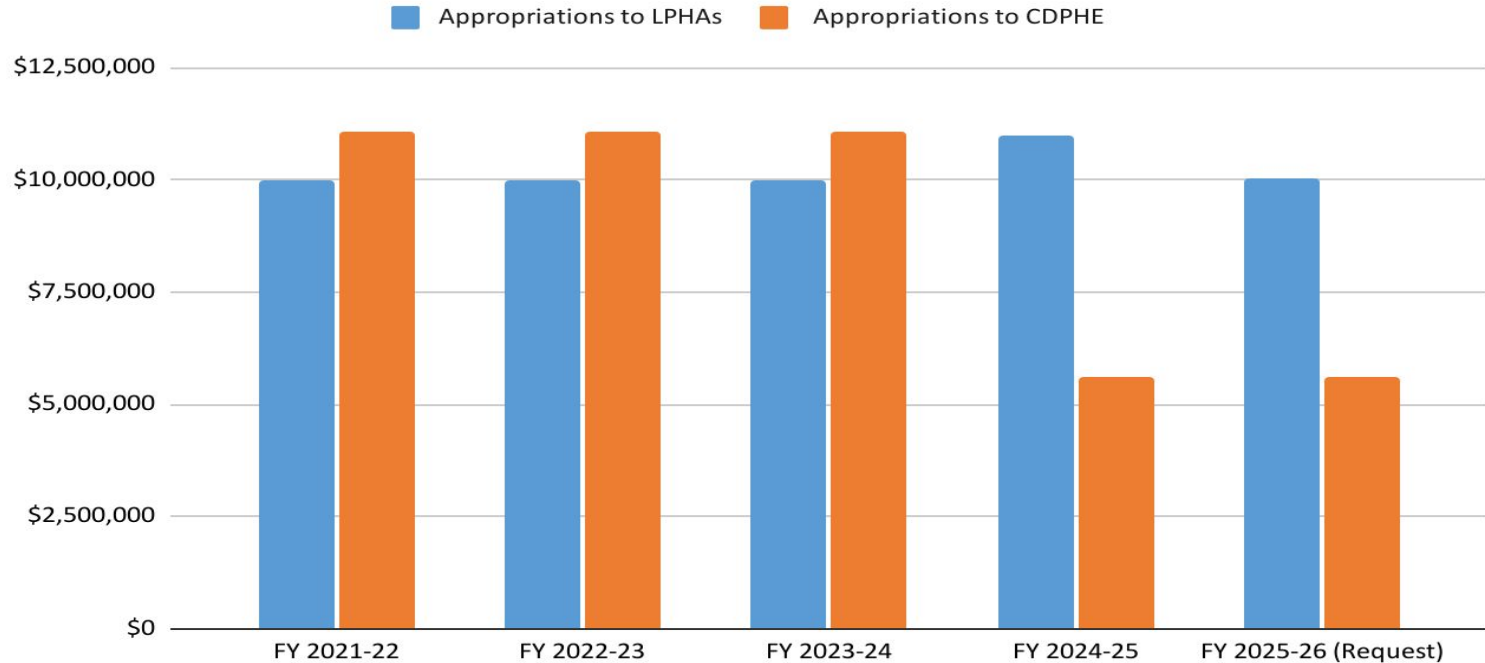


At-A-Glance: Budget Cuts/Requests

Decision Item	One-Time Funding Cut	Ongoing Funding Cut	FY26 State Funding Need
Air Pollution Control Division: Sustainability and Fees	\$0	-\$2,460,000	\$14,000,000
Water Quality Control Division: Sustainability and Fees	-\$7,148,128	\$0	\$3,331,304
Hazardous Substance Response Fund Solvency (Superfund)	\$0	\$0	\$6,000,000
Electrifying School Buses Grant Program CF Sweep	-\$38,500,000	\$0	\$0
Nutrients Grant Fund & Natural Disaster CF Sweep	-\$388,790	\$0	\$0
Payments to LPHAs 5% Reduction	\$0	-\$945,220	\$0
Reimbursement to Coroners Line item Reduction	\$0	-\$79,500	\$0
HB23-1257 Implementation Savings	\$0	-\$141,880	\$0
Sunset the Disordered Eating Program	\$0	-\$91,398	\$0
Sunset the Kidney Disease Task Force	\$0	-\$86,549	\$0
Stationary Sources IT Solution Modernization	\$0	\$0	\$3,936,306
Colorado WIC MIS Modernization	\$0	\$0	\$581,657
FY25 Supplementals	-\$7,340,000	\$0	\$0
Governor's Statewide Requests	\$0	-\$1,506,254	\$0
Sub-Total	-\$53,376,918	-\$5,310,801	\$27,849,267
Total Cut	-\$58,687,719		-20.5 FTE

Public Health Infrastructure Dollars (prev. SB 243)

SB 21-243 Appropriations by Year



*CDPHE's SB21-243 Dollars were reduced to \$5.6M last year, which is a decrease of ~50% from funding levels in '21/22.

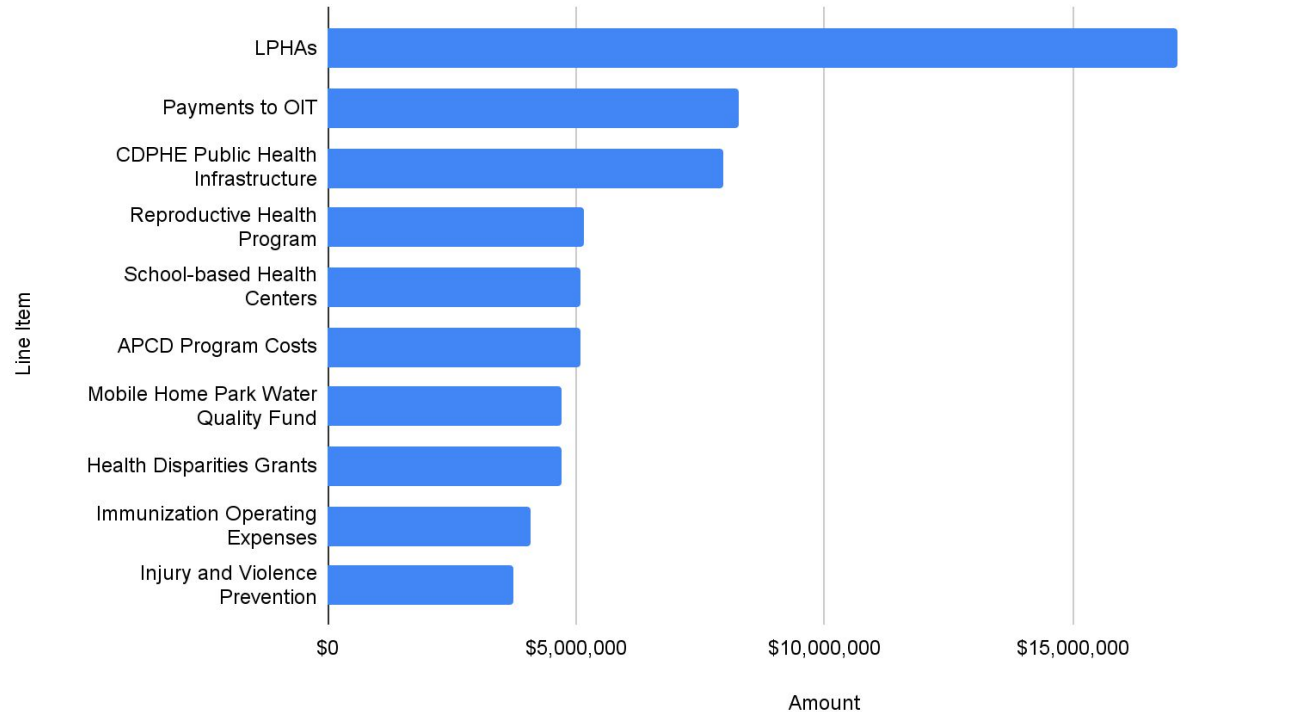


COLORADO
Department of Public
Health & Environment



Ten FY25 Largest GF Program Lines in CDPHE

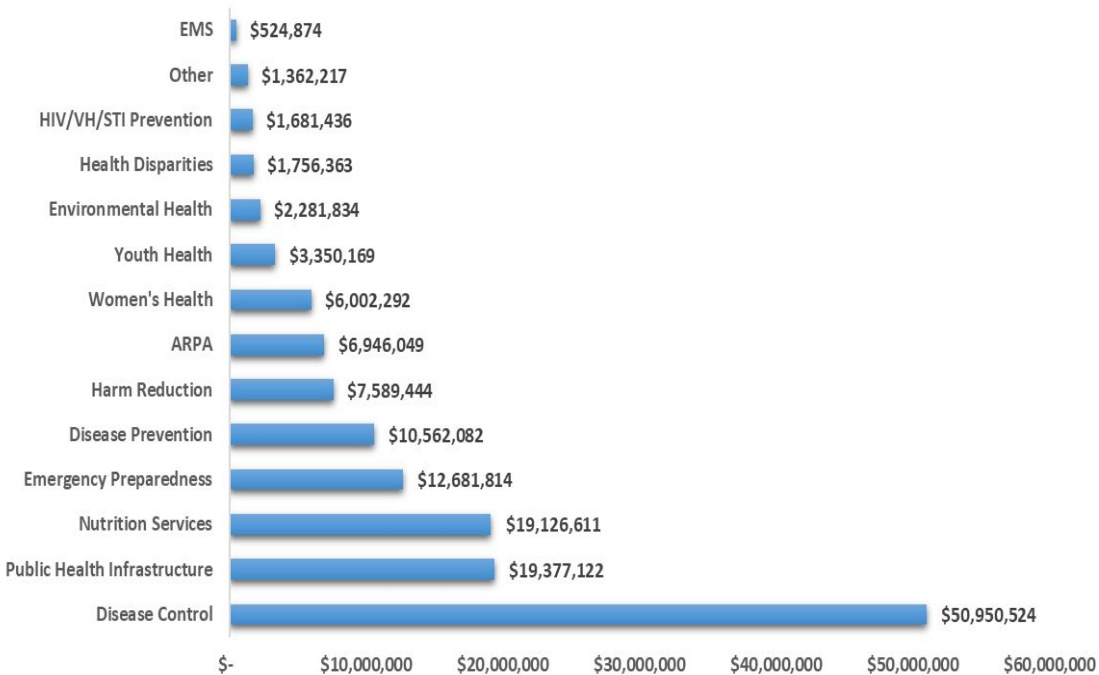
10 FY25 Largest GF Program Lines in CDPHE





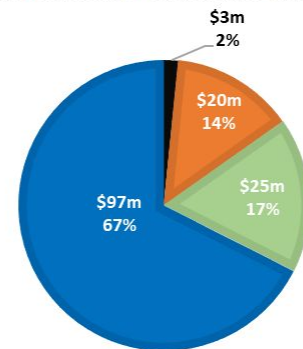
LPHA FY23 Payments Across Agency (\$144M)

LPHAS PAYMENT BY CATEGORY (FY23)



LPHAS PAYMENT BY FUND (FY23)

■ Reappropriated Funds ■ Cash Funds ■ General Funds ■ Federal Funds



*Total LPHA payments averaged \$106M from FY19-FY24

* 14.3% of CDPHE's FY23 Budget



Status: Disease Control and Public Health Response Division

New Challenges (Post 2019):

- Highly Pathogenic Avian Influenza
- Pandemic flu preparedness
- Syphilis epidemic
- A nearly 2.5 times increase in reportable infectious disease (*over 10 years from 8,654 to 20,254 annually*)
- Covid-19
- E-Coli Outbreak
- MPox

New LPHA Support from DCPHR

- Ten regional emergency response staff
- Six regional epidemiologists
- Statewide Laboratory courier system

How we Keep Up:

- SB 21-243 and last year's R-01 provided an additional \$5+million
- New federal dollars for technology, the laboratory's infectious disease testing functions, and epidemiology
- Third party evaluation of every position post COVID, in order to right size the division.

*Federal COVID grants end next summer.
This will help us better determine
whether we got the post-pandemic
"right-sizing" correct or have more needs.*



State Laboratory Water Quality Testing

- The water quality testing lab is 1 of 6 labs housed within the state's public health laboratory. They are at different stages of modernization.
- We are still investigating the Q/A issue.
- So far, the issue points to one chemist dismissing protocols to calibrate an old machine. These tests were recalled and retested. The EPA revoked our ability to perform this test.
- Other methods used by the chemist were also revoked out of an abundance of caution. So far, there is no evidence the same issue occurred anywhere else.
- We have several quality control evaluations taking place and have updated training, policies and some equipment accordingly.
- There is no imminent threat to the public's health.
- The state lab does not test all water systems. Some water providers, like Denver Water, have their own lab, and some use private labs. The systems involved in this Q/A breach tend to be smaller systems.

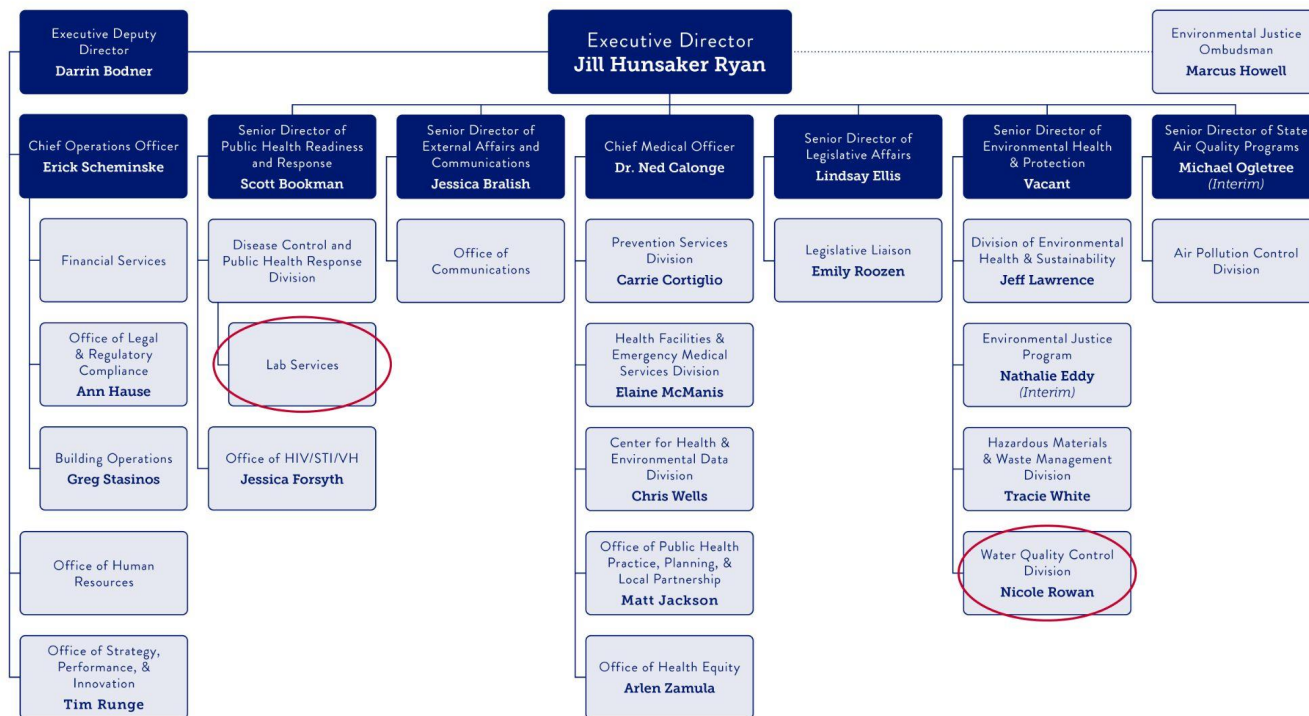


Successes:

- ***Provided 24/7 Covid testing for 3 years, promoting the governor to call us a "world class lab"***
- ***First in the nation to identify the Delta variant through DNA fingerprinting.***
- ***First in the nation to identify the McDonalds COVID outbreak and notify the CDC.***



Organizational Chart: The State Laboratory and Water Quality Control Division are two distinct units with different functions





CDPHE Budget Request Highlights





Investment in the Water Division helps local governments

“Each water system faces unique challenges to meet increasing regulatory demands, address aging infrastructure, safeguard water resources amid climate variability, and maintain community affordability. These challenges can only be addressed through flexible, collaborative solutions and efficient responsiveness to stakeholders, all of which require appropriately funded and strategic investments in CDPHE staffing and resources.”

-Siri Roman, General Manager
Eagle River Water & Sanitation District

“We appreciate the opportunity to dialogue with CDPHE and have the discussion that affordable housing is affected by not having enough (water permitting) staff to keep up the demand. Strengthening CDPHE's capacity is vital for delivering effective services, . . . enable sustainable development and alleviate housing costs.

-Jeff Shroll
Eagle County Manager





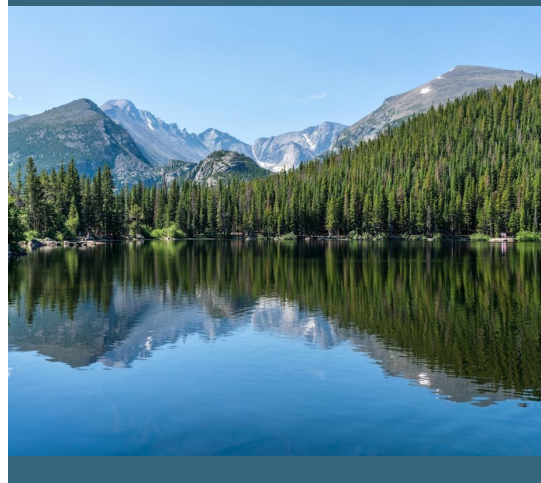
R-02 Protecting Water Quality Control Request

Request includes:

- Maintaining the staff received in FY23-24 R-01 Protective Water Quality Control.
- Net-neutral spending authority ask.
- Reduce General Fund request and instead use:
 - \$694,018 Increase in fees.
 - \$7M PFAS cash fund transfer across two years.
 - \$111k Water Quality Improvement Fund.

It's important to note that during the FY 2023-24 R-01 budget request, the department identified a need for \$6.0M General Fund and 46.0 FTE in order to comply with the EPA directive of having 75% of permits current. Ultimately, only 22.0 FTE and \$2.9M were funded. We will make request in future years but know this is not the year.

MAINTAIN
22
FTE





R-02 Protecting Water Quality Control

Progress since the General Assembly's support for R-01 Protective Water Quality Control.

FILLED
22
FTE

MET WITH
STAKEHOLDERS
IN
50
MEETINGS

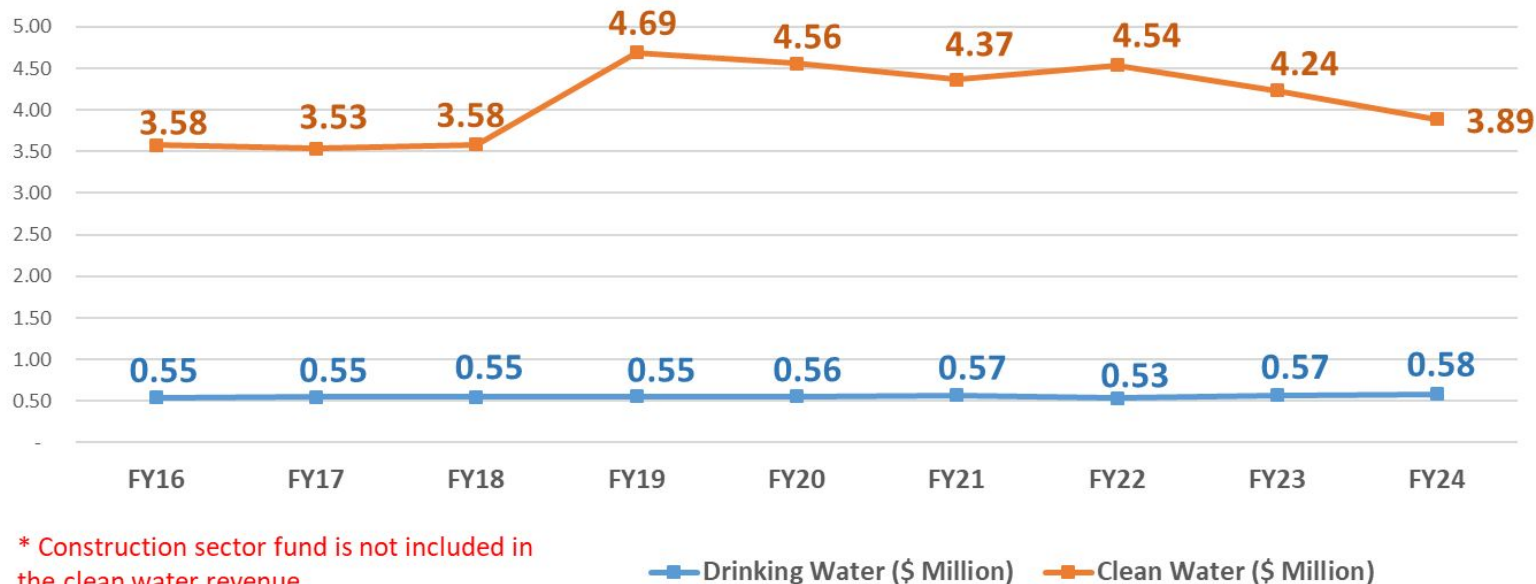
WENT
FROM
32 TO
20
PERCENT
DRINKING
WATER SYSTEMS
BEHIND
INSPECTION
SCHEDULES

WENT
FROM
25 TO
50
PERCENT
CURRENT
PERMITS



Drinking and Clean Water Revenue

Fee Revenue Drinking and Clean Water (\$Million)



Note: The drinking water fee has only been raised once since 2003 and that was this current fiscal year. We propose to continue to raise it over the next few years.



Overview and Key Steps

- \$14 million request for General Fund to support sustainability during a multi-year phase-in of fees.
- \$6.6M fee increase is currently underway (year 2 of 5)
- 19 FTE eliminated



Air Quality Transformation Progress

**2,907
Permits
Issued in
2024 YTD**

Compared to 3-year
(2021-2023) average
of 1,911 Permits
Issued



Permitting

**1,189
Inspections**

Baseline of 911
Inspections in
2021



Compliance &
Enforcement

**1,738
Infrared
Camera
Inspections**

Baseline of 1,332 IR
Inspections in 2021



Oil & Gas
Compliance

**245
Enforcement
Cases
Closed**

Baseline of 78
Cases Closed in
2021



Compliance &
Enforcement

**1,500+
Modeling
Determination
Analyses
Completed**

New Process



Dispersion
Modeling



Air Quality Transformation Progress

2,144

**Environmental
Justice
Summaries
Completed**

New Process



**Environmental
Justice and
Permitting**

**3 Air Toxic
Monitoring
Stations
Established**

New Monitoring
Tool (from HB
22-1244)



Air Toxics

**3 VOC &
12 PM 2.5
Monitoring
Stations
Established**

New Monitoring
Tools



**Technical
Services**

**Grants for
252 Electric
Vehicles,
Trucks, Buses**

Provided via E-school
Bus and Clean Fleet
Enterprise



Mobile Sources

**382 FTE for
Air Division**

Staffing increased
from a low of 171
FTE in 2019 to
currently 382 FTE



**Air Division
Staffing**



New Air Legislation 2020-2024

- **SB20-204 Air Quality Enterprise**
- **SB21-260 Sustainability of the Transportation System / Clean Fleet Enterprise**
- **HB21-1266 Environmental Justice/GHG Programs**
- **HB21-1189 Regulate Air Toxics**
- **HB21-1286 Building Energy Performance**
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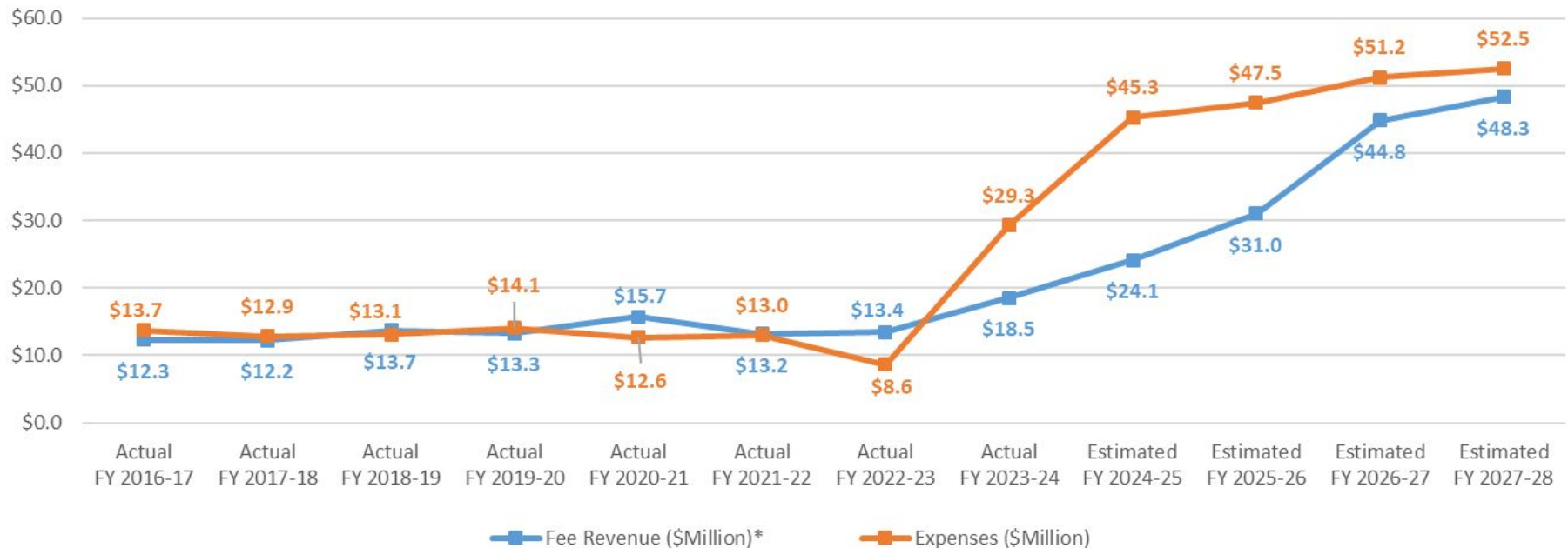


Fee Revenue and Expense History & Projections of the SSCF

Year Rev vs. Exp	Actual FY 2016-17	Actual FY 2017-18	Actual FY 2018-19	Actual FY 2019-20	Actual FY 2020-21	Actual FY 2021-22	Actual FY 2022-23	Actual FY 2023-24	Estimated FY 2024-25	Estimated FY 2025-26	Estimated FY 2026-27	Estimated FY 2027-28
Fee Revenue (\$Million)*	\$12.3	\$12.2	\$13.7	\$13.3	\$15.7	\$13.2	\$13.4	\$18.5	\$24.1	\$31.0	\$44.8	\$48.3
Expenses (\$Million)	\$13.7	\$12.9	\$13.1	\$14.1	\$12.6	\$13.0	\$8.6	\$29.3	\$45.3	\$47.5	\$51.2	\$52.5

*Fee revenue excludes non-fee related revenue such as interest income & payments from other agencies

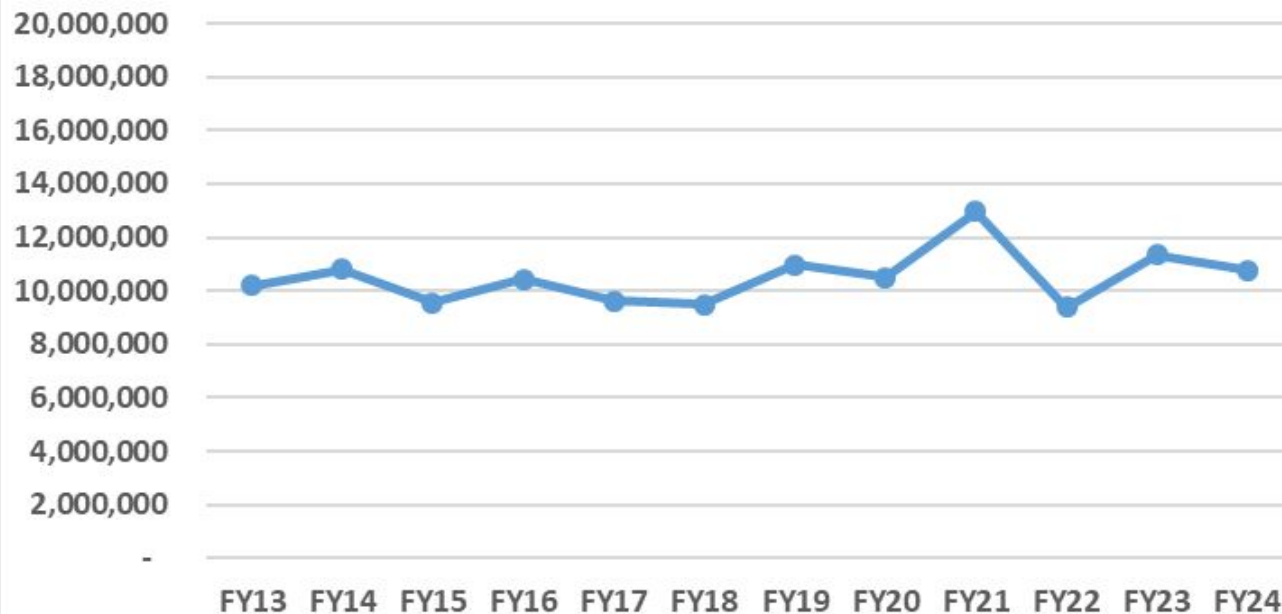
Fee Revenue and Expense History & Projections of the SSCF (\$Million)





New Air Legislation 2020-2024

Stationary Source Permitting Revenue
FY2012-13 to FY2023-24



Total permitting revenue has been flat due to the fee structure of charging fees on annual emissions, which have been declining on a consistent long-term basis. This requires more frequent fee increases to maintain sufficient revenue for air services and oversight



In Conclusion

Thank you for your support!

Additional Slides as an FYI:

- History of Water Quality Control Division: Timeline of Fee Increases
- Efficiency plans in the Water Quality Control Division
- Water Funding: State Comparisons
- Air Quality Control Division: Timeline of Fee Increases
- Air quality emission fees: State Comparisons



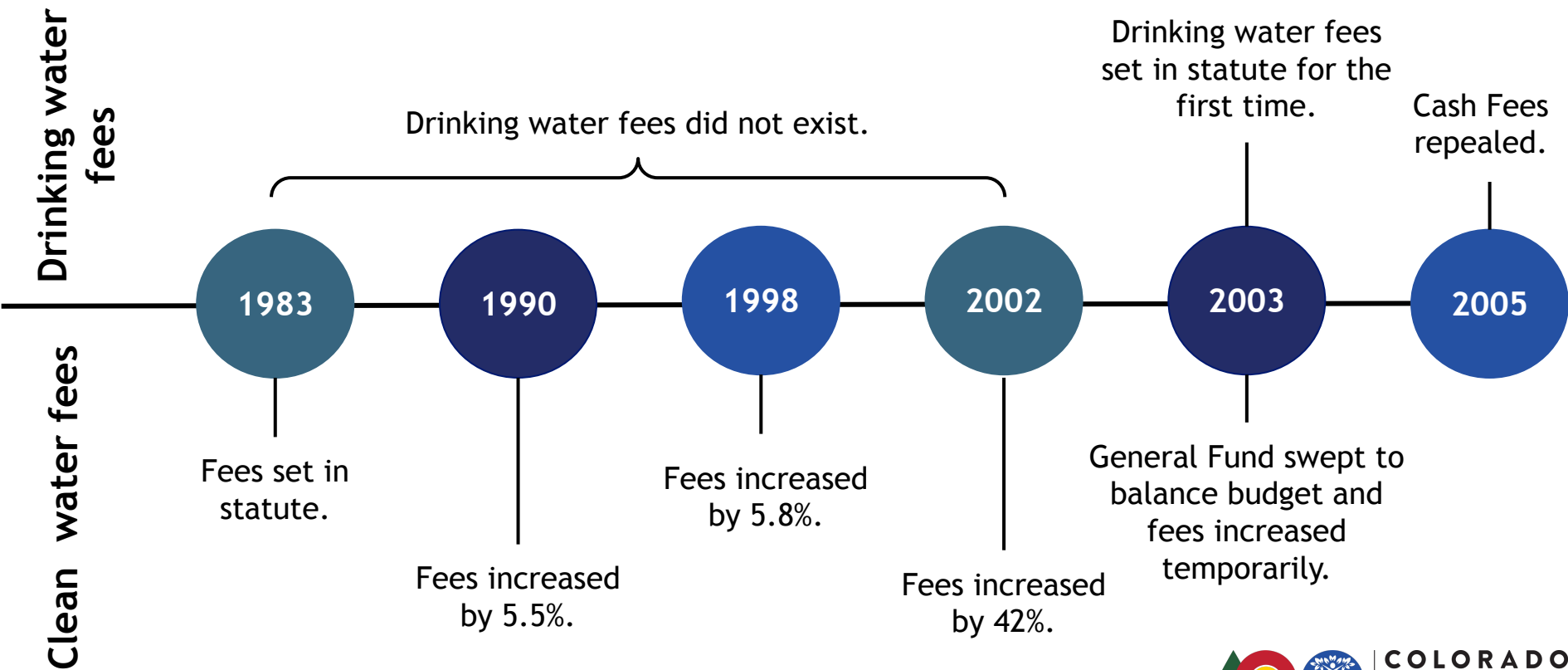
R-02 Protecting Water Quality Control

Committed to ongoing efficiencies:

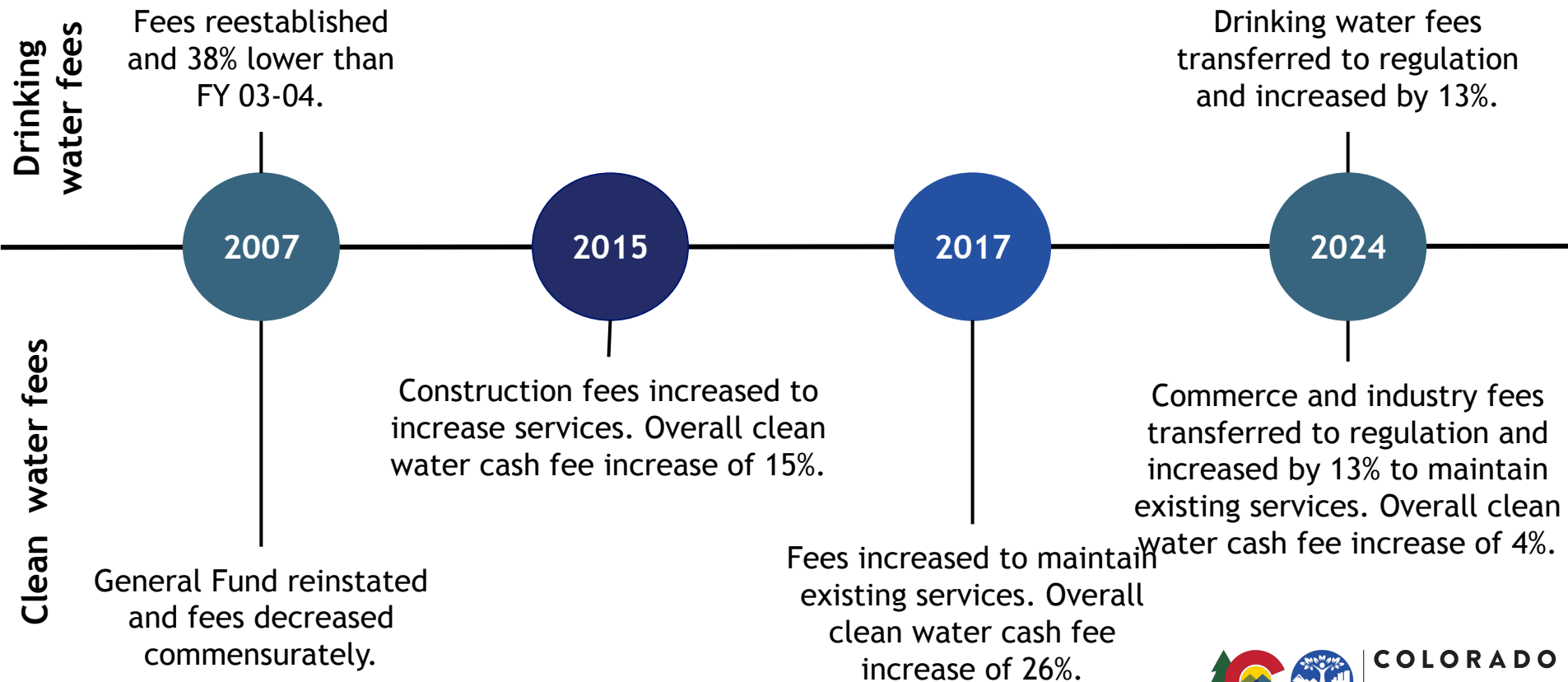
- Hired third-party consultant to assess municipal wastewater individual permit processes. The process started in 2nd half 2024 and will continue through the 1st half of 2025.
- Use of general permits.
- Streamlining regulations through stakeholder engagement.
- Developing targets and baseline measures through stakeholder engagement.



History of WQCD fee increases (1983-2005)



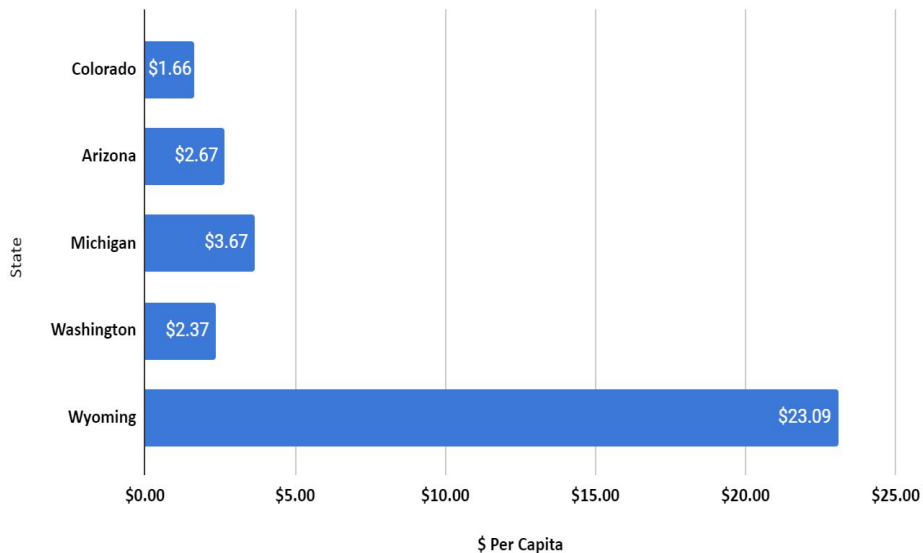
History of WQCD fee increases (2007-2024)



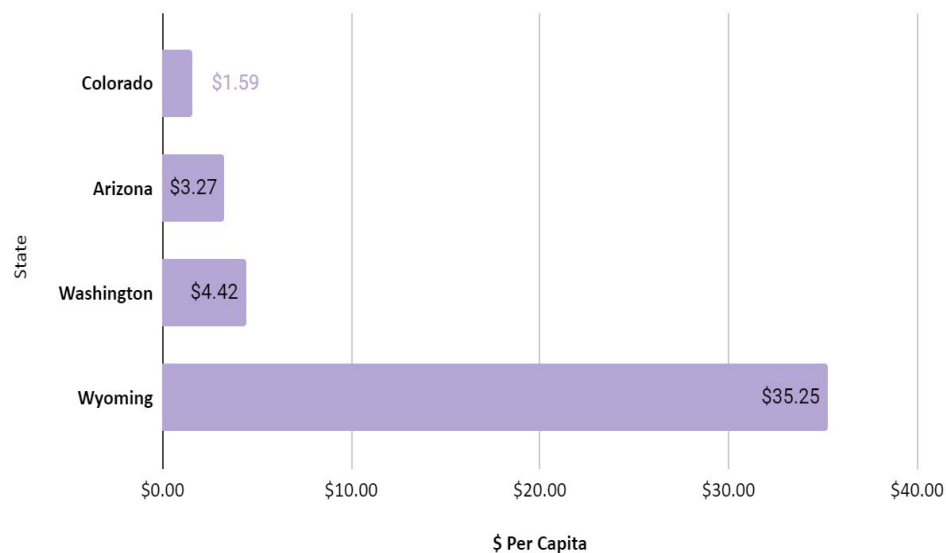


Water Funding State Comparison

Drinking Water Program Per Capita Spending by State

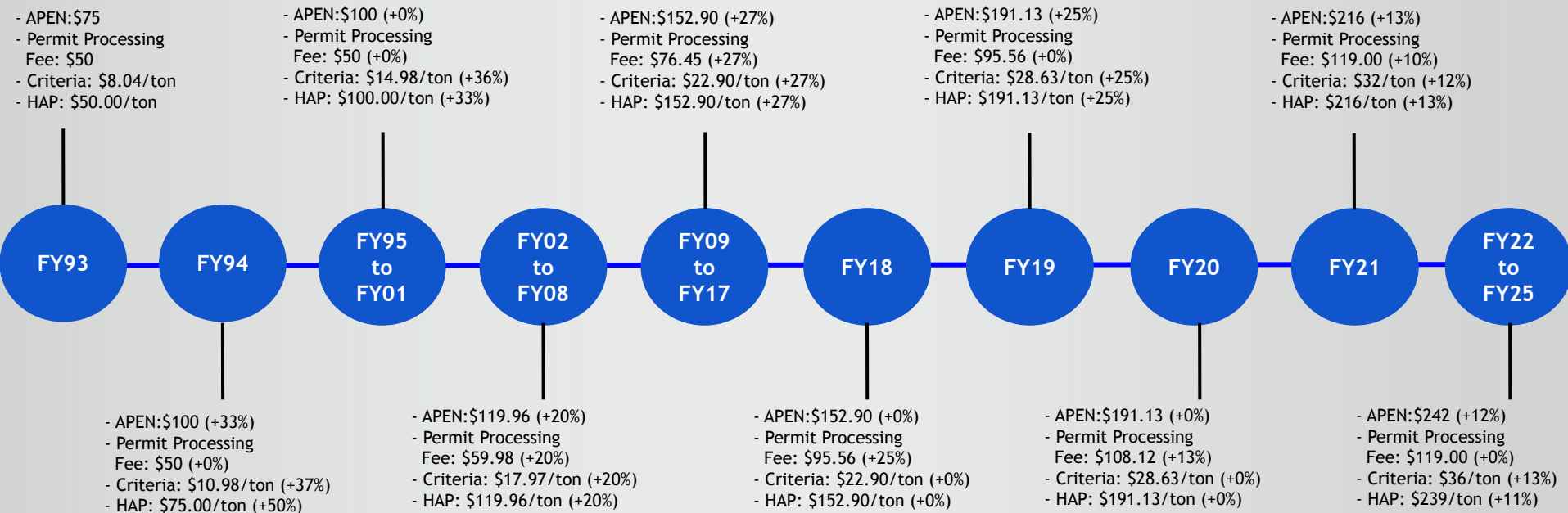


Clean Water Program Per Capita Spending by State





Primary Statutory and AQCC Authorized Fee History of APCD (FY93 - FY25)





CO Annual Air Emissions Fees Comparisons

Comparison to Other States' Annual Emissions Fees

State	Criteria pollutant and HAPs emissions fee	State	Criteria pollutant and HAPs emissions fee
Colorado	\$36.00 - criteria, \$239.00 - HAP (blended = \$42.00/ton)	New Mexico	\$39.00/ton, \$244.00/ton, proposed at \$81.00/ton & \$250.00/ton
California - South Coast	\$213.25/ton plus \$202.42/ton supplemental	Pennsylvania	\$110.41/ton
Iowa	\$70.00/ton	S. Carolina	\$61.73/ton
Kansas	\$56.00/ton	Texas	\$73.77/ton
Minnesota	\$162.93/ton	Utah	\$112.45/ton
Montana	\$44.35/ton	Virginia	\$98.60/ton
Oregon	\$121.00/ton	Wyoming	\$34.50/ton

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
FY 2025-26 JOINT BUDGET COMMITTEE HEARING RESPONSES

COMMON QUESTIONS FOR DISCUSSION AT DEPARTMENT HEARING

1. *Please describe any budget requests that replace one-time General Fund or ARPA funded programs with ongoing appropriations, including the following information:*
 - a *Original fund source (General Fund, ARPA, other), amount, and FTE;*
 - b *Original program time frame;*
 - c *Original authorization (budget decision, legislation, other);*
 - d *Requested ongoing fund source, amount, and FTE; and*
 - e *Requested time frame (one-time extension or ongoing).*

Response: The department's FY 2025-26 decision item requests only include programs created prior to FY 2019-20 and the associated offsets to fund these programs over this period given subsequent legislation and does not request any on-going appropriations associated with any prior or current one-time transfer requests.

CDPHE DEPARTMENT SPECIFIC QUESTIONS FOR THE HEARING

CASH FUNDS

GENERAL CASH FUND QUESTIONS

2. *[Sen. Bridges] Describe cash fund revenue sources utilized by the department, which are TABOR exempt.*

Response: The department's TABOR-exempt revenue is limited to exempt interest income, private donations/gifts, transfers, and Enterprise funds. The Transfers item includes transfers from other State Departments, such as DOR, DNR, HCPF, and funds like HUTF. This revenue has averaged around \$114 million over the past four years.

Table 1: TABOR-Exempt Revenue Source

Type	Sum of FY 2020-21	Sum of FY 2021-22	Sum of FY 2022-23	Sum of FY 2023-24
Exempt Interest	\$265,453	\$418,111	\$1,112,873	\$1,529,011
Gifts	\$14,292,714	\$9,434,373	\$13,203,281	\$11,074,384
Transfers	\$73,092,663	\$144,169,810	\$104,026,007	\$82,919,654
Enterprise	\$0	\$4,303	\$121,477	\$1,397,250
Grand Total	\$87,650,830	\$154,026,597	\$118,463,638	\$96,920,299

3. *[Rep. Bird] Provide the following information for all cash funds which have received either a General Fund appropriation or a transfer from the General Fund since FY 2020-21:*

- a Annual year-end balance
- b Total amount of General Fund transferred or appropriated to the cash fund;
- c Annual net revenue;
- d Annual net revenue excluding General Fund transfers and appropriations.

Response: Since FY21, four funds in CDPHE have received direct General Fund infusions to address solvency. Fund balance, amount of General Fund transferred, annual net revenue, and annual net revenue excluding the General Fund infusion is available for each of these funds in the table below:

Table 2: Funds with Direct General Fund Infusion

Stationary Sources Cash Fund (1190)	FY 21-22	FY 22-23	FY 23-24
Annual Year-End Balance	\$3,633,816	\$34,071,642	\$34,319,259
Total Amount of GF transferred or appropriated to the cash fund	\$0	\$25,500,000	\$10,000,000 (HB24-1419 fm DNR ECMC)
Annual Net Revenue	\$245,113	\$30,448,444	\$247,621
Annual Net Revenue excluding GF transfers and appropriations	\$13,245,512	\$13,585,540	\$19,531,198
Assisted Living Residence Cash Fund (2460)	FY 21-22	FY 22-23	FY 23-24
Annual Year-End Balance	\$292,763	\$374,470	\$1,731,010
Total Amount of GF transferred or appropriated to the cash fund	\$0	\$2,462,000 (GF)	\$600,000 (ARPA)
Annual Net Revenue	-\$384,647	\$81,707	\$1,356,540
Annual Net Revenue excluding GF transfers and appropriations	\$3,055,486	\$672,654	\$3,168,032
Health Facility General Licensure Cash Fund (2650)	FY 21-22	FY 22-23	FY 23-24
Annual Year-End Balance	\$123,584	\$910,725	\$1,249,050
Total Amount of GF transferred or appropriated to the cash fund	\$0	\$1,653,000 (GF)	\$400,000 (ARPA)
Annual Net Revenue	-\$153,488	\$787,141	\$338,325
Annual Net Revenue excluding GF transfers and appropriations	\$2,285,979	\$1,678,935	\$2,287,102
Emergency Medical Services Account (4090)	FY 21-22	FY 22-23	FY 23-24
Annual Year-End Balance	\$3,889,678	\$6,141,572	\$9,341,770
Total Amount of GF transferred or	\$0	\$2,000,000	\$0

appropriated to the cash fund			
Annual Net Revenue	\$2,629,907	\$2,254,991	\$3,200,197
Annual Net Revenue excluding GF transfers and appropriations	\$1,422,601	\$254,991	\$3,200,197

4. *[Sen. Kirkmeyer] Provide a table with the following information for all cash funds with an appropriation in FY 2024-25:*

- a Beginning fund balance;
- b Amount appropriated from the fund;
- c Projected revenue;
- d Projected year-end fund balance.

Response:

Table 3: Cash Funds with an Appropriation in FY 2024-25

Fund	Cash Fund Name	Beginning Fund Balance	Amount Appropriated From Fund	Projected Revenue	Projected Year-End Fund Balance
19F0	Health Disparities Grant Program Fund	22,127	2,219,136	2,368,983	102,534
11S0	Lead Hazard Reduction	79,809	62,315	65,267	(25,068)
1190	Stationary Sources Control Fund	34,319,259	42,277,429	25,300,000	14,339,260
2750	Ozone Protection Fund	21,074	149,968	163,946	22,155
4060	AIR Account (within HUTF)	90,303	7,679,420	8,953,048	90,303
CICF	Community Impact Cash Fund	8,055,552	1,968,858	2,000,000	7,105,552
ESBG	Electrifying School Buses Grant Program Cash Fund*	64,245,377	N/A*	-	41,229,377
14V0	Medical Marijuana Program Cash Fund*	528,989	N/A	2,617,670	1,569,692
1240	Vital Statistics Records Cash Fund	2,338,410	3,090,742	3,120,770	31,046
NHSF	Newborn Hearing Screening Cash Fund	325,454	173,567	150,000	251,922
20M0	CO Immunization Fund	969,576	3,606,844	2,531,621	1,078,490
26A0	Laboratory Cash Fund	112,425	2,082,181	902,100	23,740
1210	Newborn Screening and Genetic Counseling Cash Funds	3,335,020	8,895,928	6,543,950	1,488,491
2800	Immunization Fund	22,647	-	669	23,316
BHPR	Community Behavioral Health Disaster Preparedness & Response*	240,086	N/A	398,000	463,086
16L0	Wholesale Food Manufacturing and Storage Protection Cash Fund	1,219,848	1,214,696	682,970	1,190,783
19R0	Housed Commercial Swine Feeding Operations Cash Fund	52,389	45,438	52,000	39,699
23K0	Animal Feeding Operations Fund	464,983	489,497	506,457	449,607
23L0	Dairy Protection Cash Fund	400,244	416,119	420,000	367,817

28Y0	Household Medication Take-back Cash Fund	27,921	-	-	27,921
2660	Food Protection Cash Fund	1,295,275	1,119,000	1,153,505	1,143,060
2760	Artificial Tanning Device Education Fund	10,019	38,620	20,633	10,052
2770	Pollution Prevention Fund	284,930	157,940	156,975	289,002
12A0	Trauma Care System Cash Fund	172,324	457,380	505,170	96,689
13L0	Fixed-Wing and Rotary-Wing Ambulances Cash Fund	292,203	95,220	78,766	216,334
17B0	Coroner Training Fund	87,731	-	-	84,731
21S0	Assisted Living Residence Improvement Cash Fund	563,820	12,700	116,915	343,050
22R0	Home Care Agency Cash Fund	1,568,356	1,054,000	1,507,070	1,091,100
2025	Community Integrated Health Care Service Agencies Cash Fund	71,487	159	25,000	87,975
2240	Medication Administration Cash Fund	183,280	88,001	100,000	217,205
2460	Assisted Living Residence Cash Fund	1,731,010	1,696,827	3,443,973	1,190,270
2650	Health Facilities General Licensure Cash Fund	1,249,050	1,791,913	2,475,900	453,221
2840	Nursing Home Penalty Cash Fund	12,080,390	6,058,154	2,400,000	13,587,338
4090	Emergency Medical Services Account	9,341,770	12,298,293	11,379,099	3,786,965
5085	Emergency Medical Services Peer Assistance Fund	2,702	-	27	2,729
BHEF	Behavioral Health Entity Cash Fund	8,749	-	-	8,749
12J0	Long-term Care Fund	77,333	-	79,755	157,088
27R0	Illegal Drug Laboratory Fund	185,805	89,486	108,500	225,354
29A0	Paint Stewardship Program Cash Fund	93,252	93,358	120,000	95,403
1160	Hazardous Substance Response Fund	779,724	7,857,950	11,430,487	5,343,751
1170	Solid Waste Management Fund	1,075,863	4,043,718	6,515,536	2,548,497
1230	Radiation Control Fund	342,177	2,595,927	2,779,177	265,419
1260	Hazardous Waste Service Fund	1,075,300	2,457,328	2,167,954	1,157,516
2790	Solid and Hazardous Waste Commission Fund	105,214	58,425	68,028	100,244
19S0	AIDS and HIV Prevention Fund	1,547,489	5,612,000	3,374,000	1,296,673
27N0	Drug Assistance Program Fund	4,948,796	5,769,679	4,650,000	6,256,361
HIVR	HIV Medications Rebate Fund*	12,413,605	N/A	18,050,000	10,951,605
15OC	Opiate Antagonist Bulk Purchase Fund*	-	N/A	5,194,634	-
18M0	Tobacco Education Programs Fund	3,849,851	39,913,802	36,830,000	7,338,051
18N0	Prevention, Early Detection, and Treatment Fund	8,192,735	22,191,074	16,450,000	6,913,435
23Y0	Visa Waiver Program Fund	29,198	39,039	20,600	28,404
24L0	Colorado Health Service Corps Fund	2,567,871	3,891,706	3,367,402	2,346,123
4340	State Dental Loan Repayment Fund	76,269	892,968	867,402	68,681
23J0	Adult Stem Cells Cure Fund	328	-	-	328
CVGP	Community Crime Victims Grant Program Cash Fund	3,734,967	1,250,000	15,000	2,449,967
HRGP	Harm Reduction Grant Program Cash Fund	506,894	6,239,519**	3,975,000	256,272
16K0	Drinking Water Cash Fund	409,840	581,066	665,926	459,315
19T0	Water Quality Improvement Fund	4,437,708	1,956,734	1,824,287	4,228,986
1280	Biosolids Management Program Fund	220,111	212,330	191,109	249,981
2018	Water Quality Certification Sector Fund	18,944	227,565	48,936	23,368

2019	Commerce and Industry Sector Fund	617,890	1,325,339	1,371,019	789,141
2021	Construction Sector Fund	2,648,593	2,061,182	2,585,908	3,085,691
2022	Pesticides Sector Fund	64,371	6,353	11,968	76,339
2023	Municipal Separate Storm Sewer System Sector (MS4) Fund	362,169	149,637	177,841	325,047
2024	Public and Private Utilities Sector Fund	1,996,351	2,532,430	2,922,631	1,985,132
23Z0	Small Communities Water and Wastewater Grant Fund*	4,810,113	N/A	1,000	1,112,307
PPSF	Perfluoroalkyl and Polyfluoroalkyl Substances Cash Fund*	16,807,289	N/A	6,727,234	7,227,807
WWFO	Water and Wastewater Facility Operators Fund	83,737	24,815	27,068	73,090

*Continuously appropriated funds shown as N/A

**Normally \$1.8M, appropriation higher one time due to HB22-1236

***Some smaller funds do not have direct appropriations in the long bill (such as the Coroner Training Fund) but are utilized via VSCF

STATIONARY SOURCES CONTROL FUND

5. *[Rep. Bird] Is there duplication and overlap between the state and federal air quality requirements? Please discuss the degree of overlap.*

Response: There is interplay between and state and federal air quality requirements in various ways:

The federal government has sole authority: There are certain air quality regulations that are under the sole purview of the federal government. The state does not have authority in the establishment of these requirements nor a role in their implementation. An example is the establishment of [emission standards for mobile sources](#). Vehicle emission standards are set by the Environmental Protection Agency (EPA) and states are preempted from setting state specific emission standards for any mobile sources.

State and federal governments collaborate on implementation: There are certain air quality requirements that are implemented on the state and federal level. An example, discussed below, are compliance and enforcement actions.

State is delegated to implement federal programs: Other air quality requirements are established by the federal government but delegated to the state to implement. This includes a larger body of work including the Department's air permitting programs as discussed in further detail below, the implementation of federal new source performance standards (NSPSs) or national emission standards for hazardous air pollutants (NESHAPs), attainment and maintenance of national ambient air quality standards (NAAQS), and certain air emissions reporting programs. For example, EPA recently established Emissions Guidelines for Greenhouse Gas Emissions From Existing Crude Oil and Natural Gas Facilities (EG OOOOc), which includes presumptive standards for existing oil and gas operations. With the establishment of these emission guidelines states are required to develop state plans demonstrating how they will have rules on the books, either through implementation of their own design or utilizing provisions from EPA's model rule that meet or exceed the federal requirements or through the adoption of the federal requirements by March 2026. The Air Pollution Control Division is undertaking the work to review the requirements of EG OOOOc, revising state regulations to align with the requirements of EG OOOOc as necessary, and developing the requisite demonstrations that the state's existing regulation meet or exceed the emission standards outlines in EG OOOOc. Another example of the state implementing federal requirements is the attainment or maintenance of NAAQS established by EPA. Currently EPA has NAAQS for 7 different criteria pollutants (carbon monoxide, lead, nitrogen dioxide, ozone, two types of particulate matter, and sulfur dioxide) as well as a

visibility standard. The state is in attainment with all of these criteria pollutant standards with the exception of the ozone NAAQS. As the state is in nonattainment with the ozone NAAQS it needs to take actions as outlined in the federal Clean Air Act to reduce concentrations of ozone to be at or below the established NAAQS. These actions include permitting, programmatic, and regulatory actions focused on reducing emissions of ozone forming pollutants and the undertaking technical analyses including development of emissions inventories and photochemical modeling assessments.

The state operates state-only programs: The state takes on the implementation of state specific air quality requirements, independent of federal requirements to improve public health for Coloradans. These requirements take the form of state specific permitting requirements such as the recently adopted [enhanced permitting requirements](#) for air pollution sources in disproportionately impacted communities, development of regulations to [advance the states climate goals](#) such as our requirements for [controlling greenhouse gas emissions from manufacturing operations](#), and, pursuant to the adoption of House Bill 22-1244, [implementing an air toxics program](#).

- For compliance and enforcement, there is some overlap. EPA has an oversight role to ensure the state is enforcing delegated federal regulations and other federally-enforceable requirements. EPA has the authority to initiate enforcement *independent of the state* for alleged violations of delegated federal regulations and/or state regulations that are included in Colorado's SIP. In addition, EPA Region 8 and the state work on joint enforcement actions. Often these joint actions stem from federal enforcement initiatives or other priorities. Currently, the state is involved in joint enforcement action against Suncor and the agencies are also working together to implement several previous joint enforcement settlements.
- With respect to air permitting, Colorado has primary responsibility for implementing the Title V operating permit program for major sources of air pollution, including reviewing permit applications and issuing permits. EPA retains oversight responsibilities for the Title V program, including review and approval of the state program and the ability to review and comment on operating permits drafted by the state. Colorado's minor new source review (NSR) program is part of the State Implementation Plan (SIP). The purpose of minor NSR permits is to prevent the construction of sources that would interfere with attainment or maintenance of a NAAQS or violate the control strategy in nonattainment areas. Colorado is able to customize the requirements of the minor NSR program as long as it meets EPA's minimum requirements.

6. *[Sen. Kirkmeyer] Under Clean Air Act §502(b)(2), permit fees for operating permit programs (also called Title V programs) are to be set at a level to support the costs of the Title V program. Furthermore, 40 CFR 70.9(a) requires that these permit fees be used solely for the costs of the Title V program. Colorado's Title V program was finalized and approved by EPA on October 16, 2000 (as shown in 40 CFR 70, Appendix A). Given this, please address the following questions:*

- a *Federal law places special restrictions on Title V permitting funds, separate from NSR (construction permit funds). How does the Colorado Stationary Sources Control Fund differentiate between these sources of funds and ensure that Title V funds are only used for Title V activities?*

Response: The Department uses coding mechanisms with the state finance (CORE) system to separately track Title V fees and ensure they are used for Title V programs activity direct and indirect expenses.

- b Does the Department consider new programs passed by the legislature (e.g., Toxic Air Contaminants (H.B. 22-1244)) to be part of the Title V program? If yes, why is the state expanding a program that is fully approved as meeting federal requirements? When does CDPHE plan to submit these elements to EPA for review and approval?*

Response: Depending on the nature of the new programs they may meet the definition of “applicable requirements” in state regulations, and thus may be subject to Title V permit requirements (see AQCC Reg 3, Part A, Section I.B.12 for the definition of “applicable requirement”).

Title V programs are required by EPA to include all "Applicable Requirements" (as defined by Colorado Regulation No. 3, Part A, Section I.B.12) in operating permits. The regulatory definition of Applicable Requirements is not limited to a specific list of items and includes broader categories of requirements. For example, one category includes any standard or other requirement under Section 111 of the federal Clean Air Act. The result of the inclusion of this category is that any future promulgation of a federal New Source Performance Standard (under Section 111) automatically becomes an applicable requirement for Title V without triggering the need for an expansion, review, or approval of the Title V permitting program.

However, in some instances, new air quality legislation does not meet this definition, and thus is not subject to Title V. For example, the state greenhouse gas requirements (GEMM) do not meet this definition, and thus are not included in Title V permits. Instead, the GEMM program has its own permitting process separate from Title V. Regarding Air Toxics under HB 22-1244, we are still evaluating what, if any of these requirements will be subject to traditional New Source Review Construction Permit and Title V Operating Permit requirements.

As to the expansion of the Title V program as it relates to any legislative action: new Colorado air quality control requirements are generally not intentional expansions of Title V permitting. Like GEMM, there are air initiatives in the state that promote air quality that do not impact Title V.

7. *[Sen. Kirkmeyer] Please provide the following information regarding funding and permit processing for the Air Pollution Control Division:*

- a A history of fee increases over the last six years, including the fund, amount of the fee increase and the cash fund balance;*

Response:

Table 4: Stationary Sources Control Fund (SSCF) History of Primary Fees FY 2008-09 - FY 2023-24

SSCF Fee History						
Fee	FY09-FY18	FY19-FY20 (HB 18-1400)	FY21 (SB 20-204)*	FY22 (SB 20-204)*	FY23 and thereafter (SB 20-204)*	FY24
APEN (per application)	\$152.90	\$191.13	\$216.00	\$242.00	Fees will be established by rules promulgated by the Air Quality Control Commission. Fees	

Annual Criteria Pollutant	\$22.90 / ton	\$28.63 / ton	\$32.00 / ton	\$36.00 / ton	to cover the direct and indirect costs of the stationary sources program will be adjusted per AQCC direction.	
Annual HAP Fee	\$152.90 / ton	\$191.13 / ton	\$216.00 / ton	\$239.00 / ton		
GHG emission fee	N/A	N/A	N/A	N/A		Fee established by AQCC in FY24, \$3.9M in FY24, \$6.5M in FY25. Note this fee is complex in structure. For FY24, the average fee was \$10.03/ton of GHG.
*In 2020 the Colorado State Legislature approved a fee increase for the Air Pollution Control Division (SB 20-204). This approval granted APCD the ability to increase all fees related to: hourly processing time, APEN filing requirements, general permit coverage and annual emissions. This approval granted an initial increase taking effect on July 1, 2020 and a second increase taking effect on July 1, 2021.						

No other APCD program cash funds or programs/services have implemented fee increases over the past 15 years, including atmospheric ozone, indoor air, asbestos, lead or vehicular emission testing programs.

Two APCD-associated Enterprises were established in 2021 (Air Quality Enterprise) and 2022 (Clean Fleet Enterprise) with the associated fees structures.

Table 5: Stationary Sources Control Fund History

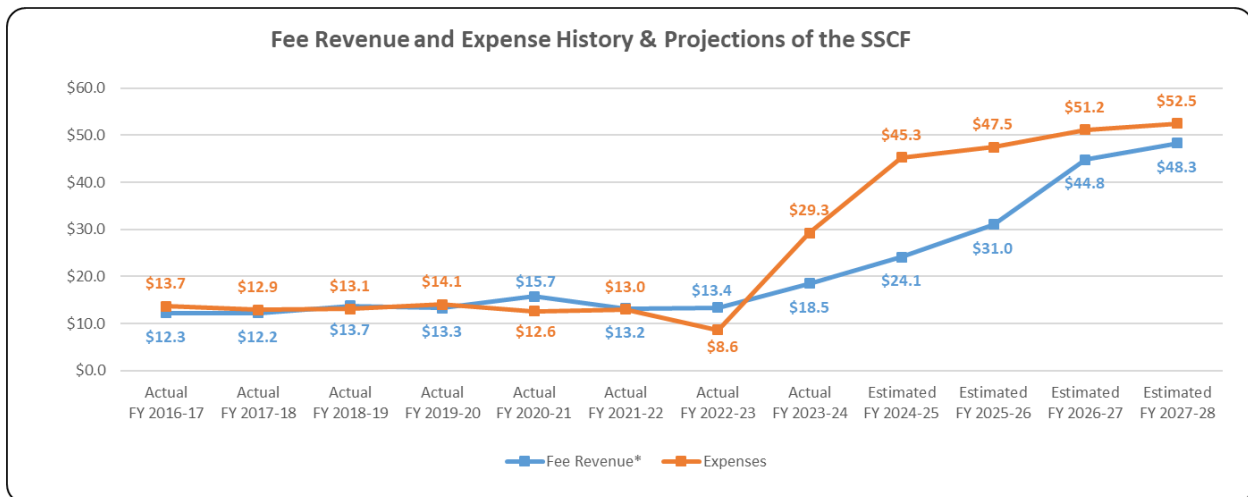
Air Quality and Clean Fleet Enterprise Fee History				
Fee	FY22	FY23	FY24	FY25
AQE - Delivery Fee	N/A	5.3 cents	5.5 cents	
AQE - Ride Sharing Fee Distribution	N/A	11.25 cents/ride	11.75 cents/ride	
CFE	\$1,000,000	\$3,000,000	\$4,000,000	\$5,000,000

Table 6: Fee Revenue and Expense History and Projections of SSCF

	Actual FY 2016-17	Actual FY 2017-18	Actual FY 2018-19	Actual FY 2019-20	Actual FY 2020-21	Actual FY 2021-22	Actual FY 2022-23	Actual FY 2023-24	Estimated FY 2024-25	Estimated FY 2025-26	Estimated FY 2026-27	Estimated FY 2027-28
Fee Revenue (\$ Million)	\$12.3	\$12.2	\$13.7	\$13.3	\$15.7	\$13.2	\$13.4	\$18.5	\$24.1	\$31.0	\$44.8	\$48.3
Transfers (\$ Million)								\$10.0		\$14.00 (requested)		
Expenses (\$ Million)	\$13.7	\$12.9	\$13.1	\$14.1	\$12.6	\$13.0	\$8.6	\$29.3	\$45.3	\$47.5	\$51.2	\$52.5

*Fee revenue excludes non-fee related revenue such as interest income & payments from other agencies

Chart 1: Fee Revenue and Expense History and Projections of SSCF



b Historical and current permit processing times over the last six years;

Response:

Table 7: Oil and Gas/Construction Permitting Processing Time

Year	Average number of days between receipt of application and issuance of permit under new laws/regulations
2019	165
2020	243

2021	243
2022	404
2023	472
2024	459

Table 8: Title V Permitting Processing Time

Permitting Actions for Applications Received and Issued During the Period 1/1/2017 - 12/9/2024

Type	Permitting Actions Issued	Average Number of Days from Application Received to Permit Issuance
Initial	26	933
Renewal	84	814
Minor Modification	82	278
Significant Modification	35	625
Administrative Modification	27	220
Total	254	

c Discuss implementation of processes to enhance efficiency in permit processing, as well as future plans to increase efficiency, including the use of AI in processing;

Response: The use of AI technology has been restricted within the agency as the Office of Information Technology (OIT) explores the risk associated with implementation of that technology. However, the Division is moving in that direction, and AI technology may be available soon, at which time we can explore how it might be used to expedite permitting.

The division has embarked on an extensive endeavor to improve efficiencies, in order to reduce backlogs and processing times. This has included a third party review of systems and process improvement plan, digital transformation of paper processes, and significant technology upgrades to our permitting systems. With federal air quality downgrades along the Front Range for ozone, the number of permittees has increased dramatically, making the use of technology and process improvement tools to increase efficiency even more vital to program effectiveness.

Currently, the minor permitting program utilizes permit templates (known as Skeletons) to expedite permit processing. The creating and updating of these templates, as new regulations apply and new source types are identified, is an on-going process that both the engineers and unit managers consider a priority to ensure we maintain efficiency. Over this past year, the minor permitting units have assembled a working group to remediate all of our documents, including our permit templates, to ensure they are digitally accessible in accordance with HB21-1110. This working group was assembled to equitably share the responsibility of digital accessibility remediation and ensure our permit processing time was not negatively impacted.

Staff have also been working with our Data Modernization Unit to transition our permitting application forms (e.g. APENs, modeling determination forms, environmental justice summaries, etc.) to our more modern, technologically advanced system that expedites the processing time for these applications. The minor permitting program also has worked diligently over this past year to update forms and processes in response to new regulations (such as source and community monitoring requirements, new RACT requirements, etc.).

Construction Permitting (CP) has worked in conjunction with the Title V and oil and gas (O&G) engineers to ensure consistency and cohesiveness with our forms and processes, which ultimately avoids delays in the receipt and processing of permits. Over the past two years, the CP unit has added one supervisor and three permit engineers and training of these engineers has been improved and expedited because of the dedicated trainer we were able to hire from the budget received in FY23 Decision Item.

Part of the time required to process permits previously involved the issuance and approval of environmental justice analyses for the applicant, as well as the submittal of either a dispersion modeling form 114, and subsequent model determination, or the submittal and approval of a full model analysis. To improve these processes, the division has:

- Created separate but cohesive units or processes to ensure these requirements are completed prior to the application submission and thus do not interfere with our processing time. These processes or units have also improved efficiency for the applicant.
- The EJ unit has hired additional staff, automated the submittal and approval process through Salesforce, and initiated bi-weekly status meetings to talk through any potential hurdles. These improvements have resulted in the EJ group issuing letters of concurrence (which are a required part of the permit application) within one week, therefore resulting in little to no delay in the source submitting their applications. These improvements also mean the permit engineer now spends less time (or no time) verifying the information on the EJ form or asking for a corrected version of the form.
- The Dispersion Modeling Section (DMS) also continually implements improvements that ultimately expedite the permitting time. They have also automated the submittal and approval process through Salesforce and can complete modeling determinations in less than two weeks, giving the engineer the assurance they need to proceed with writing the permit upon receipt of the application.
- If a model analysis is needed, DMS will review that modeling analysis simultaneously with the engineer writing the permit, and they stay in continual communication with the engineer to ensure any adjustments made in the assumptions used for modeling are incorporated into the permit as it is written, to avoid delays on the back end.

The division has been working this past year to implement a process that will expedite the issuance of permits for public comment, as well as the receipt and incorporation of those comments into a permit. We have identified a platform called Social Pinpoint to replace our current public comment system over this next year.

All of these process improvements have resulted in the permitting teams maintaining our average permit processing time over the last three years, despite the addition of multiple elements and new regulations that must be met and incorporated into a permit before issuing them.

- The Oil and Gas Program (OGP) created an Emission Calculation and Regulatory Analysis Workbook that is published externally and encouraged for use by applicants in developing permit applications to expedite division review.
- OGP created an externally facing Emission Calculation Manual that provides transparency in division policies/procedures and expectations for permit applications. This includes example applications highlighting preferred format and content.
- CP, OGP, Title V, and Permit Dispersion Modeling Section (DMS) collaborated to create the modeling determination form (APCD-114) process and guidance to streamline the process for determining dispersion modeling requirements
- OGP implemented recurring check-ins (monthly or quarterly) with industry stakeholders (i.e. Colorado Oil and Gas Association and individual O&G operators) to collaborate on key permitting issues to drive efficiency in permitting
- OGP created a streamlined permitting mechanism (i.e. General Permit GP11) to expedite permitting for a prevalent emission source type defined by a 2019 AQCC rulemaking.
- OGP created company-specific templates to assist in efficient processing of several thousand General Permit-11 applications submitted in response to the 2019 AQCC rulemaking.
- Future: OGP is developing a streamlined permitting mechanism for use at production facilities. This permit will be a single permit for each facility and will streamline administrative processes associated with multiple permits. In addition, this permit will accommodate a higher number of sources than those in currently available general permits. This permit will be accompanied with a tool for streamlining modeling requirements for qualifying facilities.
- Future: OGP is developing revisions to existing General Permits to ensure their maintenance and availability. These permits are a broadly used mechanism by the O&G industry and critical to timely issuance of permits for qualifying facilities.
- OGP has an internal workgroup that creates and maintains tools for the permitting team that standardize format and provide guidance. This workgroup has developed very specific templates based on equipment type and encompass the majority of equipment encountered at an O&G facility.
- In response to AQCC rulemaking in 2023, the CP and OGP permitting teams and Environmental Justice and Outreach Unit developed a process for obtaining approval of environmental justice summaries as part of the permitting process to evaluate EJ considerations for a proposed location.
- The permit modeling unit has made available contracted 3rd party modeling to help expedite certain projects that require modeling.
- PMU development and maintenance of external facing Modeling Guidelines to communicate expectations and drive efficiencies in modeling requirements for minor source construction permits.
- The permit modeling unit has developed tools (unit multiplier tables) to assist operators in evaluating impacts and modeling requirements.
- OGP and COGA have agreed to and maintain a project prioritization structure to allow operators to prioritize a set number of projects to ensure timeline processing.
- OGP and CP permitting teams have developed and continue to maintain an Application Completeness Checklist (i.e. form APCD-100) to communicate key application materials to ensure applications are complete and accurate for efficient processing.
- The APEN Unit has implemented a process for rejecting applications that contain incomplete or missing information. This is intended to drive efficiencies in the administrative handling process and in permitting to enable permitting teams to receive high quality applications.

- CP and OGP permitting teams have developed and published a guidance memo (PS Memo 24-02) that communicates a newly established policy to simplify and expedite the review process for certain projects subject to complex requirements for Major Sources.
- Permitting teams have updated and re-issued PS Memos 98-06 and 98-07 to maintain alternative operating scenarios (AOS) to be used in construction permits. These AOS's are key to eliminating the need for permit applications for the replacement of certain equipment.
- The Title V team has expanded from seven full-time engineers and two supervisors, to 25.5 engineers, four supervisors, a program manager, a part-time training manager, and dedicated administrative staff. This includes utilizing funds to hire six full-time contracted permit engineers from an engineering contract agency. To help onboard the huge increase in staff, a new training program was developed that includes over 40 separate trainings provided by more than a dozen trainers.
- OGP filled a new Unit including 5 permitting staff and 1 permitting unit supervisor. This is a >40% increase in permitting staff.
- In 2020, OGP created a general permit (GP09 and GP10) for use at new O&G production facilities.
- Permitting teams (CP, OGP and Title V) collaborated and implemented processes to ensure successful processing of hundreds of minor source construction permits at newly major facilities to avoid processing of time-consuming title V applications. This was done in response to the nonattainment area reclassifications in 2020 to Serious nonattainment and in 2022 to Severe nonattainment
- The Title V Team expanded capabilities of automating permit processing for new Title V permits in anticipation of the increased workload as a result of our ozone redesignations. Our new permit intake system allows us to automatically extract data provided by applicants in our Title V permit forms and generate draft permit skeleton documents. This system has been used to process approximately 100 initial Title V permits over the past several years, saving approximately 8-20 hours of administrative work per permit. Additionally, this system allows the Title V unit to use the most up-to-date templates, which both increases standardization and reduces errors. The Title V team has two associated workgroups for these projects: 1. Template development; 2. VBA macro development.
- Over the past two years, the Title V team has expanded from seven full-time engineers and two supervisors, to 25.5 engineers, four supervisors, a program manager, a part-time training manager, and dedicated administrative staff. This includes the utilizing funds received to hire six full-time contracted permit engineers from an engineering contract agency. To help onboard the huge increase in staff, a new training program was developed that includes over 40 separate trainings provided by more than a dozen trainers.
- It should be noted that the pace of statutory and regulatory changes has accelerated over the past five years, and this has increased permit processing times. Some of these changes include: extensive oil and gas regulatory expansion; the large and medium engine rules; ozone nonattainment area rule changes; federal MACT and NSPS promulgations; document accessibility requirements; environmental justice initiatives; updated modeling guidelines. Additionally, the Title V unit is experiencing record volumes of public comments on permits, adding substantial engineering time to the back-end processing of permits.
- The Title V team successfully implemented streamlined high efficiency permits for designated source categories as appropriate and as authorized by the EPA restricted to specific sources. The Division continues to seek potential expansion through discussions with the EPA.

- With the promulgation of new environmental justice regulations, and updated modeling guidelines, new evaluations have been needed to process Title V permit applications. The Title V team has coordinated with the EJ and modeling units to support permit needs and shift some of the workload prior to submitting the Title V permit application.
- The Title V team has reviewed other state's Title V programs to identify streamlined permits and/or Title V General Permit for specific facility types in the state. Based on this analysis, the Title V team continues to evaluate the option of a general permit for MSW landfills.
- It should be noted that the pace of statutory and regulatory changes has accelerated over the past five years, and this has increased permit processing times. Some of these changes include: extensive oil and gas regulatory expansion; the large and medium engine rules; ozone nonattainment area rule changes; federal MACT and NSPS promulgations; document accessibility requirements; environmental justice initiatives; updated modeling guidelines. Additionally, the Title V unit is experiencing record volumes of public comments on permits, adding substantial engineering time to the back-end processing of permits.
- The Department is updating and replacing its outdated, inadequate technology systems because they do not meet current business needs. There are permitting efficiencies gained from our technology modernization effort including an update of various databases and transactional systems, originally set up in the 1990s, that is robust and more adaptable to modern needs and scale, and has functionality that has been built in an agile structure to expand upon in future platform build efforts that are not available in current outdated systems.. For example, various permit processes require reported totals to be looked up, copied, and aggregated, but a new feature was developed to automatically calculate figures therefore saving time and effort from having to manually perform these steps during processing. Another feature is that the new system can have a permit application assigned, tracked, reviewed, and pushed to our document retention tool to reduce processing time and with much more transparency, helping staff manage work pipelines and expedite requests through the processes. Another example is that the permit system will increase efficiency through its auto notifications capability for new submissions and updates, removing the need for somebody to manually craft an email message and send. One last example can be seen with our permitting process for land development activities. With our former (paper-based) process, the time between receipt of an application and issuance of a permitting document was approximately 90 days. After several months of using the new online system to process these applications, the average time between receipt of an application and the issuance of a permitting document is 3.5 days. Many of these gains in this process, as well as others being built in the system, is in the reduction in the amount of manual data entry, collection and presentation needed by APCD staff. These automations drastically reduce, if not eliminate, the time that applications/items are waiting for other teams to perform other steps in the workflow, which effectively expedites providing the application to permit engineers much sooner.
- Examples of new work processes that have been established in the new technology systems and are currently in use by regulated entities and the division include but are not limited to:
 - Land Development
 - Environmental Justice
 - Modeling Determination (Form 114)
 - Notice of Startup
 - Relocation Notices

- d The number of permits processed and the number of permits projected to be processed for each of the last six years;*

Response:

Table 9: Title V Permits Issued Per Year

Type	2019	2020	2021	2022	2023	2024
Initial	0	2	1	0	19	3
Renewal	16	9	7	10	15	25
Minor Modification	16	12	9	7	9	5
Significant Modification	7	8	5	5	2	6
Administrative Modification	2	3	5	3	4	1
Total	41	34	27	25	49	40

Table 10: Title V Permits Actions (1/01/2017 - 12/09/2024)

Application Type	Applications Received and Issued During the Period 1/1/2017 - 12/9/2024
Initial	26
Renewal	84
Minor Modification	151
Significant Modification	66
Administrative Modification	48
Total	375

Because the data shown in the table above is limited to applications that were both received and issued within the stated date range, we have expanded the reporting period to the beginning of 2017 in order to reflect the allowable regulatory timeframes for Title V permit processing, which are longer than 12 months. However, the values shown are still likely to be an underestimate of application issuances as it does not reflect any applications issued that were received prior to 1/1/2017.

- e Details of planned future fee increases to the Stationary Sources Control Fund over the next 5 years;*

Response: The department is proposing to increase fees based on the following time frame described in the R-01 FY 2025-26 Decision Item. Note that identified potential fee increases are estimates and will be refined as additional information is known.

Table 11: Potential Increases for the Stationary Sources Control Fund

Fiscal Year	Potential Fee Increase
FY 2025-26	\$6,616,739
FY 2026-27	\$13,500,000
FY 2027-28	\$3,500,000
FY 2028-29	\$2,000,000
4-Year Total	\$25,616,739

- f Discuss the need for General Fund in the Stationary Sources Control Fund, as well as plans for long term stability of the fund.*

Response: The Department is proposing a one-time \$14,000,000 contribution of General Fund or transfers from other funds slated by OSPB for transfer to the Stationary Sources Control Fund. This will ensure fiscal solvency through FY26, recognizes TABOR constraints, impacts of fee increases on consumers, and provides flexibility to further phase-in fees over the FY27 to FY29 time frame. The department is not requesting a permanent General Fund appropriation or an ongoing transfer to the Stationary Sources Control Fund and the request takes into account the Governor's and OSPB's intent to manage TABOR-related funds and revenues and provide managed fee increases for rate payers over time, while putting the state's overall budget balance situation as the State's priority for the FY 2025-26 budget.

8. *[Sen. Kirkmeyer] For each piece of legislation affecting the Air Pollution Control Division over the last six years, detail the actual FTE employed by the division and the FTE projected in the LCS fiscal note.*

Response:

Table 12: Crosswalk of APCD Legislation and FTE, Appropriated and Hired

Bill	Title	Appropriated	Hired
SB 20-204	Additional Resources to Protect Air Quality / Air Quality Enterprise	None stated	3.00
SB 21-260	Sustainability of the Transportation System / Clean Fleet Enterprise	9.10	6.00
HB 21-1266	Environmental Justice/GHG Programs	31.70	31.70

HB 21-1189	Regulate Air Toxics	4.10	4.10
HB 21-1286	Building Energy Performance	2.80	0.50
SB 21-264	Reduce Natural Gas Utilities	1.70	1.70
SB 22-179	Deter Tampering	2.50	2.00
HB 22-1244	Air Toxics	39.90	31.00
SB 22-193	Air Quality Improvements Investments	2.00	2.00
SB 23-198	Clean Energy Plan	2.50	1.00
HB 23-1294	Pollution Protection Measures	1.00	1.00
FY 23, R-01	Air Quality Transformation FY23 Decision Item	106.00	86.00
HB 24-1338	Environmental Justice 2.0, Disproportionately Impacted Communities	3.00	2.00
SB 24-229	Ozone and Other Air Quality Improvements	3.30	2.80
Total		209.60	174.80*

* Please note the department is proposing to eliminate 19.0 FTE as part of the FY 2025-26 R-01

9. *[Rep. Bird] For bills that put fees in place for this fund, when did the bills expect the programs to be self-sustaining? If the bills directed fee increases and they didn't happen, why not?*

Response: The majority of the revenue shortfall is associated with three bills or decision items. The fee increases or new fee structures began to be implemented in FY24 and will continue on an ongoing basis for the next several fiscal years until fiscal sustainability targets are met

H.B 21-1266 (Environmental Justice Act and Greenhouse Gas programs) established a greenhouse gas fee in FY 2023-24 as authorized by the bill. No timing issues occurred since the original General Fund appropriation lapsed at the end of FY 2022-23. A greenhouse gas fee covers associated climate program costs.

H.B 22-1244 (Air Toxics) funding is provided by a General Fund appropriation through FY 2024-25. An ongoing funding mechanism has not yet been established based on TABOR constraints and other budget balancing priorities. The bill did not definitively direct fee increases, rather, “no later than December 31, 2025, the division shall conduct an assessment to determine the needs of the division to administer an air permitting program to regulate new, modified, and existing stationary sources that emit levels of priority toxic air contaminants...and possible funding mechanisms.”

CDPHE FY 2022-23 Decision Item, R-01, was established with a General Fund appropriation through mid FY 2024-25. That appropriation has been used with the exception of some underway technology modernization phase II project funds. The Department is prioritizing establishment of fees to support the associated programs and services while balancing TABOR constraints and predictability and stability for fee payors. Last year, the department implemented the GHG fee which will generate an additional \$6.5 million in revenue this year. The Administration also approved a net fee increase capped at \$6.6 million for FY 26 based

on TABOR constraints. The Department will implement additional fees in FY27 and ongoing to establish long-term sustainable funding sources.

WATER QUALITY CONTROL

10. *[Sen. Kirkmeyer] Provide a staffing and organizational chart of the Water Quality Control Division which shows the allocation of current staff. Identify where the 22.0 FTE in the R2 request are located in the chart. Furthermore, explain how many of these requested FTE are filled positions from the FY 22-23 R1 decision item. Explain any vacancies and, if applicable, any vacancy saving from unfilled positions for personal services.*

Response: Please see link to the WQCD [Organizational chart](#). Since approval of the FY 2023-24 R-01 decision item for funding beginning in July 2023, WQCD has filled 22.0 of 22.0 FTE based on the General Assembly's investment in addressing permit backlogs and drinking water treatment inspections. WQCD has trained new team members and restructuring teams to manage the incoming staff as they move out into the field. The R-01 FTE allocations are highlighted in orange on the organizational chart. To summarize, 14.0 FTE are allocated to the Permits Section to process permits. 3.0 FTE are in the Watershed Section, and 1.0 FTE is in the Engineering Section to provide assistance, engage with stakeholders, and identify solutions to help make meeting standards through permits more feasible. Additionally, 2.0 FTE are assigned to the Field Services Section and 2.0 to the Drinking Water Compliance & Assurance Section to address drinking water treatment inspection backlogs. As WQCD worked to fill the positions, WQCD directed the R-01 vacancy savings toward temporary staff to assist with the workload of the Clean Water Program.

11. *[Sen. Kirkmeyer] Describe what the Department has done to reduce the permitting backlog and why the FY 2023-24 R1 request was insufficient to bring the backlog into EPA compliance, including a discussion of administrative extensions for sewer and sanitation systems. How will increased spending authority for the Water Quality Control Division reduce this permitting backlog? What is the proposed fee schedule that has been developed by the Department for water quality programs, and who did the Department stakeholder with?*

Response: Due to the General Assembly's investment through FY 2024-25, the division was able to increase the number of permits current from 25% to 50% in early FY 2024-25, but the division needs this ongoing funding to at least maintain this backlog level. However, the Department did not receive the resources needed to bring the backlog into full compliance with the EPA directive. During the FY 2023-24 R-01 budget request, the Department identified a need for \$6.0M General Fund and 46.0 FTE in order to comply with the EPA directive of 75% having permits current. Ultimately, only 22.0 FTE and \$2.9M were funded. At the time of the funding recommendation, [JBC Staff stated](#):

“Staff believes that the Clean Water Program and Drinking Water Program do not currently have the resources to meet the objectives established by the EPA. However, Staff does not believe that General Fund is a long term funding solution for a division...For this reason, staff is recommending partial approval of the request...With approval of two years' worth of General Fund the Department can begin to address the issue of permitting and inspection backlogs while also develop and implement a plan to change the necessary fee structures to lessen the burden of General Fund in the future. Staff expects the Department to submit a future decision item in which includes the sustainable balance of General Fund and cash funds to retain these FTE. ”

The FY 2025-26 R-02 request is not a resource increase for the Water Quality Control Division. It is a continuation of resources originally received from the General Assembly in FY 2023-24, and it meets the directive set out by the JBC from FY 2023-24 and SB 23-274 to address the backlog and create a new fee structure for large parts of the WQCD over time. The increased spending authority is a conversion of the one-time General Fund to cash fund spending authority. The proposal includes a balanced approach of using

other cash funds and fee increases to minimize the impact on TABOR and fee payers .Since General Fund appropriations are not subject to indirect costs charges, shifting FTE from General Fund to Cash Funds increases the total budget need to account for approximately \$325,000 of new indirect costs for WQCD cash funds. The proposed fee schedule includes a 13-14% increase for certain cash funds, subject to the General Assembly’s budget approval and Water Quality Control Commission approval in October 2025.

The department is undertaking significant efforts to reduce the backlog. The division was able to increase the number of permits current from 25% to 50% in early FY 2024-25. The department has hired a third-party consultant to assess the municipal wastewater individual permit processes. The process started in November 2024 and will continue through the first half of 2025. This process will include engaging with external stakeholders and will help inform other individual permit processes. The department is also implementing several measures to be efficient and effective when renewing permits, while still protecting the environment and public health. The department does that by:

- Using general permits as WQCD efficiently manages permits for over 6,660 facilities under 32 categories, streamlining operations and saving time.
- Having an online permitting system for construction permits that supports WQCD in issuing permits in 4 days, reducing delays and increasing efficiency.
- Streamlining regulations so that municipal wastewater treatment facilities can have their engineering designs reviewed and approved without waiting for final permit documents to be developed.
- Implementing a consistent training process for new permit drafters, including checklists and standard operating procedures.
- Hiring a coach to assist contractors who work on permits for small municipalities, particularly in disproportionately impacted communities.

Before SB23-274, fees were set in statute and were unpopular to raise. The table below illustrates the inability of fee increases to keep up with inflation, let alone new regulations and an increase in the state’s population. This is particularly true for drinking water fees. Since 2003, inflation has increased by 71% and drinking water fees are cumulatively 30% lower than when they were established in 2003. Since 1983, inflation has increased by 220% and clean water fees have only cumulatively increased by 139% during that time. Finally, HB 17-1285 refinanced clean water fees and included a statutory funding mix to establish cash and general fund ratios ranging from 5% to 95% general fund across clean water sectors.

Table 13: History of Water Quality Control Division Fee Increases

Year	Clean Water Fees	Drinking Water Fees
1983	Fees set in statute	No drinking water fees
1990	Fees increased by 5.5%	No drinking water fees
1998	Fees increased by 5.8%	No drinking water fees
2002	Fees increased by 42%	No drinking water fees
2003	Fund swept to balance budget and fees increased temporarily	Drinking water fees set in statute for first time
2005	N/A	Fees repealed
2007	General Fund reinstated and fees decreased	Fees reestablished and 38% lower than

Year	Clean Water Fees	Drinking Water Fees
	commensurately	FY 2003-04
2015	Construction fees increased to increase services (overall clean water cash fee increase of 15%)	N/A
2017	Fees increased to maintain existing services (overall clean water cash fee increase of 26%)	N/A
2024	Commerce and Industry fees transferred to regulation and increased by 13% to maintain existing services (overall clean water cash fee increase of 4%)	Drinking Fees transferred to regulation and increased by 13%

Pursuant to the requirements of SB 23-274, the division has actively sought input from stakeholders through routine meetings, which were open to any interested parties. Since the bill's passage, the division will have collaborated with stakeholders in 50 meetings by the end of 2024. WQCD worked to reach every fee-payor to inform and encourage participation in the discussions by including communication in all the annual permit billings and emailing every fee-payor contact in WQCD's drinking water and clean water permit systems. Some regular attendees included the Wastewater Utility Council, Metro Water Recovery, City of Greeley, City of Fort Collins, City of Pueblo, Xcel Energy, Climax Molybdenum, and consultants representing smaller water systems. The division discussed with stakeholders an evaluation of improved service needs, funding mix, and cost of services. Through these discussions over the past year, the division identified up to \$10.6M and 70.7 FTE resource needs to both reduce backlogs further and enhance services needed by local governments, such as technical assistance. Due to statewide budget constraints, this full request was not included in the Governor's November 1 submission and the division is taking time to evaluate processes with stakeholders to identify what WQCD can achieve with current resource levels to inform future budget requests.

The division discussed with stakeholders processes around administrative extensions. Administrative extensions of discharge permits, including for sewer and sanitation systems, occur if a permit is not renewed within five years. Renewing permits is important because more current permits reflect the latest actions adopted by the Water Quality Control Commission or EPA and thus better protect water quality. Administratively extended permits cannot be modified when a facility needs to make changes. The department currently has about 7,000 permittees. To meet the goal of keeping 75% of permits current, i.e., administratively extended permits to under 25%, the department must, on average, renew over 1,000 permits every year.

12. [Reps. Bird, Sirota and Sen. Amabile] Provide the following information on the PFAS cash fund:

- a Explain what the PFAS cash fund is utilized for and why the fund needs to be continuously appropriated to the Department.*

Response: Pursuant to SB20–218, PFAS funding comes from a fee on fuel products and supports taking back firefighting foam that contains PFAS, water system infrastructure improvements, water sampling, and emergency assistance for systems to address PFAS. The cash fund is continuously appropriated in order to allow for grants and assistance to span multiple fiscal years, especially since it can take years and multiple phases for a water system to plan for and install treatment. Additionally, continuous appropriations allows WQCD to be able to effectively plan around and support water systems to meet current federal and future state PFAS regulations and maximize the ability to meet the large demand for PFAS remediation.

- b Explain why the balance of the fund is above the maximum reserve limit. Does the Department have a plan to expend these funds?*

Response: WQCD released grant applications as soon as there was sufficient revenue to launch the grant application process, however, WQCD didn't get as many, or as large of, requests for funding as the revenue being generated. Systems were still doing work to figure out their approach and waiting for federal-level certainty for PFAS drinking water standards. Additionally, federal guidance on disposing of PFAS-firefighting foam was delayed.

However, in April 2024, EPA set PFAS drinking water standards and WQCD awarded the most money in one year since that announcement - \$8.1M for 35 projects when in earlier years the demand was between \$2M - \$4M per year. Per the federal rules, systems must take action starting in 2026 and complete construction projects by 2029. WQCD believes this will create continued demand for treatment systems and has opened another request for applications that will begin in January 2025. Over time, WQCD anticipates increased funding demands that could outpace funding capacity.

The spending plan for the fund currently includes about \$19M in FY25, of which about \$9M in funding grants is currently encumbered. After FY25, the Department anticipates at least \$6M in expenses per year, leaving an annual reserve of less than \$1M. The spend plan includes funding related to additional sampling, expansion of PFAS takeback and /destruction at and expansion for work in airports, and expansion of private well sampling and treatments.

c Describe PFAS mitigation projects undertaken utilizing the PFAS cash fund.

Response: The PFAS grant program addresses a range of mitigation projects including sampling, emergency assistance, and infrastructure. Examples of projects include monitoring wells for PFAS groundwater migration, PFAS sampling in drinking water, surface water, and wastewater/landfill leachate. Infrastructure projects include improving and installing treatment to remove PFAS, and treatment pilot testing. Emergency assistance can include projects such as funding for purchasing water as an interim measure until a permanent solution can be installed. These projects occur in many counties across Colorado such as in Weld County where the division funded the City of Greeley for an independent sampling program related to PFAS impacts to surface water. The Division developed an online [map](#) that displays the projects funded through the PFAS grant program.

PROGRAMMATIC QUESTIONS

13. *[Sen. Amabile] Discuss the water quality testing data problem which became public in November 2024. Furthermore, describe the current status of the Department's efforts to regain EPA certification for water testing.*

Response: Earlier this year, CDPHE Lab Leadership discovered a lapse in quality assurance that impacted some past water tests performed. Each sample typically undergoes quality assurance, but the managing chemist found that some samples experienced a quality control failure during the testing process. As a result, the lab has recalled data that will impact approximately 69 regulated drinking water systems. The lab has also recalled 11,300 surface water sample results. The Water Quality Control Division and our partners took these samples to better understand and document the water quality in lakes, rivers, and streams throughout Colorado. This lapse in quality assurance is related to EPA test methods 200.7, 300.0, 353.2, and 552.2, which test for metals and trace elements, such as copper, barium, chromium, fluoride, disinfection byproducts, and nitrate, in drinking water samples, as well as in lakes, rivers, and streams throughout Colorado.

The department is working with impacted water systems to protect public health and give them time to collect additional samples to stay in compliance. Based on current information, we do not have evidence of an

acute public health risk. All re-tested samples are being analyzed by an EPA-certified laboratory that CDPHE is contracting with to conduct the analysis. CDPHE is also taking action to review what happened and determine next steps. We are asking an expert contractor to analyze the data and identify potential quality control errors. The State Lab will use that information to determine next steps related to water testing.

14. *[Sen. Kirkmeyer] Discuss the triennial review process for the retail food program fee, including stakeholder engagement and the current status of the review. If the Department has identified a fee proposal, how does projected net revenue compare to the placeholder shown in the executive budget proposal submitted on November 1?*

Response: Section 25-4-1607.5, C.R.S. requires the retail food program triennial review process, which occurred between August and November 2024. Five stakeholder meetings were held, which included industry, CALPHO, CCI, and interested trade associations. The group came to consensus that a fee increase is needed to maintain the quality of the program, resulting in an increase to categorical fees set in statute (for plan reviews, equipment reviews, etc.) to account for inflation, since these fees were last increased in 2009. In addition, a proposal to raise license fees over a three-year period was presented by industry, which includes a 25% increase to fees in year one and 20% increases to fees in years two and three, while a small increase to the portion CDPHE collects to oversee the program will also be increased. A consensus was reached with all stakeholders accepting this proposal. The majority of this increased revenue is collected by local governments implementing the program, who remit a small portion of the fee to CDPHE for program oversight. The projected net revenue to the state is identical to the placeholder shown in the executive budget proposal submitted on November 1.

15. *[Rep. Taggart and Sen. Bridges] Provide an update on implementation of H.B. 23-1257 (Mobile Home Park Water Quality), including a summary of testing efforts and whether the Department is on track to complete all testing by the end of FY 2026-27, as specified in the bill. If not, describe both challenges in implementation and Department efforts to comply with the bill's timeline.*

Response: HB 23-1257 (Mobile Home Water Quality Act) implementation is on track to test “one hundred percent of the total number of parks by July 1, 2028” as required in 25-8-1002(1)(c)(IV). Testing is completed at 108 parks, 14% of all parks. WQCD has identified 13 water quality issues and taken action toward remediation. In addition, the Office of Environmental Justice conducted 475 resident interviews and held 11 community outreach events. WQCD is on track to meet all of the requirements specified in the legislation.

16. *[Rep. Taggart] Provide a status update on the Environmental Equity and Cumulative Impact Analyses for H.B. 24-1338 (Cumulative Impact and Environmental Justice).*

Response: CDPHE’s Office of Environmental Justice is working with senior leadership in consultation with the Governor’s Office to prepare a detailed workplan for the development of the EECIAs and hire an EECIA Manager in 2025. The process remains on track to comply with HB24-1338 and initiate the first EECIA in the summer of 2025.

17. *[Sen. Kirkmeyer] Why has the Department not implemented the solid waste user fee increase necessary to bring the Hazardous Substance Response Fund into solvency?*

Response: The Department’s requests take into account the Governor’s and OSPB’s intent to manage TABOR-related funds and revenues and provide managed fee increases for rate payers over time, while prioritizing the state’s overall budget balance situation for the FY 2025-26 budget. The long-term liabilities associated with this Cash Fund are related to its purpose of implementing and enforcing our federal

Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) obligations in Colorado. The current projection for state obligations over the next 25 years is approximately \$340M. This division currently oversees 12 Superfund sites that are funded by the HSRF. Such obligations vary based on the specific Superfund site, but often include operation and maintenance of water treatment plants and groundwater treatment systems, landfill cap monitoring and maintenance, maintenance of surface water diversions and groundwater containment systems, institutional control inspections and administration, and other similar activities, as well as associated personnel costs.

These liabilities have been well known for decades, and different General Assemblies and Administrations have chosen to manage this fund in different ways during difficult budget years. Over the past two years, the Administration and the General Assembly have chosen to use a “reserve” cash fund (the Hazardous Substance Site Response Fund or HSSRF) that was created after budget balancing measures in 2009 transferred \$32.5 million out of the HSRF to the General Fund. The “reserve” cash fund was created in 2014 to partially pay back (\$10 million) the HSRF and was intended to pay for CERCLA obligations. Given the Statewide nature of these obligations and the current TABOR refund budget situations, meeting this obligation could be said to be equivalent between Tipping fees on all Coloradoans and General Fund appropriations or other fund transfers.

PUBLIC HEALTH PROGRAMS

PUBLIC HEALTH BUDGET REQUESTS

18. *[Sen. Kirkmeyer] For the public health adjustments in R5, please clarify the purpose for moving funds from the Vital Records Personal Services line item to the Health Survey line item.*

Response: The Center for Health and Environmental Data’s (CHED’s) Long Bill line item Health Statistics and Vital Records Personal Services includes funding for various programs. A technical request was requested to move cash funds identified in the Long Bill line item’s letter note from Fund 18M0 (Tobacco Education Programs Fund), 18N0 (Prevention, Early Detection, and Treatment Fund) and Fund 15RS (Marijuana Tax Cash Fund)to the line that accurately reflects the intended use of these funds - CHED’s Health Survey line. The Healthy Kids Colorado Survey is not housed within CHED and is not included in this technical adjustment.

CHED’s Survey Unit performs valuable data collection activities, including conducting the Baby & You Survey (formerly known as “Health eMoms”), Behavioral Risk Factor Surveillance System survey (BRFSS), and the Pregnancy Risk Assessment Monitoring System survey (PRAMS). Surveying activities collect data that is relied upon by local, state and federal stakeholders to measure and address public health needs. Funds from these cash funds intended to support survey and data analysis are currently included in the Long Bill and in a personal services appropriation that does not accurately reflect the work. Completing this budget neutral adjustment and moving existing funding to the accurate line within the same Long Bill section will result in a great understanding of funds available to meet this unit’s needs and will prevent any confusion or misuse of intermingled funds.

19. *[Sen. Amabile] For the Department’s R9 request, will these toxicology screens still be performed? Why haven’t coroners utilized the full appropriation?*

Response: HB21-1317 created the “Reimbursement to Coroners” line item that could be used to reimburse coroners for toxicology screening for non-natural deaths of persons under twenty-five years of age. Toxicology testing was expanded to test for the presence of drugs or alcohol and report findings that could be included in CDPHE’s violent death reporting system for this population.

Coroners have been performing screenings as required by HB21-1317, and reporting results as required, however they have not taken advantage of this reimbursement option for qualifying decedents. Levels of post-mortem toxicology testing justifies original funding, however coroners have elected not to submit requests for payment for a variety of reasons. Coroners have reported that alternative funds have been available to pay for the cost of the additional toxicology screening. Identifying, invoicing and accepting payment from this source of funding has been problematic to coroner’s offices that are otherwise housed and funded by local counties.

20. [Sen. Amabile] *Is there another source of funding within the state for disordered eating prevention efforts? If so, what is it?*

Response: The department is not aware of another dedicated source of funding in the state solely supporting disordered eating prevention work. However, the department houses the Office of Suicide Prevention, which has identified disordered eating as a risk factor for suicide, and the Suicide Prevention Commission published a recommendation outlining the relationship between suicide and disordered eating. Additionally, the department plans to keep the resource hub on its website and review and update it periodically.

TOBACCO FUNDED PROGRAMS

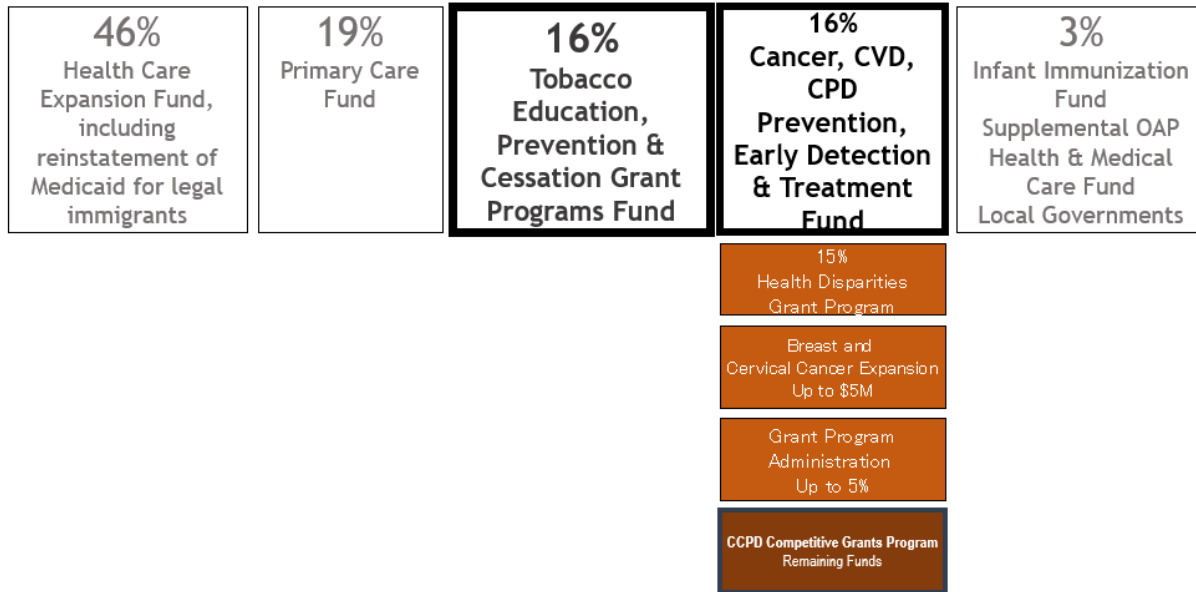
21. [Sen. Kirkmeyer] *What language within Amendment 35 or Proposition EE is being used to allow for funding to grants for cancer, cardiovascular disease, and chronic pulmonary disease programs? What is the flexibility within that language to allow for pass through to local public health agencies and how would that impact the TABOR revenue limit?*

Response: In 2005, after the passage of Amendment 35, the Colorado General Assembly enacted legislation (CRS §25-20.5-301 et. seq.) that allocated revenue generated from the increase in the excise tax on tobacco products to fund a competitive grants program for the prevention, early detection, and treatment of cancer, cardiovascular disease, and chronic pulmonary disease in Colorado (Cancer, Cardiovascular and Pulmonary Disease Grant Program). The Prevention, Early Detection, and Treatment (PEDT) cash fund receives 16% of the total A35 revenue, which is then distributed to the Cancer, Cardiovascular and Pulmonary Disease (CCPD) Grant Program; breast and cervical cancer screening; and health equity grants in accordance with statutory requirements. The graphic below shows the distribution of funds. A statutorily created review committee is responsible for overseeing CCPD program strategies and activities and ensuring compliance with CRS §25-20.5-302. The State Board of Health approves the grants.

Chart 2: Tobacco Taxes for Health-Related Purposes

Tobacco Taxes for Health-Related Purposes

Statutory Distribution of .64 cent tax (A35) Revenue



The voters approved Proposition EE in 2020, which implemented a new tax on nicotine products (including vape products) and increased taxes on cigarettes and tobacco products. This Proposition also directs funds to the Tobacco Education Fund. The Colorado Treasury allocates the Proposition EE dollars in accordance with Amendment 35 distribution requirements. The PEDT fund receives the statutory allocation of 16% of the hold harmless portion of the Proposition EE revenue, equating \$1.7M per year.

The Amendment 35 funding is allocated through the defined allocation methodology identified above. There is no defined allocation to pass through to LPHAs. LPHAs may apply for funding from the PEDT fund through various competitive solicitations. LPHAs receive funding from the tobacco program through a non-competitive, formulaic distribution methodology. **In the past five years, the PEDT funded programs and the tobacco fund have awarded approximately one third of the grant funds to LPHAs.**

COMMUNITY CRIME VICTIM SERVICES GRANT PROGRAM

22. *[Rep. Bird] Why is CDPHE administering the Community Crime Victim Services Grant Program, as opposed to another Department?*

Response: _ In 2018, the legislature approved HB18-1409, which created the Community Crime Victims Services (CCVS) grant program in the department and is a direct result of the 2016 Colorado Criminal Justice Reform Coalition report, which analyzed crime survivors and the psychological impact on survivors. The key findings of the study noted that violent crime disproportionately impacts communities of color; reporting behaviors of victims may vary by crime, experience and demographics; although victims report at a high rate, a third of victims do not report crimes to law enforcement; victimization, particularly repeat victimization,

can lead to significant trauma, but few victims receive the services or treatment they need to heal and recover. The findings indicated that a community-based, public-health approach (meaning, the health, safety and well-being of entire populations) supplements the current public safety approach by broadening the reach of victims' services, particularly in the area of prevention of repeat victimization. Additionally, the American Public Health Association released an [issue brief](#) in 2018 supporting efforts utilizing a public health approach to support crime victims. Therefore, CDPHE is well poised to administer the grant program due to its expertise in prevention science and public health practice.

CDPHE leverages partnerships with other existing programs housed in the department, such as the sexual violence prevention work, in order to implement complementary and aligned strategies in conjunction with the CCVS program.

CDPHE contracts with a third-party administrator for the grants program, the Latino Coalition for Community Leadership (LCCL), which brings expertise and knowledge to engage smaller community and faith-based organizations that are usually unable to access traditional grant money despite being competent at serving their communities.

Since the start of the program, organizations receiving grant funds provided at least one or more support services to 1,470 participants. Additionally, 83% of those offered services through the CCVS program accessed these support services, thereby increasing access to critical services as a direct result of the CCVS grant program funding. Lastly, 93% of respondents reported not experiencing repeat victimization during their time in the CCVS program, highlighting the program's effectiveness in enhancing participant's safety and well-being.

23. *[Rep. Sirotka] Of the projected fund balance within the Community Crime Victim Services Grant Program Fund, how much has been obligated as grants and how much is an uncommitted reserve balance?*

Response: In December, the Latino Coalition for Community Leadership (LCCL), the program's third party administrator, released a competitive Request for Proposals (RFP) to select new subgrantees. LCCL recommends making two to three grant awards in the amount of \$150,000 to \$300,000 each through the currently active RFP. LCCL expects to have recommendations for new grantees for the department's approval by February, 2025. Once the department approves the recommended subgrantees, LCCL will finalize contracts with those organizations, with plans to start serving clients in March, 2025. Currently, there are \$1,127,573 in unobligated funds. Some of these funds will be encumbered before the end of the current fiscal year.

24. *[Sen. Amabile] How does the existing grant program interact with Proposition KK? Could a portion of Proposition KK cover similar services?*

Response: Proposition KK directs \$30 million in the first fiscal year to be transferred to the Crime Victims Services Fund in the Department of Public Safety (pursuant to C.R.S. 39-37-301). The Crime Victims Services Fund is a separate fund from the grant program housed at CDPHE.

The Community Crime Victims Services grant program (housed in CDPHE) is not named in the initiative, nor is the department anticipating any of these funds at this time.

HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES

25. *[Sen. Bridges] Why is the reserve in the Nursing Home Penalty Cash Fund so high?*

Response: There are several reasons for the large fund balance. Colorado statute (C.R.S. 25-1-107.5) authorizes CDPHE to recommend [civil monetary penalties \(CMP\) for HCPF to assess](#). A CMP is a monetary penalty the Centers for Medicare & Medicaid Services (CMS) may impose against nursing homes for either the number of days or for each instance a nursing home is not in substantial compliance with one or more Medicare and Medicaid participation requirements for long-term care facilities. A portion of CMPs collected from nursing homes are returned to the states in which CMPs are imposed. [State CMP funds may be reinvested to support activities that benefit nursing home residents and that protect or improve their quality of care or quality of life](#). By statute, these funds go into the Nursing Home Penalty Fund. While HCPF can levy fines, it rarely happens as the federal Centers for Medicare and Medicaid Services (CMS) levies most fines. A portion of the fines levied by CMS are deposited into the Nursing Home Penalty Cash Fund. Thus, CDPHE does not control the amount of revenue coming into the account.

CMS has guidelines and processes in place for appropriate uses of these funds. These processes and guidelines constrain usage of the funds by states. Federal law dictates that CMP funds may be used for assistance to support and protect residents of a facility that closes or is decertified, time-limited expenses incurred in the process of relocating residents when a facility is closed or downsized, projects that support consumer involvement in assuring quality care in facilities, and facility improvement initiatives such as joint training of staff. CMS also has restrictions on grant categories and amounts that can be awarded per facility per year. The Nursing Home Penalty Fund cannot be used on capital improvements, or other items that the facility is obligated to provide based on their certification with CMS. Furthermore, CMS must approve all grant awards prior to commencement of the project. The CMS review adds time to the grant award process. Additionally, federal restrictions, especially on dollar amounts, can deter facilities from applying. The amount of the grants can not exceed \$5,000 per nursing home for allowable category; such as training or activities. This small amount leads the communities to not do the application work for such a small amount.

However, current Colorado law conflicts with newly established allowable uses of the fund. Starting in 2025, CMS will be using federal CMP funds to help with tuition reimbursement and stipends for individuals receiving nurse training. The states will be able to use state CMP funds to help promote and market this use of the funds, such as; the state website for both CDPHE, HFEMSD, and DORA. This use could enhance these websites with information regarding CNA training. States also will be allowed to use state CMP funds to provide state-wide training for nursing homes. There are some identified areas in Colorado where nursing homes would benefit from training provided by nationally recognized resources to help improve the quality of care and life for residents. The use of these funds in this way are not currently authorized by state statute. In general, the state statute prohibits local state government entities from applying and utilizing the grant funds in any way. State statutory approved uses of the funds:

(II) Grants to be approved for measures that will benefit residents of nursing facilities by fostering innovation and improving the quality of life and care at the facilities, including, but not limited to:

(A) Consumer education to promote resident-centered care in nursing facilities;

(B) (Deleted by amendment, L. 2014.)

(C) Initiatives in nursing facilities related to the quality measures promoted by the federal centers for medicare and medicaid services and other national quality initiatives;

(D) Education and consultation for purposes of identifying and implementing resident-centered care initiatives in nursing facilities; and

(E) Projects that support or compliment statewide quality and safety goals of the departments.

Finally, the State is required to retain a fund balance in case there is an emergency that requires intervention (such as emergency relocation of nursing home residents, receivership due to nursing home failure, etc.). In consultation with HCPF, the division maintains a \$5 million emergency reserve.

26. *[Sen. Kirkmeyer] What are all the possible uses of the fund, both within CDPHE and within other Departments like HCPF? Are there General Fund costs that this fund could offset? Has the Department talked with the Centers for Medicare and Medicaid Services (CMS) about the large balance and the need to use it? Please provide as much information as possible about the fund's possible uses, reason for the reserve, conversations with CMS, and any additional detail that is appropriate.*

Response: Please see question 24 for allowable uses of the fund. The fund is prohibited from funding state requirements. Specifically, CMP funds may not be used to fund State legislative directives for which no or inadequate state funds have been appropriated. [The linked memo was provided to state survey agency directors regarding this non-allowable use in September 2023.](#) Nationally, states have been in ongoing discussions with CMS about expanding the use of these funds for some time, as well as improving the application process and ensuring that the grant awards are worthwhile for the time invested in applying.

27. *[Sen. Kirkmeyer] Are the EMS provider grants going to both public and private providers? Please also provide the number of public providers in the state in FY 2018-19 and in FY 2024-25.*

Response: Yes, Grants are awarded to both public and private EMS providers. The number of public providers receiving potential grants. Although this number may not be a complete representation of EMS providers in the state, as non-transport EMS agencies are not included, but as of July 2024 when CDPHE began licensing of ground ambulance services there were 211 licensed agencies including 111 Fire Departments, 44 public agencies, 23 hospitals and 33 private (non-hospitals).

28. *[Sen. Amabile] Regarding EMS provider grants, is there a need for the full grant funding appropriation? Or is there not a need and that is causing the underspend?*

Response: The underspending of the available spending authority is a result of insufficient fee revenue to support full utilization of the appropriation. Funding is one of the issues being discussed in the Sustainability Task Force created by SB 22-225. This task force is charged with making recommendations to improve the EMS system.

29. *[Sen. Bridges via briefing document] When was the last time the Department distributed the full cash fund appropriation for EMS Provider Grants? When did revenue limitations become a barrier to full distribution?*

Response: In FY 2018-19, the full \$8,062,075 of the provider grant line was expended. In FY 2018-19, revenue dropped from \$11.9 million to \$10.3 million (a \$1.6 million decrease). When the Department of Revenue replaced their computer system, the HUTF statute was reinterpreted. The new interpretation was that the \$2 EMS fee should not be applied to trailers. This resulted in an ongoing reduction in revenue of

approximately \$1.5 million per year. Additionally, given that revenue is based on the number of vehicle registrations, annual revenue is subject to changing economic conditions.

30. [Sen. Bridges via briefing document] What is the Department's plan to generate additional revenue to fully support the cash fund appropriation for EMS Provider Grants?

Response: SB 22-225 mandated a five year task force to evaluate all aspects of the state's emergency medical services system. In year four (FY 2025-26), the task force will focus on financial aspects of the State EMS system. The department anticipates that the task force will make recommendations for supporting the EMS system statewide and that may include the cash fund and provider grant fund recommendations.

HIV AND AIDS RELATED PROGRAMS

31. [Rep. Sirota] What is driving the large reserve within the Drug Assistance Program Fund? Is the funding not needed?

Response: The Drug Assistance Program Fund is governed by SDAP Statute, CRS §25-4-1401. The Colorado State Drug Assistance Program (SDAP) provides services to help people living with HIV (PLHIV) as well as individuals vulnerable to acquisition of HIV/STI/VH get access to medications and offers assistance with insurance premium payments and covered out of pocket medical costs. The SDAP program is open to Colorado residents with income equal to or less than 500% of the Federal Poverty Level. SDAP consists of two major programs: the AIDS Drug Assistance Program (ADAP) and the Public Health Intervention Program (PHIP). The State Drug Assistance Program Committee helps to oversee these funds.

We have added an additional \$1,000,000 to our ADAP insurance contract since we reported to the JBC in October. The balance is currently \$994,000 which does not include the projected funds we will receive in the spring from the next Tobacco MSA disbursement. With those funds projected, our balance would be \$3.7 million. Once those funds are distributed, we have plans to spend the residual amount on allowable medications per statute.

We are currently experiencing a sharp increase in ADAP clients due to Medicaid unwinding in 2024. We increased by over 500 new clients since January and have maintained current enrollment. Thus we have been holding additional SDAP funds in preparation for covering these additional costs anticipating this surge.

32. [Sen. Bridges] What is the difference between the Drug Assistance Program Fund and the AIDS and HIV Prevention Fund? What is the difference between the programs that they fund?

Response: The Drug Assistance Program Fund is governed by SDAP Statute - CRS §25-4-1401. The Colorado State Drug Assistance Program (SDAP) provides services to help PLHIV as well as individuals vulnerable to acquisition of HIV/STI/VH get access to medications and offers assistance with insurance premium payments and covered out of pocket medical costs.

The Colorado HIV/AIDS Prevention Fund (CHAPP) is governed by Statute - CRS §25-4-1402 to §25-5-1405. This program authorizes CDPHE, along with a seven-member CHAPP Advisory Committee, with final approval from the Colorado Board of Health (CBOH), to award grants to community organizations as well as county, district, or municipal public health agencies to address local community needs by funding medically accurate HIV prevention and education programs based on behavioral and social science theory and research. This can cover costs such as Preexposure prophylaxis (PREP) navigation and retention, syringe access support, and HIV testing and community engagement. **This program differs from SDAP in that its primary focus is HIV prevention while SDAP focuses on caring for those who are living with HIV.**

This program is funded by the Colorado state tobacco tax revenue.

33. *[Sen. Bridges] Since AIDS and HIV-related work is funded by multiple cash funds, is there a challenge for the Department to use the funds in the most efficient and impactful manner? Specifically, these cash funds include the Drug Assistance Program Fund, AIDS and HIV Prevention Fund, and the HIV Medications Rebate Fund.*

Response: There is not a challenge to use these funds in an impactful and efficient manner as the cash funds have distinct purposes and meet the myriad needs of people living with HIV or in need of HIV prevention services, as seen here:

Table 14: Office of STI/HIV/Viral Hepatitis Cash Funds and Distinct Purpose

Cash Fund	Distinct Purpose
Drug Assistance Program Fund (SDAP)	Governed by statute and overseen by advisory committees, this funds medications, insurance premiums, and out of pocket costs for people living with HIV (PLHIV).
AIDS and HIV Prevention Fund (CHAPP)	Governed by statute and overseen by advisory committees, this funds HIV/AIDS prevention education and interventions.
HIV Medication Rebate Fund	The Pharmaceutical Rebate Cash Fund, governed by C.R.S. § 25-4-1401, enables the Office of STI/HIV/Viral Hepatitis to collect standard 340B drug pricing rebates and additional ADAP Crisis Task Force discounts on medication purchases, <u>which are treated as separate medication funding per Ryan White Part B rules and best practice.</u> These funds, prioritized for expenditure before federal funds, support HIV care and services, generating \$13.5 million in FY 2023-24, including \$1.45 million from General Fund support. It is important to note that in order to generate rebates, the department has to expend dollars on the cost of medications.

STATE LABORATORY

34. *[Sen. Bridges via briefing document] What is the Department's strategy to ensure laboratory fees generate adequate revenue to laboratory expenses?*

Response: Fee-for-service testing supplements activities at the state laboratory, but does not support all types of required testing such as testing supported by state general funds (including milk testing, rabies, tuberculosis, outbreak response and testing to comply with Board of Health regulations). The lab's cash fund

revenue is approximately 6% of the laboratory's expenses and appropriations. Every two years, the laboratory reviews the cost of consumables, FTE expenses, instrument depreciation, instrument service agreements, and operational expenses to determine if fees should be increased. This has not taken place since 2018 due to the laboratory's heavy involvement in the Covid-19 pandemic response. The laboratory has plans to increase fees in 2025 to offset increased expenses, but fee increases to cover all laboratory expenses can not be achieved through fee-for-service testing. The laboratory will continue to evaluate fees and increase them to cover inflationary cost increases in lab supplies in order to ensure that the fees generate sufficient revenue to cover the costs of the fee-for-service portion of the laboratory's testing, but state funds remain an important piece of the overall laboratory budget supporting required testing to protect public health.

35. [Sen. Bridges via briefing document] How does the Department determine how to set fees that generate revenue for the Laboratory Cash Fund?

Response: The laboratory conducts a comprehensive analysis for each test performed, including consumable, FTE expenses, instrument depreciation, service agreements, and operational expenses to determine the cost of each test. The laboratory also considers funding from federal grants, memorandums of understanding, state general fund and other agreements, that offset some of these costs. Finally, the laboratory conducts a survey of fees charged by comparable laboratories to ensure any new or changed fees are in line with the current market. All new or updated fees must be approved by the CDPHE Executive Director.

BUDGET REDUCTION OPTIONS

STATEWIDE REQUESTS

36. [Sen. Bridges] How will the Department manage the loss of expertise as a result of terminating the boards and commissions within the statewide R8 request?

Response: The department has evaluated the statewide request for early termination of certain boards and commissions and does not anticipate any negative impacts or loss of expertise to Colorado's citizens due to three main factors:

Length of time some boards and commissions have been in place. The Stroke Advisory Board, for example, has been providing annual reports to the General Assembly since January 2014. These reports, as well as other board details, can be found on its [website](#). This site should allow for stakeholders and the public to still have access to valuable information.

Possible duplication of efforts across multiple state resources. For example, monitoring duties of the Radiation Advisory Council are expected to be able to be absorbed by the Board of Health. All past communications and content can be found on this [website](#).

Upcoming repeal dates of some groups, such as the Small Business Stationary Source Tech and Environmental Compliance Advisory Panel. The panel is currently not meeting and is set to repeal in 2026. Therefore, the department does not anticipate any negative impacts as a result of its slightly early repeal.

37. [Sen. Kirkmeyer] Please explain the reasoning for eliminating the Governor's Expert Emergency Epidemic Response Committee within the statewide R8 request.

Response: The department participated in an exploration project of potential duplication, savings, and consolidation options among the department's various boards and commissions. The Governor's Office submitted a Statewide R-08 which included the Governor's Expert Emergency Epidemic Response Committee (GEEERC). Authorized by CRS 24-33.5-704.5, the GEEERC is required to meet annually to review and amend, as necessary, CDPHE's All-Hazards Internal Emergency Response and Recovery plan, which addresses the public health response to acts of bioterrorism, pandemic influenza, and epidemics caused by novel and highly fatal infectious agents, and provide public health advice to the Governor during an emergency epidemic.

The 2024 COVID-19 After Action report recommends that the state "[r]evisit the role and structure of the [GEEERC], considering the role it played during COVID-19, and its creation prior to the integration of public health into emergency management systems." The COVID-19 pandemic response illustrated that many systems of expertise, legal authorities, and government processes are already in place, making the GEEERC duplicative, inefficient, and unnecessary.

The Governor is already authorized under 24-33.5-704(6.5) to establish a policy group to advise them during a public health emergency. Since the nature of emergencies vary, the Governor benefits from having the flexibility to appoint advisors based on the situation.

The GEEERC has 19 members provided in statute, 10 of which are state agency representatives. The Colorado Department of Public Safety uses the National Incident Management System (NIMS) framework and is the formal coordinator of state agencies after an emergency is declared. The GEEERC was created prior to the public health field being integrated into the NIMS framework. The pandemic revealed that there is limited benefit to state agencies also participating on a CDPHE committee, and it can cause confusion.

Additionally, the Colorado Board of Health is also appointed by the Governor and has the authority and expertise to review and approve CDPHE's All-Hazards Internal Emergency Response and Recovery plan. CDPHE is already required to submit this plan to the Board of Health for review every three years under 6 CCR 1009-5, Reg. 4(3).

ELECTRIFYING SCHOOL BUSES GRANT PROGRAM TRANSFER

38. *[Rep. Bird and Sen. Kirkmeyer] How did the Department arrive at the \$38.5 million figure? Why is the Department retaining a balance of \$2.7 million in the cash fund? Will the transfer obviate the need for 5.0 FTE related to the program?*

Response: Please see the SB22-193 expenditure response below for the full table detailing obligations and expenditures out of the \$65.0M appropriation. The department arrived at the \$38.5M figure based on expenses incurred thus far along with outstanding contract negotiations, encumbrances and operating costs (a total of \$26,500,000). The department is not retaining \$2.7M, the remaining operating costs to support the program are estimated at \$724,037 for staff costs, program support from the Department of Education and indirect costs. The department has already built out FTE costs - 1.2 FTE are supporting the program - and will not require additional personal services expenses to deliver these funds to school districts.

39. *[Sen. Kirkmeyer] Why is the proposed balance transfer to the General Fund split over two years, instead of occurring as a single transfer in FY 2024-25?*

Response: The Department's requests take into account the Governor's and OSPB's intent to manage TABOR-related funds and revenues and provide managed fee increases for rate payers over time, while putting the state's overall budget balance situation as the State's priority for the FY 2025-26 budget. This

request involves a large transfer of TABOR exempt funds to offset significant fee increases for rate and industry payers related to the Stationary Sources Control Fund and to contributing funds towards balancing the statewide overall budget. OSPB has very publicly indicated that addressing the long-term sustainability of the overall statewide budget is a multi-year project.

40. [Sens. Amabile, Kirkmeyer, and Marchman] How much federal money has the state received for electric school buses, and what are the state matching requirements? Does the transfer eliminate state funding for electric school buses? What happens to the school bus electrification effort if federal money is not granted to the state? Would the Department seek to replenish the cash fund if federal money were to become unavailable?

Response: The state of Colorado has not directly received any federal funding for this program. Four districts received \$2.9 million directly from EPA. Another eight districts received approximately \$10 million through a private company that applied on their behalf.

The proposed transfer would eliminate the state funding for this effort. However, the Air Pollution Control Division is committed to assisting school districts in receiving federal funds to meet state climate and public health goals. The state is also investigating other funding sources to support electrification of school buses. In terms of state funding, the electric school bus grant program was established based on availability of one-time funding and prior to the federal EPA grant program (which awards \$5 billion over 5 years from the federal Infrastructure Act).

For context, the next round of the federal electric school bus program is underway. Applications for the EPA's [Clean School Bus Rebate Program](#) are due on January 9, 2025. Applicants can request up to \$325,000 per bus for up to 50 buses per application, an increase in the total buses per project in response to stakeholder feedback for larger projects to help achieve faster fleet turnover. Funds can be used to cover bus and infrastructure costs for awardees requesting electric school buses, as well as eligible training costs for bus drivers, electricians, and others working with the new buses or infrastructure.

41. [Sen. Kirkmeyer] Detail the expenditure of all funds appropriated to the Department through S.B. 22-193 (Air Quality Improvement Investments).

Response:

Table 15: SB22-193 Electric School Bus Grant Program Summary

SB22-193 Appropriation to the ESBG Cash Fund	\$65,000,000
Total Expended and Committed (Grants, Personal Services, and Operating)	\$26,500,000
Remaining Funds	\$38,500,000

Table 16: SB22-193 Electric School Bus Grant Program Detail

Expenditures	\$1,478,474
Grants to Schools	\$1,043,620

Personal Services	\$352,306
Operating Expenses	\$82,548
Encumbered Expenses	\$13,868,257
Arapahoe County School District (Sheridan)	\$1,910,500
Boulder Valley School District	\$4,379,000
Community Leadership Academy	\$1,661,000
Grand County School District	\$26,757
El Paso County School District (Fountain Ft. Carson)	\$382,000
Poudre Valley School District	\$861,000
Rio Grande County School District	\$1,129,000
Routt County School District (Steamboat Springs)	\$1,793,000
Sangre De Cristo School District	\$10,000
Summit County School District	\$1,716,000
Under Negotiation (Unencumbered)	\$10,429,232
Denver Public Schools	\$7,731,000
Thompson School Dist. 1-JT	\$961,232
West Grand School Dist. 1-JT	\$762,000
Charging Station Set-Aside*	\$975,000
Projected Personal Service & Operating Costs, FY25 and FY26	\$724,037
Personal Services (1.2 FTE)	\$200,000
Dept of Education	\$80,000
Indirect (10% on-site and 3% flow-through)	\$444,037
Total Obligations to ESBG	\$26,500,000
Funds Available to be Swept	\$38,500,000

**Xcel was originally going to cover the cost of charging stations for school districts but reversed course. Rather than force applicants to reduce their fleet size, CDPHE decided to set aside funds to help cover the cost since there was sufficient fund balance at the time.

Table 17: S.B. 22-193 Aerial Surveying Program Costs

Budget Category	Budget Fiscal Year 2023	Budget Fiscal Year 2024	Budget Fiscal Year 2025	Total
Personal Services	\$65,343	\$208,460	\$69,536	\$343,338
Operating	\$3,500	\$44,104	\$102,135	\$149,739
Contracts (Executed):				
Colorado State University		\$159,824	\$1,432,661	\$1,592,485
Highwood Emissions Management:		\$247,885		\$247,885
University of Colorado Regents		\$710,780	\$415,237	\$1,126,016
Ongeair System Update:			\$15,500	\$15,500
Total by Budget Fiscal Year:	\$68,843	\$1,371,053	\$2,035,068	\$3,474,964
Contracts Currently Obligated (Encumbered):				
Colorado State University			\$2,057,515	
University of Colorado			\$722,370	
Alicat Scientific Inc			\$31,799	
Christopher Mora			\$2,500	
PP Systems International			\$14,800	
Total Encumbered:			\$2,828,984	
Total Obligated in the Accounting System:				\$6,303,948
Projects in Progress (not obligated)				
Marmot Trailer Reconstruction Project			\$318,257	
CSU Mobile Measurements Project			\$93,274	
NOAA CSL Twin Otters Project			\$162,974	
Payroll Projections			\$121,547	

Total Projected through FY25			\$696,052	
Total:				\$7,000,000

ENVIRONMENTAL CASH FUNDS

42. *[Sen. Bridges] Why does the Community Impact Cash Fund have revenue and expenditures of around \$2.4 million annually, but maintains a balance of \$7.1 million. Does the Department have plans to expend this fund?*

Response: Below are the percentages of the air penalty funds that the Community Impact Cash Fund will receive. [HB21-1266](#) determines the distribution of the funds for each fiscal year.

- FY21-22: (20% of air penalty funds).
- FY22-23: (40% of air penalty funds).
- FY23-24: (60% of air penalty funds).
- FY24-25: (80% of air penalty funds).
- FY25-26: (100% of air penalty funds).

As of today, the total revenue collected and placed in the fund for the grants from Fiscal Year 2022 through period 4 of Fiscal Year 2025 is \$12,043,209 million. The breakdown of this revenue is as follows:

- FY22: \$324,199
- FY23: \$1,007,490
- FY24: \$7,608,101
- FY25 year through period 4 - \$3,103,419

For FY21-22, FY22-23, and FY23-24, all the funds received from the Community Impact Cash Fund went to the environmental justice grants as determined and allocated by the Environmental Justice Advisory Board.

Cycle 1 Grantees

San Juan Basin Public Health- \$77,329
City of Las Animas- \$55,000
Black Parents United Foundation- \$184,943
Americas for the Arts Inc.- \$199,385
Project Protect Food Systems Workers- \$124,163
The Green House Connection Center- \$127,890
Boulder Watershed Collective- \$77,099
Walking Mountains Science Center- \$154,191
Total: \$1,000,000

Cycle 2 Grantees

Southern Ute Indian Tribe- \$50,000
Ute Mountain Ute Indian Tribe- \$50,000
Adams County Health Department- \$147,890

Jefferson County Public Health Department- \$149,243
City of Fort Collins- \$168,874
350 Colorado- \$173,700
Urban Symbiosis- \$217,193
Green House Connection Center- \$143,100
Total: \$1,100,000

CICF includes the following expenses:

- EJ Grants:
 - Cycle 1 - completed (\$894,000 paid out to EJ grantees)
 - Cycle 2 - \$1.1m encumbered (\$201,000 paid out to date)
 - Cycle 3 - \$3m announced for grantees (funds to be disbursed July 2025 through June 2027)
- FTE - current and new
 - Current staff includes 1.5 FTE for the direct administration of the grant program (\$185,000)
 - Propose date for NEW 1.5 FTE (\$175,000) early 2025
- Operating budget:
 - EJ Advisory Board meetings, travel, lodging and per diem for in person meetings, etc (\$40,000)

Based on the FY 2024-25 budget of \$3.3 million and the estimated FY 2025-26 budget of \$4.6 million, the JBC recommendation of a one time transfer of \$5 million would allow the program to continue to operate at its intended purpose. Further, this allows the program to continue to scale the amount available for grants from the last Request for Applications from \$3 million to potentially greater amounts for future EJ grant cycles. The department received over 50 applications for cycle 3 of the EJ Grant program. The EJ Advisory Board will review the 50 applications and award 10 EJ Grants for this next cycle. Pending additional staff capacity (currently scheduled to be hired in early 2025), the EJ Advisory Board expressed interest in expanding the total funds and number of EJ grants for subsequent years.

PUBLIC HEALTH INFRASTRUCTURE: LOCAL PUBLIC HEALTH AGENCIES (LPHAs) AND THE DIVISION OF DISEASE CONTROL AND PUBLIC HEALTH RESPONSE (DCPHR)

43. [Rep. Bird] For the Department's R8 request, why is the request only reducing funding to Local Public Health Agencies and not state agency funding?

Response: The Department's decision to reduce funding for Local Public Health Agencies (LPHAs) rather than state agency funding reflects a necessary strategic approach to balance statewide public health priorities amidst significant budget constraints.

Since the passage of SB21-243, LPHAs have received substantial increases in funding, with appropriations rising by 123% compared to FY21, totaling \$18.9 million in ongoing General Fund support and \$2.0 MTFCF for FY 2024-25. By contrast, CDPHE's share of funding for public health infrastructure has faced significant cuts, including a 49% reduction since SB21-243, with ongoing funding for critical state-led functions reduced to \$5.6 million.

This decision was made in recognition of the decentralized nature of Colorado's public health system, where LPHAs have a greater ability to generate local revenue based on community needs. Most LPHAs have the flexibility to prioritize and replace the relatively small reduction in state funds within their overall budget framework. Conversely, CDPHE lacks the ability to independently increase revenue to support critical statewide functions, such as responding to health emergencies, managing environmental hazards, and coordinating public health infrastructure across local and state levels. This state level work includes supporting local partners with resource mobilization, expert technical assistance, and interagency collaboration. To provide some context to the Committee, in FY 2018-19 the Department's entire General Fund budget between all state health and environmental priorities was \$55.2M, while state directed funding (GF, CF, RF, and FF) to LPHAs averaged \$106M.

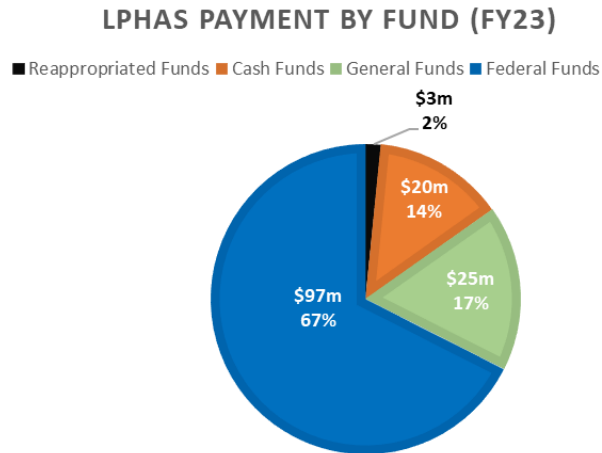
Any reduction in public health funding is challenging; however this approach ensures that LPHA funding remains significantly higher than pre-pandemic levels to ensure robust local capacity. At the same time, the reductions address the needs of a tight budget year, while preserving CDPHE's ability to fulfill its statutory mandate to provide state-level support and leadership in protecting the health and safety of all Coloradans.

This balanced approach reflects our commitment to sustaining a resilient public health system while addressing broader budgetary challenges. We remain committed to working collaboratively with LPHAs to support their capacity and maintain essential public health services across the state.

44. *[Sen. Kirkmeyer] Which cash fund(s) would be an appropriate source to fund distributions to Local Public Health Agencies instead of the General Fund?*

Response: The department currently distributes several cash funds to local public health agencies, including: Marijuana Tax Cash Fund, Settlement Funds, Stationary Sources Control Fund, HUTF Air Account, Waste Tire Clean Up Fund, CO Immunization Fund, Tobacco Education Programs Fund, Prevention, Early Detection, and Treatment Fund, Harm Reduction Grant Program Fund, Emergency Medical Services Account, AIDS HIV Prevention Fund, HIV Medications Rebate Fund, and Natural Resource Damage Recovery Fund. While all of these funds support categorical work at the local public health agencies, General Fund appropriations are required for a more flexible funding source in order for each agency to fill gaps and address unique needs in their communities.

Chart 3: \$144M in LPHAs Payments by Fund (FY23)



45. *[Sen. Bridges] Within DCPHR, how has the approximately \$5 million reduction in funding (after S.B. 21-243 funding ended) affected program operations and services provided?*

Response: During the FY24-25 legislative session, DCPHR identified the absolute bare minimum state funding and staff needed for us to sustain progress we've made towards emergency readiness. The funding DCPHR did receive has allowed us to maintain important positions that lacked dedicated funding like the epidemiology response team, laboratory scientists, emergency preparedness regional field staff, health equity regional staff, legislative and Board of Health rulemaking staff, communications and GIS, data visualization and data management staff. As existing COVID funding doesn't end until June 2025, this has allowed us to maintain some positions that would've otherwise already been cut, like wastewater surveillance epidemiologists, infection preventionists, medical operations coordinator, and cultural navigators. Some positions that we were not able to maintain due to funding cuts include: CIIS interoperability coordinator, CIIS reminder/recall coordinator, GIS data analyst, health equity data analyst, occupational health epidemiologist, community action and engagement manager and communications specialists. Once COVID funding expires, DCPHR will reevaluate what staff we can maintain but several epidemiologists, laboratory staff, health equity staff and communications staff will likely be cut.

46. *[Sen. Bridges via briefing document] What has the \$5.6 million General Fund that was approved in CDPHE's FY 24-25 R1 request been used for within DCPHR?*

Response: Colorado's public health protection hinges on collaboration between state and local governmental public health. CDPHE offers specialized expertise and support, enabling LPHAs to address specific community needs effectively without the need for each LPHA to maintain this expertise themselves. State and local collaboration is critical for maintaining a healthy public health system and being prepared to ramp up to effectively meet any future public health emergency and manage any outbreak. Since June 2024, the division has deployed staff supported by these funds to control and limit the spread of HPAI, Mpox, E. coli, and RSV, and respond to disasters impacting Colorado communities such as wild fires in Boulder, Larimer, Jefferson, Teller, Mesa, Pueblo and Delta counties, flooding and landslides in Ouray County, and the Back to Nature

funeral home incident in Fremont County, while at the same time continuing to provide ongoing routine public health needs.

Monitoring, investigating, and mitigating diseases and disasters is an ongoing, immersive process. In order to effectively implement lessons learned, these Division staff are necessary to maintain systems, analyze patterns, nurture community relationships, and provide resources to keep Coloradans aware of ongoing risks so they can protect themselves and their loved ones. Effective public health happens outside of epidemics. The work conducted by DCPHR outside of a disease outbreak or emergency is what keeps Coloradans safe and healthy in their workplace, schools, the places they play and live.

LPHAs are undoubtedly the face for their communities, but CDPHE provides services that allow local public health to work effectively, efficiently, make decisions and expand their capacity. CDPHE staff provides expertise at a level that would be unreasonable for LPHAs to maintain in-house. Furthermore, there are many public health threats and emergencies that cross county jurisdictions. CDPHE works with LPHAs to coordinate the public health response. When LPHAs are stretched beyond their capacity or request assistance, CDPHE provides support for epidemiological surveillance, laboratory testing, provision of vaccines, testing and treatment services, communication and messaging, cultural navigation and translations, coordination with state and federal agencies, CDPHE divisions community-based organizations and healthcare providers.

Highly Pathogenic Avian Influenza Response

Most notably in 2024, these funds supported an extensive response to H5N1 avian influenza, together with our partners at the Colorado Department of Agriculture. CDA staff led the animal health response while CDPHE led the human health response. This was critically important as the Northeast Colorado Health Department did not have the capacity to respond to the outbreak. Because baseline infrastructure is in place, and because General Funds are flexible, we were able to rapidly scale our response to the virus and redeploy public health staff. Through the summer and early fall state epidemiologists, along with cultural navigators, immunization nurses, mobile public health clinic nurses and medical assistants, and emergency preparedness field managers deployed to Colorado dairy and poultry farms multiple times a week. They provided PPE and education to farmworkers, monitored those who were exposed, and interviewed, tested, and provided treatment to workers. The scale of the response, particularly when responding to poultry outbreaks was substantial, with epidemiology, cultural navigators, immunization nurses and mobile public health clinic staff and other response staff providing direct services to more than 100 farmworkers in a day, on some of the busiest days of the response.

Disease Control

FY 24-25 General Fund was used to establish a stable but scalable epidemiology team with subject matter expertise essential to ensure Colorado can effectively respond to a wide range of public health threats. In the last several months, this has included expertise in avian influenza, heat related illnesses, pertussis, meningococcal disease, botulism and Botox poisoning, rabies, multi-drug resistant fungal infections, shortages of IV fluids, and heavy metals contaminating applesauce. These funds fully support field epidemiologists who work alongside and on behalf of LPHA staff and frequently deploy to healthcare facilities, farms, stores, restaurants, and homes to collect clinical and environmental data, patient specimens or potentially contaminated products. These staff are guided by funded subject matter experts such as our State Public Health Veterinarian and Viral Respiratory Disease Manager who are leading our efforts to detect and respond to avian influenza in poultry and dairy workers. Another example is our medical entomologist who is working closely with public health and mosquito control officials on the Western Slope to respond to the 2024 emergence of the *Aedes aegypti* mosquito in Mesa County. *Aedes aegypti* is the mosquito that can spread dengue, chikungunya, and Zika viruses. The emergence of *Aedes aegypti* in Colorado may be linked to climate change and increases the risk that these viruses could spread in Colorado in the future. Subject matter

experts at CDPHE support the day to day work of our field staff and LPHA staff. They develop and maintain extensive case investigation and outbreak response protocols for over 100 reportable conditions in Colorado and train LPHAs on those protocols.

General Funds also supported the work of epidemiologists and informaticists to modernize statewide disease control data infrastructure with the implementation of EpiTrax, a comprehensive surveillance and outbreak management application. Staff configured and deployed the system and conducted extensive training with local public health partners. This work is ongoing with phase 2 implementation planned for the spring of 2025 as well as ongoing technical support for local staff. Through EpiTrax CDPHE staff maintain the state's infrastructure to receive and input disease case reports from more than 320 health care providers, health systems, and laboratories.

General Funds supports staff who work on foodborne disease outbreak detection and response systems. This investment in foodborne disease outbreak detection and response work was most recently demonstrated during a fall 2024 outbreak of E. coli associated with sliced onions served on McDonald's Quarter Pounders. CDPHE staff first detected this multi-state outbreak just 14 days after the first impacted Coloradan developed symptoms and just 6 days after that first case sought testing and their result was reported to CDPHE. This rapid response work led to a prompt removal of the onions from McDonald's stores in 12 states.

State Public Health Laboratory

The CDPHE State Public Health Laboratory provides mandated and critical laboratory services and information for the state of Colorado and select services (testing) for limited regional areas. The State Laboratory is a highly complex laboratory, capable of providing access to testing for novel infectious disease agents, newborn screening, outbreak detection, bioterrorism and chemical terrorism agents, next generation sequence analysis (a.k.a genetic fingerprinting); plus, wastewater, food, milk, environmental and drinking water testing not available elsewhere in the state. LPHAs are able to access these lab services without undue cost of supplies, maintaining highly specialized equipment or expertise and courier services. Some LPHAs are able to do limited testing, but not the complete testing menu and none of them are able to do outbreak response, bioterrorism, or newborn screening

The FY24-25 General Fund allocation has supported the lab's customer service team by formalizing a manager for that unit and supporting 2 customer service liaisons and a laboratory accessioner (sample receiving & data entry technician). These positions provide support to all customers, including LPHAs, accessing testing services at the laboratory and ensuring samples are submitted according to appropriate temperature and packaging requirements for testing. The Lab's contract monitor and inventory management staff are also supported with these funds providing the laboratory with necessary staffing to support acquisition of supplies and lab equipment, maintaining the proper function of lab equipment through instrument maintenance agreements and tracking inventory to align with accounting practices. These funds also support the Laboratory Quality Assurance Manager who is responsible for tracking laboratory compliance with testing regulations from the FDA, EPA, CMS and the ISO 17025 standard, document control for standard operating procedures and staff technical training

Disaster Preparedness and Response

The importance of a coordinated response between local and state levels during disaster management, such as a wildfire or mass casualty event, cannot be overstated. CDPHE's Office of Emergency Preparedness and Response maintained 10 regional field managers and a behavioral health chief to develop and foster

trustworthy relationships with key personnel integral to disaster preparedness and response. These relationships strengthen the collaboration between state and local efforts, facilitate a rapid response and consistent and accurate public information. Effective coordination ensures that resources are allocated efficiently, avoiding duplication of efforts. Local agencies are often the first to respond to a disaster, and their on-ground insights are crucial for state-level decision-making. Behavioral Health teams within emergency management coordinated between local and state levels, ensuring that recovery efforts are well-planned. This includes not only immediate relief but also long-term support for rebuilding and access to on-going mental health services.

The 10 Field Managers have been working diligently assisting LPHAs in responding to a variety of incidents to include HPAI in Weld County, Wild Fires in Boulder, Larimer, Jefferson, Teller, Mesa, Pueblo and Delta Counties, Flooding and Landslides in Ouray County, and the Return to Nature Funeral Home incident in Fremont County. Outside of assisting LPHAs respond to incidents, the Field Managers assist with readiness activities at the state and local level including the creation, participation and evaluation of preparedness training and exercises. The Field Managers have also been instrumental in relationship building between CDPHE and LPHAs, and liaise between the LPHA and all state departments that LPHAs have potential to interact with. Their work has been key to streamlining pathways and in some cases repairing fractured relationships between local agencies and OEPR so that we continue to build resilient communities for all of Colorado.

Health Equity

The Health Equity Branch was newly formed in June 2021 with the mission of expanding and promoting equitable access to opportunities and resources that impact an individual's or community's health and right to be free from communicable diseases and their health effects. This funding allowed us to maintain the Health Equity Branch Chief and 10 regional equity staff/liaisons. The Branch provides a regional support network (consistent with the All Hazards Regional map) to help community-based groups, LPHAs, and safety net providers access services, support, funding, and other resources to advance health equity. Within the branch, CDPHE has created two equity-focused teams that live within the areas they serve and act as liaisons for local public health and communities. The liaisons provide educational opportunities, cultural/community health navigation, wrap-around resource support, and community engagement and communications with specific expertise in serving people living with disabilities, BIPOC and LGBTQIA+ communities, and people experiencing homelessness. The branch also includes cultural navigators to support public health response efforts that affect priority population communities, including but not limited to refugees, asylum seekers, immigrants, migrants and monolingual Spanish-speakers. Navigators are often culturally and linguistically congruent with the communities they serve. Further, this team is partnering with the OEPR regional field managers and the Behavioral Health team to focus on enhanced coordination and trainings like cultural humility and psychological first aid to further enhance our ability to respond to emergencies and support local communities.

Data & Communications

DCPHR has built, and is now able to maintain, a backbone of IT systems, subject matter experts, and critical infrastructure to prevent and monitor for diseases, deliver data and information to decision makers and the public, provide enhanced LPHA support, coordinate with partner organizations, and respond to emergencies. This funding supports the data management infrastructure needed to ensure the State has the data to improve health outcomes and sustain the programs that influence those outcomes. DCPHR is able to continue to improve operational support and streamline systems that were modernized during the pandemic. Several of

these positions are dedicated product managers responsible for technology contract management, scope of work development, and project management for several major IT platforms maintained by the division. This funding has also allowed us to maintain expertise in GIS mapping and data visualization so we can communicate data to the public and decisionmakers in clear and easy-to-understand visuals. This support has also enabled program leadership to expand their bandwidth to focus on more programmatic and technical needs and support of local public health partners and the public.

Pre-pandemic, DCPHR historically had only two communications staff. This was insufficient to ramp up in the event of a public health emergency. During the COVID-19 response, this team was built to 25 staff, which enabled effective and efficient communication to all partners and the public. For example, this team conducted individual outreach via mail, text, and cell phones in both English and Spanish, providing more than 8.1 million communications on vaccine effectiveness, safety, and vaccination locations. In a post-pandemic world, there is more expected of this team than historically, as partners and the public have new, high expectations for the amount, timeliness, and quality of communications about disease and public health threats.

47. [Rep. Bird] Is there evidence that supports the return on investment and benefits for state-level investments in public health? Please detail the evidence, if available.

Response: Governmental public health activities are not always highly visible to the populations served because many times the goal is to prevent disease or adverse outcomes from occurring in the first place. Public health interventions are chronically underfunded because of the nature of returns on investment (ROIs) for these interventions: they are often substantial but can be difficult to accurately predict and are often realized many years down the line. Studies evaluating specific public health interventions have quantified their benefits, and a [2017 review](#) of these studies found the median ROI for public health interventions was 14.3 to 1. For local interventions (here, this is meant to be any jurisdiction smaller than country-level), the ROI was 4.1 to 1 and for nationwide interventions it was 27.2 to 1.¹

Here are some examples of state-level programs or initiatives conducted by DCPHR and their ROI:

- DCPHR's Immunization Branch manages several publicly-funded vaccine programs including the federal Vaccines for Children and Section 317 vaccination programs, outbreak-related vaccine programs and state-funded vaccines. Additionally, this branch operates the Colorado Immunization Information System (CIIS), Colorado's lifelong immunization record system used statewide by LPHAs, providers, schools and others. CIIS collects and consolidates immunization records for individuals across their lifespan. By ensuring accurate and complete vaccination data, CIIS facilitates effective tracking, reminds patients of due vaccinations, and assists in outbreak response, ultimately improving immunization rates and public health across the state. These programs are what allow LPHAs, safety-net providers and DCPHR's Mobile Public Health Clinic program to manage and administer vaccines to the public, including underserved and low income communities.
 - [Value of the Immunization Program for Children in the 2017 US Birth Cohort](#) - Over the cohort's lifetime, routine childhood immunization **prevented over 17 million cases of disease and 31 000 deaths; 853 000 life years and 892 000 quality-adjusted life-years were gained.** Estimated vaccination costs (\$8.5 billion) were fully offset by the \$63.6 billion disease-related averted costs. Routine childhood immunization was associated with \$55.1

¹ The Network for Public Health Law. Let's Talk Money: Barriers and Benefits of Investment in Public Health. November 2022. Accessed December 2024.

billion (BCR of 7.5) and \$13.7 billion (BCR of 2.8) in averted costs from a societal and healthcare payer perspective, respectively.

- [Economic evaluation of the routine childhood immunization program in the United States, 2009](#) - Analyses showed that routine childhood immunization among members of the 2009 US birth cohort will **prevent ~42,000 early deaths and 20 million cases of disease, with net savings of \$13.5 billion in direct costs and \$68.8 billion in total societal costs, respectively.**
- [Vaccines Are Cost Saving](#) - **For every \$1 spent on childhood vaccinations, our country saves \$10.90.** And CDC estimates that the vaccination of children born between 1994 and 2018 has saved the U.S. nearly \$406 billion in direct medical costs and \$1.88 trillion in total society costs.
- [Immunization Information Systems \(IIS\)](#), or vaccination registries, play a crucial role in enhancing vaccination programs. A systematic review evaluated benefits such as savings associated with administrative efficiency (e.g., pulling records, contacting previous providers for vaccination histories, generating immunization reports) and decreased overvaccination and likely only provides a limited picture of benefits that might be realized with IIS. One [study](#) modeled the cost and benefits of a nationwide IIS and indicated a benefit-cost ratio of 3.5 : 1. **A [state-level study](#) of the Virginia IIS modeled anticipated yearly benefits; compared with annual IIS costs to the state, the benefit-cost ratio was 1.59 : 1.**
- DCPHR's communicable disease branch, state public health laboratory, disease reporting branch and medical epidemiology teams work together to investigate cases of communicable disease, identify and respond to outbreaks, provide education and disease prevention recommendations to the public and multiple work sectors, and document disease incidence. Outbreak response is more costly in places where there is little disease like the United States.
 - [The economic burden of sixteen measles outbreaks on United States public health departments in 2011](#) - In 2011, the US experienced 16 measles outbreaks with 107 confirmed cases. The average duration of an outbreak was 22 days (range: 5-68). The total estimated number of identified contacts to measles cases ranged from 8,936 to 17,450 -- requiring from 42,635 to 83,133 personnel hours. **Overall, the total economic burden on local and state public health institutions that dealt with measles outbreaks during 2011 ranged from an estimated \$2.7 million to \$5.3 million. With a median duration of 17.5 days per outbreak, an active response costs a median range of \$4,091 - \$10,228 per day.**
 - [The True Cost of Measles Outbreaks During the Postelimination Era - PMC](#) - The cost of responding to a single case of measles can be as high as \$142,000 depending on the number and location of contacts that must be traced, the amount of postexposure prophylaxis that must be administered, and the number of people quarantined. **In 2011, the estimated total cost of measles outbreaks in the United States ranged from \$2.7 million to \$5.3 million. These costs include postexposure prophylaxis (including postexposure vaccination and immunoglobulin), laboratory testing for suspected cases, compensating healthcare providers and other staff members for their increased work time and overtime, public outreach regarding measles risk and prevention, and establishing quarantine for exposed susceptible individuals.**
 - [Economic Evaluation of PulseNet](#) - The PulseNet surveillance system is a molecular subtyping network of public health and food regulatory agency laboratories designed to

identify and facilitate investigation of foodborne illness outbreaks. **These case investigation and laboratory testing systems have demonstrated effectiveness in decreasing foodborne disease cases and deaths and saving medical costs.** [CDC estimates](#) that \$70 is saved for every one dollar spent. These savings occur because these systems have increased the timeliness of detection and response work. [CDC highlights](#) the effectiveness of the PulseNet surveillance system operating in Colorado by comparing a pre-PulseNet 1993 western states E. coli outbreak that took 39 days to detect compared to a 2002 E. coli outbreak in Colorado that took 18 days to detect

48. [Sen. Bridges] Regarding the investment in DCPHR during the pandemic and now ongoing – could this investment potentially be right sized to pre-pandemic funding levels? What is an appropriate ongoing funding level for DCPHR?

Response: The department worked with external consultants to adjust the FTE in Division of Disease Control and Public Health Response (DCPHR) in last year's request to the minimal funding level needed to handle routine functions and mobilize an initial emergency response team. This "right-sizing" reflects the increasing likelihood of public health crises due to decades of public health divestment and factors like climate change and emerging threats.

Strong state centralized systems are becoming more needed as a warming climate drives health crises through increased vector-borne diseases (e.g., West Nile virus, Lyme disease), heat-related illnesses, and worsening respiratory issues from events like wildfires ([CDC](#)). Additionally, federal public health funding, which supports many programs, is often categorical and inflexible, limiting resources during crises.

The current funding represents the minimum required to sustain day-to-day operations, disease surveillance, and emergency readiness. Maintaining this level ensures the state can manage routine public health work while quickly scaling up in response to emerging threats, a critical lesson learned from the challenges faced during the COVID-19 pandemic.

49. [Sen. Bridges] What is the Department's core mission? What does the Department need to do to fund this core mission, and what can be reduced or eliminated to make sure that the Department is able to focus on their core mission?

Response: CDPHE is composed of 10 divisions under C.R.S. 25-1-102, such that "the executive director shall administer the department, subject to the authority of the the state board of health, the air quality control commission, the state water quality control commission, and the solid and hazardous waste commission." This is the clearest "Core Mission" that can be identified within the creation section of statute for the department, but the department and its officers must faithfully and without prejudice execute all of the statutory duties prescribed throughout Colorado law mainly contained within Titles 25, 25.5 and 24 without reference to all of statute. A department's budget request and the ultimate appropriation of funds by the General Assembly to a department inherently reflect priorities.

The Department's requests take into account the Governor's and OSPB's intent to fulfill the statutory duties and related core missions of the Department while balancing the state's TABOR-related funds and revenues with the overall budget balance situation for the FY 2025-26 budget.

ONGOING PUBLIC HEALTH EXPENDITURES

50. *[Rep. Bird and Sen. Amabile] Please provide an update on the accomplishments/outcomes of the following programs, what funds are used within the program and what they are used for, and if and when the program is scheduled to sunset:*

• ***Office of Gun Violence Prevention (H.B. 21-1299)***

Response: Below are various updates and accomplishments of the Office of Gun Violence Prevention:

Media Education Campaign:

In 2023, the Office of Gun Violence Prevention launched the state's first educational campaign to help reduce gun violence and promote firearm safety across the state. The media campaign is called Let's Talk Guns, Colorado. The campaign was informed through research with target audiences and meetings with key stakeholders. The campaign is intended to increase awareness and understanding of state and federal laws and existing resources to prevent firearm injuries and deaths. In the year since the campaign's inception, Coloradans have seen the campaign in print; when browsing the internet; through cable, network, and streaming TV services; on billboards; through social media; and when visiting local gun shops, cafes, public libraries, laundromats, grocery stores, and convenience stores. The campaign has achieved over 48 million impressions, and the websites have attracted over 169,700 unique visitors. Because of new legislation passed in 2023 and 2024, the office began working on updating and creating new messaging to ensure Coloradans are aware of the new legislation and its impacts.

Office of Gun Violence Grant Program:

In alignment with the authorizing legislation for the office (HB21-1299), the office provides grants to organizations to conduct community-based gun violence initiatives focused on "interrupting cycles of gun violence, trauma, and retaliation." In FY 2024-25, the department's Bureau of Justice Grant supplemented program dollars so the office could provide \$500,000 to organizations serving communities at the highest risk of community-based violence. Grantees were chosen by a panel with expertise in firearm data and collaboration, suicide, philanthropy, and evidence-based programs.

Resource bank and data dashboard:

In February of this year, the Office of Gun Violence Prevention released the state's first resource bank regarding gun violence in Colorado. The Colorado Gun Violence Prevention Resource Bank serves as a research and data hub designed for use by diverse audiences ranging from researchers to the general public. The resource bank contains a repository of information, including an [interactive dashboard](#) with data related to firearm injury and death in the state. Data and resource topics include firearm harm prevention approaches, Colorado gun laws, safe storage best practices, and information about requesting an extreme risk protection order. The office will continue to explore new data sources and opportunities to improve the firearm data dashboard, with plans to make the following changes to the firearm data dashboard:

- Expand current pages on firearm access and storage.
- Update existing pages with current data.
- Add additional context to each page, explaining the importance of tracking each data type.
- Add links to external data dashboards, including CDPHE's Colorado Health Information Dataset.

Funding:

The office received \$1,122,173 in new federal funding from the Bureau of Justice Assistance in the Department of Public Safety. In addition to this funding, the office received an annual appropriation of \$3,044,093 in state General Fund for FY 2024-25. Approximately \$450,000 funds the office's community grant program (see Grant Program above), and an additional \$450,000 is being used to educate health care and mental health professionals about Extreme Risk Protection Orders, in response to [SB23-170](#) (Extreme Risk Protection Order Petitions). The office will continue to conduct scans for sources of additional funding to support the office. The office is not scheduled to sunset.

• **COMMUNITY BEHAVIORAL HEALTH DISASTER PROGRAM (H.B. 21-1281)**

Response: The HB21-1281 Community Behavioral Health Disaster Program has seen a great deal of success over the past 3 years. In FY21-22, CDPHE worked with stakeholders to develop and implement Rules for the Board of Health, which were adopted on June 15, 2022 (6 CCR 1009-12) and hired 1 of the allocated FTE. Additionally, CDPHE created and uses 6 Disaster Behavioral Health Capabilities to assess program progress - a first in the nation assessment of disaster behavioral health capabilities and capacities. In FY22-23, CDPHE hired the second allocated FTE and implemented a Request for Proposals to disseminate funding out to local behavioral health organizations with defined activities and deliverables to grow disaster response capacity across the State for behavioral health. CDPHE received 9 applications for funding and all were awarded, resulting in each organization receiving \$10,000.

In the fall of 2022, an assailant entered Club Q. CDPHE quickly responded to support the community and provided the first 1281 Rapid Response and Recovery Funds on December 13, 2022 (\$25,000) to support the local community mental health center's, Diversus Health, response to behavioral health needs. In addition, CDPHE applied for and was awarded federal funding (SAMHSA Emergency Response Grant) to pass through to Diversus Health for recovery activities with victims and survivors of that mass shooting event. This has resulted in services that continue through February of 2025.

The 9 contractors completed the following capacity expansion contract deliverables:

- Identification of a disaster response coordinator and participation in bi-annual training and program development opportunities.
- Completion of team readiness survey and capabilities assessment.
- Engage in response team recruitment
- Participation in regional access and functional needs workshops
- Address internal administrative gaps to assure response readiness
- Connect with local mass care as well as health and medical readiness leadership.

At the end of this first community contract, CDPHE partners created 9 teams with 181 responders being trained for deployment.

In FY 23-24, CDPHE maintained 2 FTE and implemented its second RFP resulting in 13 preparedness contract awards to local partners, an increase of 44% and assuring that the Community Behavioral Health Disaster Program has coverage across all 64 counties. Each contracted provider received \$11,000 for a total of \$143,000. During this fiscal year, no local partners sought 1281 Rapid Response and Recovery Funds.

The 13 contracts completed the following deliverables:

- Disaster response leadership succession planning
- Creation of an administrative preparedness plan

- Gain disaster response training capacity through attending the Disaster Behavioral Health Train the Trainer week long event.
- Disaster Behavioral Health training delivery
- Capacity tracker
- Capability assessment.

By the end of FY 2023-24, Colorado had 13 DBH teams with 268 team members working toward response readiness. During this fiscal year, 12 of the 13 teams responded to at least 1 local incident of event within their catchment area. Sixty-eight people attended the DBH Train the Trainers event, significantly expanding training capacity across Colorado. Eleven contractors have integrated disaster behavioral health plans into county, regional or other emergency plans. Eight of the 13 providers report that they are “very confident” in their ability to coordinate their team’s response to a disaster with support from within their agency, local partners and CDPHE’s Disaster Behavioral Health Unit. The remaining 5 stated they were “confident” in their ability to coordinate their team’s response.

CDPHE had to seek further authority from the Colorado Legislature to set up the Cash Fund identified in the original legislation. The cash fund allows CDPHE to maintain funds for the 1281 Emergency Response and Recovery Fund to pay for trauma informed rapid needs assessment, triage, psychological first aid, crisis counseling, outreach, community recovery and trauma treatment. Depending on the size of the disaster event, these response activities typically have an annual cost of \$2-3M. At the end of FY 2023-24, CDPHE had a cash fund reserve of \$226,845.

In the current fiscal year, CDPHE has been able to further expand this program. We currently have 18 local partners receiving \$12,000 each (total = \$216,000) for completing the following deliverables:

- Disaster response leadership succession planning
- Capability assessment.
- DBH Training Delivery
- Whole agency readiness workshop delivery
- Improved communication with community members who have intellectual/development disabilities

Total program funding expenditures have been:

Table 18: Program Funding Expenditures

Fiscal Year	OEPR FTE	Contracts	Cash Fund Reserve
FY 21-22	\$0	\$90,000	
FY 22-23	\$31,440	\$143,000	
FY 23-24	\$139,140	\$216,000	\$226,845

The Community Behavioral Health Disaster Program is a fluid effort that is impacted by local partner challenges, personnel turnover, and a radically changing behavioral health system. In addition, Colorado has continued to have large events of significance that truly challenge our capacity to meet community needs following disasters, public health emergencies and major events of violence. Between the COVID19 pandemic, shootings at the Boulder Table Mesa King Soopers and Club Q, multiple wildfires - most notable the Marshal Fire, and the Highly Pathogenic Avian Influenza outbreak our community partners capacities for

response have been stretched. When HB21-1281 was passed, it was expected that this would be a continuous program and not scheduled to sunset.

NATURAL MEDICINE REGULATION AND LEGALIZATION (S.B. 23-290)

Response: CDPHE has engaged in intensive stakeholder engagement, inter-agency coordination, rule writing, program management (including hiring staff), procured instrumentation, researched testing best practices, and successfully promulgated a rule set with the Board of Health. Certification of labs will begin in January 2025, which requires staff to perform thorough record review and onsite audits. Detailed guidance documents for certification have been created and shared publicly. As regulated natural medicine products become available to the public in 2025, CDPHE will continue to research testing and best practices that may be unique within this novel market.

Table 19: Program Funding Expenditures

Fiscal Year	FTE	Supplies/Operating	Fixed Assets (Instruments)
FY 23-24	\$78,211.83	\$63,423.67	\$696,766.50
FY 24-25	\$88,105.74	\$7,367.04	\$0.00

51. *[Sen. Kirkmeyer] Please review each of the bills within the table “Ongoing CDPHE General Fund increases since FY 2021-22” on pages 16 and 17 of the JBC staff briefing document and explain:*

- Why the appropriation is necessary*
- If the appropriation is continuous*
- The bill's implementation progress and program activities/highlights*
- Reversions that have been made from the appropriation*

Response: The list of prior General Assembly actions anticipated to be annualized for every given year based upon legislative staff fiscal note and other staff/Committee analysis is carefully tracked by the Department for budget preparation and planning. Below is a list of the requested legislative action with our responses per item. The estimated on-going General Fund estimates reflect JBC estimates and not the department's current programmatic costs for the FY 2025-26 budget request.

Table 20: Ongoing CDPHE General Fund Appropriation Since FY 2021-22

Bill/Decision Item	Ongoing General Fund (JBC estimate)	Why the appropriation is necessary	If the appropriation is continuous	The bill's implementation progress and program activities/highlights	Reversions that have been made from the appropriation

FY 2021-22					
HB21-129 9 Office of Gun Violence Prevention	\$2,999,858	To support the operations of the office.	The bill created an ongoing General Fund obligation.	The office is directed to increase the awareness of, and educate the general public about, state and federal laws and existing resources relating to gun violence prevention; administer a grant program; create and maintain a resource bank of regularly updated and accurate materials and resources as a repository for data, research, and statistical information regarding gun violence in Colorado.	The department reverted \$1,912,706 in FY22, \$196,493 in FY23, and \$8,415 in FY24.
HB21-128 1 Community Behavioral Health Disaster Program	\$529,365	This bill established the Community Behavioral Health Disaster Program at the request of local providers throughout the state due to a lack of critical resources to assure capability and capacity is continuously available at the local level.	Continuous	CDPHE has set Board of Health rules for this program; hired 2 FTE; posted 3 Requests for Proposal and implemented contracts for FY22-23, 23-24 and 24-25. We have 18 community partners working to expand capacity and build capability. There are now 268 response team members across 13 teams covering all 64 counties, and growing.	The department reverted \$3,049 from this line in FY23 but otherwise has spent the full appropriation and is on track to spend the full appropriation in FY25.
SB21-158 Increase Medical Providers for Seniors	\$400,000	Provides a carve out of \$400,000 for geriatric advanced practice providers in the Colorado Health Service Corps loan repayment program.	The bill created an ongoing General Fund obligation.	As a result of the passage of this bill, geriatric advanced practice providers are an eligible provider type in the Colorado Health Service Corps loan repayment program, and \$400,000 of the program's appropriation is	The department has not reverted funding from this appropriation and will continue to spend the full appropriation

				directed to these providers.	n in FY25.
SB21-194 Maternal Health Providers	\$111,680	Supports the Maternal Mortality Prevention Program to make recommendations to improve publicly-available maternal health data.	The bill created an ongoing General Fund obligation.	The reporting focuses on outcomes by race/ethnicity and disability; uptake of trainings on racism and bias; incidents of disrespect or mistreatment of a pregnant person; and stories from pregnant and postpartum persons and their family members.	The department reverted \$4,504 in FY22, \$0 in FY23, and \$2,771 in FY24 from this line item. The department is on track to spend the full appropriation in FY25.
HB21-117 Kidney Disease Task Force	\$86,567	Supports the department to convene the Kidney Disease Prevention and Awareness Task Force.	The bill created an ongoing General Fund obligation, to end in FY27. However, the department proposed to sunset this task force 15 months early to support budget balancing needs.	The department began convening the Kidney Disease Prevention and Awareness Task Force in 2021. Per the statute, the department contracts with an external entity for the administration of the task force. The task force submitted its initial report to the department in 2023.	
HB21-125 Appropriate Use of Chemical Restraints	\$64,427	The funding is necessary to continue the work required by the bill. This includes ongoing monitoring of waivers, response to complaints as they arise, and data analysis for the annual report.	The bill created an ongoing General Fund obligation.	The bill has been implemented. Scope of practice rules have been revised to prohibit the use of ketamine as a chemical restraint. EMS providers authorized to administer ketamine	The department reverted \$138 in FY22 and FY23 and \$43 in FY24. The department is on track to

				for other indications have the necessary training and access to the required equipment. Two membership roles have been added to the Emergency Medical Practice Advisory Council, one clinical psychiatrist recommended by a statewide association of psychiatrists and one anesthesiologist recommended by a statewide association of anesthesiologists. The department submits an annual report to the legislature on statewide use of ketamine by EMS providers and any complications that arise out of such use and makes the reports publicly available on our website: https://cdphe.colorado.gov/emergency-care/engage-with-us/emergency-medical-and-trauma-services-reports	spend the full appropriation in FY25.
BA1 Increasing equity in health outcomes	\$77,752	This appropriation supports the Tribal Relations Unit (TRU) that provides centralized support for all of CDPHE. The unit interacts with Tribes on a government-to-government basis, coordinates with the Colorado Commission of Indian Affairs, and works to engage the American Indian/Alaska Native population throughout the state on issues	Yes	1) In FY24, TRU fielded 366 total TA and resource connection requests from external state agencies, Tribal and AIAN serving organizations, external partners, and internal requests from within CDPHE. 2) The Tribal Relations Unit created the first MOU signed with a Tribe. The Ute Mountain Ute Tribe	The Office of Health Equity spent all of its FY22, FY23, and FY24 appropriations and is on track to spend for FY25.

		critical to public and environmental health. TRU promotes sovereignty-affirming practices and builds partnerships with Tribes and Native communities to improve health outcomes in Colorado. Notably, substantial and unique health inequities impact Tribal and American Indian/Alaska Native populations, requiring population-specific approaches to addressing disparities.		signed a first of its kind data sharing agreement to support the partnership with the COVID-19 Wastewater Surveillance Program. This grows trust with Tribes and enhances data partnerships across jurisdictions. The first data sharing MOU was signed with Denver Indian Health & Family Services (Colorado's only Urban Indian Health Organization), which is focused on immunization data. 3) TRU has been facilitating Tribal inclusion in data modernization efforts at the department so that Tribal partners have access to timely public health data as they exercise their jurisdiction to respond to public health issues. The Unit has worked heavily to update CDPHE's business model to be more inclusive to Tribal partners and encourage a more cohesive public health approach in the state. 4) CDPHE went from 5 active funding streams to Tribal partners in FY19 to 22 in funding partnerships in FY23. 5) TRU facilitated Tribal engagement and contributed to the	
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				framing and writing on the first SB21-181-mandated health equity report: Health Disparities and the Impacts of the Social Determinants of Health. The report revealed that the premature death rate for the American Indian/ Alaska Native population increased significantly over the 20-year period, demonstrating the significant need for resources to close those health gaps.	
FY 2022-23					
HB22-140 1 Hospital Nurse Staffing Standards	\$592,825	Stakeholders are concerned about nurse staffing and are interested in more information about hospital outcomes. Funding is needed for staff to implement the nurse staffing and hospital report card requirements of the bill.	The legislation created an ongoing General fund obligation.	The nurse staffing requirements have been incorporated in Division rules and hospitals are submitting nurse staffing reports as required. The Division is working with stakeholders to determine what information should be included in the hospital report card. Next steps are to assess the feasibility and level of effort involved in providing the desired hospital information.	FY 2022-23 reversion \$599,544 and FY 2023-24 reversion of \$119,822. The Department determined via rule development and implementation that the full number of surveyors was not needed. However, during FY 2024-25 the Department will be utilizing appropriations for the Hospital

					Report Card requirements of the bill.
HB22-1289 Health benefits for CO children and pregnant persons	\$432,934	This bill extended a previously federally-funded program that had ended. When it ended, survey activities and staff were terminated. Upon receipt of funding, CDPHE was tasked with re-development of the survey and hiring of staff.	Yes	CDPHE completed a focus group and re-branding effort, resulting in a new name for the survey. Staff has been hired, survey methodology established and survey activities conducted.	The department reverted \$55,841 in FY23 but reverted \$0 in FY24 and is on track to spend the full appropriation in FY25
SB22-224 Protections for donor-conceived persons and families	\$293,320	This bill established a novel program within CDPHE, necessitating the hiring of staff and hiring contractors to develop appropriate educational materials.	Continuous as statute caps license fees at \$500 annually which is insufficient to fund the program.	Since the passage of the bill, CDPHE has carried out an extensive stakeholder engagement process, conducted preliminary baseline research into the state of the sector, collaboratively drafted educational materials, and promulgated necessary rules with the Board of Health. Licensure of facilities will begin in January 2025.	The department reverted \$139,829 in FY23 and \$91,441 in FY24. This is a novel program and there was a delay in hiring staff. CDPHE is on track to spend the appropriation in FY25.
HB22-1251 Cardiac arrest management	\$200,000	This funding is used for the Cardiac arrest Program Manager, data collection, information sharing and outreach.	The bill created an ongoing General Fund obligation.	The bill is being implemented. The Office is staffed and operational. Data is being collected and a website has been developed and is being updated.	The department reverted \$78,199 in FY23 and \$83,539 in FY24.
SB22-225 Ambulance service sustainability and state licensing	\$120,664	Funds are being used to support the system sustainability taskforce and the ground ambulance licensing program.	Funding ends in FY28 when the System Sustainability	The Taskforce is on track. It has begun its phase 3 work. Centralized ground ambulance licensing began on July 1, 2024.	The department reverted \$0 in FY23 from this bill and \$0 in

			Taskforce work is scheduled to conclude.		FY24 from this bill and is on track to spend the FY25 appropriation of \$58,188.
HB22-1326 Fentanyl accountability and prevention	\$116,550	For the administration of the duties directed through this bill.	These funds expire June 30, 2025.	In the first 18 months, these funds supported administration of one media solicitation, the RFP for the independent study, five positive youth development training across the state, drafting the overdose fatality review board report, and the solicitation for the Harm Reduction Grant Program. Until June 30, 2025, these funds continue to support budget oversight over the expansion of the Harm Reduction Grant Program and the Naloxone Bulk Purchase Fund, including compliance and reporting for ARPA funding.	The department did not revert any of the FY23 or FY24 appropriation and is on track to spend the FY25 appropriation
FY 2023-24					
SB23-290 Natural medicine regulation and legalization	\$844,052	This bill establishes a novel lab certification program. In order to establish the program, CDPHE hired staff to carry out inspections. Scientific standards do not exist in this field; CDPHE hired scientists and procured laboratory instruments to establish standards of testing for natural	Continuous	Since the passage of the bill, CDPHE has engaged in intensive stakeholder engagement, inter-agency coordination, rule writing, program management (including hiring staff), procured instrumentation, researched testing best practices, and	The department did not revert any of the FY24 appropriation and is on track to spend the FY25 appropriation

		medicines.		successfully promulgated a rule set with the Board of Health. Certification of labs will begin in January 2025.	
SB23-271 Intoxicating hemp and marijuana	\$555,877	This bill allowed for the manufacture of synthetically derived intoxicating and non-intoxicating cannabinoids which was novel in the regulated hemp and marijuana industries. CDPHE procured necessary instrumentation and hired staff to test, research, and identify novel cannabinoids and compounds and to track adverse health impacts from cannabinoids.	Continuous	CDPHE has hired staff, procured instrumentation, researched novel cannabinoids and by-products produced during manufacturing, tested products, monitored poison center data, investigated reported adverse health concerns, and reviewed scientific literature.	The department rolled forward half of the legal services appropriation (\$190k) as contemplated in the legislation, but did not revert any funds in FY24. The department is on track to spend the FY25 appropriation.
SB23-002 Medicaid reimbursement community health services	\$166,633	Funds support CDPHE to be the state authority for the community health worker registry (which is required for reimbursement from Medicaid for community health worker claims).	The bill created an ongoing General Fund obligation.	Funds support the ongoing infrastructure of the Community Health Worker (CHW) program and registry. CHWs are required to complete an assessment process and be added to the registry in order to be eligible for reimbursement from Medicaid.	The department did not revert any of the FY24 appropriation and is on track to spend the FY25 appropriation.
HB23-1213 Stop the bleed program	\$156,045	This program makes funding available for schools to receive Stop the Bleed kits once the school has completed required Stop the Bleed training.	Funding is available through FY26.	Schools that have completed the required training and requested kits are receiving kits. The FY24 report was provided to the legislature as required.	The department reverted \$0.92 of the appropriation in FY24. The appropriation has

					rollforward authority to future years through FY26.
HB23-1223 Task force grant prioritization	\$146,604	To administer the Grant Prioritization Task Force tasked with reducing youth violence, suicide, and delinquency.	The bill created an ongoing General Fund obligation.	Funds support the ongoing administration of the task force, the identification of priority communities, and the alignment and evaluation of grantmaking activities aimed to reduce youth violence, suicide, and delinquency.	The department reverted \$54,511.08 of the appropriation in FY24. The department is on track to spend the FY25 appropriation.
BA3 Preventing outbreaks through outreach and equity	\$3,478,536	This bill supports staffing and operating expenses to implement a statewide media campaign to increase routine immunization rates, expand Colorado's ability to vaccinate uninsured adults and implement a mobile public health clinic (MPHC) program. These programs seek to prevent and control communicable diseases, support LPHAs, support a Governor's WIG and implement lessons learned from the COVID response.	Continuous	For FY25, CDPHE is implementing a respiratory virus vaccine campaign (Oct-Feb) that so far has 8.7 mil impressions. A routine childhood vaccine campaign will start soon (Mar-June). For FY25, CDPHE purchased 11,730 doses of vaccine for un- and under-insured adults. These doses augment Colorado's annual federal Section 317 budget of \$990,000 and are available for LPHAs, FQHCs, RHCs and IHS to order when there are not enough Section 317 vaccines. In Sept 2023, CDPHE implemented a new mobile clinic program whose mission is to bridge gaps in access to	The department did not revert any of the FY24 appropriation and is on track to spend the FY25 appropriation.

				disease control and public health services, and rapidly respond to emergent issues. To date, MPHC has held 506 vaccine clinics, including 17% in rural counties where 12% of the population lives. 61% of clinics were held in high social vulnerability counties. Over 20,400 vaccines have been administered to more than 8,000 people, 47% of which are Hispanic. The MPHC team has also been deployed to Northeast CO in the HPAI response, administered vaccinations in Denver and Carbondale to migrants in response to mpox and Covid outbreaks, administered immunoglobulin to families exposed to hepatitis A, conducted home visits to test for and administer vaccinations to prevent measles related to an international traveler who tested positive, responded to a meningococcal outbreak in PEH, and led the state's mpox vaccination response in 2024.	
R7 Congenital syphilis county prevention	\$1,228,849	The Congenital Syphilis Prevention Project funds access to syphilis screening and treatment of women of reproductive age in the criminal justice system	Yes	Between July 1, 2024 and November 30, 2024*, this project provided screening and treatment in the following settings: Local County Detention Center:	The department did not revert any of the FY24 appropriation and is on track to

		and outreach settings, focusing on partnerships with local public health and community-based agencies. These women are particularly vulnerable to syphilis acquisition, and often face a multitude of barriers to testing and treatment such as transportation, stigma, housing, substance use, and limited finances. To promote equitable outcomes, the program meets these individuals “where they are” by providing access to free testing and treatment opportunities in non-traditional settings, such as jails, syringe access points, and outreach settings, where these women often have touch points before, during, and after pregnancy. Currently this funding provides support to Pueblo, El Paso and Jefferson Counties, which have among the highest syphilis incidence in the State and a readiness to implement the program.		• 157 screened • Number of participants with a positive syphilis screening - 46 • Number of participants who receive a positive screen who receive adequate treatment -19 (6 pending Tx) Community Setting/ Outreach: • 108 screened • Number of participants with a positive syphilis screening - 24 • Number of participants who receive a positive screen who receive adequate treatment -9 (4 pending Tx) *November data is preliminary	spend the FY25 appropriation
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BA2 Behavioral Risk Factor Surveillance System (BRFSS) assistance	\$307,774	Funds were received to increase the number of interviews conducted as part of the BRFSS survey. Additional funds would enable the existing program to collect local level public health data.	Yes	Funds were used to increase the number of interviews performed by the BRFSS survey team. Local and statewide data on health risk behaviors, preventive health practices and health care access, marijuana use, firearm safety, health disparities and other emerging public health issues was collected. This data has been used to create numerous CDPHE reports and support local health improvement plans, public health initiatives and legislative mandates.	The department did not revert any of the FY24 appropriation and is on track to spend the FY25 appropriation
R13 Cancer registry staffing	\$178,385	Funding was received to complement federally-funded core cancer surveillance activities. Funding increased state funds that had not changed for more than 20 years despite a program and local population that significantly increased over this same time.	Yes	The Cancer Registry program continues to collect, analyze and interpret cancer data.	The department did not revert any of the FY24 appropriation and is on track to spend the FY25 appropriation.
FY 2024-25					
SB24-175 Improving perinatal health outcomes	\$1,321,982	To support the statewide Perinatal Care Quality Collaborative (PQC) and hospitals implementing quality improvement initiatives and measures to reduce	The bill created an ongoing General Fund obligation.	Funds are supporting hospital quality improvement initiatives to reduce maternal morbidity and mortality across the state. The department is directed to contract with the	N/A - this is new funding as of FY25 and CDPHE is on track to spend.

		maternal mortality outcomes in the state.		state Perinatal Care Quality Collaborative who will be responsible for ensuring hospitals are incorporating various Quality Improvement (QI) initiatives. Additionally, the department will be establishing a grant program for hospitals in need of funds to implement chosen QI initiatives. The department will be prioritizing rural and frontier hospitals for this grant program.	
SB24-007 Behavioral health first aid training program	\$250,000	Funds \$250,000 of the \$460,000 the department receives for Mental Health First Aid training.	The bill created an ongoing General Fund obligation.	The bill required the department to contract with a third-party entity. The entity has been selected and will provide the behavioral health first aid training program to organizations across the state. These funds are combined with a prior annual appropriation.	N/A - this is new funding as of FY25 and CDPHE is on track to spend.
HB24-126 2 Maternal health midwives	\$69,572	Funds a study.	The bill created a General Fund obligation through June 30, 2026.	The bill requires the Maternal Mortality Prevention Program to collect data on the closure of perinatal health-care practices and conduct a study with recommendations on access to perinatal care.	N/A - this is new funding as of FY25 and CDPHE is on track to spend.
SB24-142 Oral health screening pilot	\$64,180	Funds a pilot program in 8 schools.	The bill created a General Fund obligation through	The bill directs the department to award grants to implement school-based oral health screening for children in public schools.	N/A - this is new funding as of FY25 and CDPHE is on track to spend.

			June 30, 2027.	The schools have been selected and students will be screened throughout the 24/25 school year. A report will be delivered in 2027.	
R1 Public health infrastructure	\$5,625,000	This bill partially extended appropriations from SB21-243 on a permanent basis to support the State's ability to effectively prevent, monitor, and respond to emerging disease outbreaks and other public health emergencies.	Continuous	Prior to the pandemic, the Department had already begun the process of identifying gaps in services and weaknesses in the existing public health infrastructure, which were highlighted with the onset of the COVID-19 pandemic. This funding allowed the department to maintain key disease control and response staff that we would've had to have cut, bringing us back to inadequate pre-pandemic levels of staffing. This funding has allowed us to increase lab capacity and expand the ability for case investigation and contact tracing; add essential capacity to enable increased timely and consistent disease control, laboratory, equity and emergency preparedness services to LPHAs, providers and the public; improve our disease reporting systems; improve technology infrastructure for the 21st century; and maintain regional equity and cultural navigation staff for	N/A - this is new funding as of FY25 and CDPHE is on track to spend.

				underserved communities.	
R3 Health Facilities Cash Fund fee relief	\$2,186,832	This funding will allow the health facilities survey programs to fully fund program operations in order to provide technical assistance, oversight and complaint investigations in health facilities such as assisted living and home care facilities. The GF support will allow the division to better protect resident and patient safety and well-being.	yes-GF support is on-going, but will decrease in future years as fee revenue increases.	The Division is extremely appreciative of the GF and is making good progress in filling vacant positions. Stakeholder engagement in relation to fee increases in accordance with the CPI schedule set forth in statute have been favorable.	N/A - this is new funding as of FY25 and CDPHE is on track to spend.
R4 State syphilis response	\$1,886,231	This funding is dedicated to preventing syphilis across the state. The focus areas include testing treatment, provider education, and community focused efforts. This funding addresses dramatic rises in incidences of syphilis in populations with increased risk. This request promotes fair outcomes by ensuring equitable access to syphilis treatments for patients who cannot afford the cost of testing and treatment or face significant barriers to accessing needed clinical services. Additionally, this request supports the Department's Wildly Important Goal 2: STI - Syphilis - to reduce the incidence of syphilis by 20% by June	Yes	Funding has been critical to reduce the incidence of syphilis across the state, with a particular focus on the counties with highest incidence. Highlights of the funding in the first 5 months include: 1) 3 emergency departments providing opt out testing 2) 3 counties providing field delivered therapy to over 17 counties. 3) 3790 tests were distributed to 32 agencies. As of October 31, 2024, 1119 tests were performed across those agencies, with 26 preliminary positives yielding a	N/A - this is new funding as of FY25 and CDPHE is on track to spend.

		30, 2025, and 25% by June 30, 2026.		2.32% percent positivity rate.	
R5 State lab operating	\$1,291,155				N/A - this is new funding as of FY25 and CDPHE is on track to spend.
Total	\$25,783,649				

52. [Sen. Bridges] *Are there duplicative efforts and programs across the Department? If so, which activities and could they be consolidated? For example, are there activities within the Division of Disease Control and Public Health Response that are also performed in the Office of HIV/Viral Hepatitis/STI's?*

Response: DCPHR and OSHV were separately established in the long bill in 2021. Our efforts are not duplicative and the divisions work together on key issues including syphilis, Mpox, and other communicable diseases (e.g. shigella) using our different expertise and community connections. OSHV also works with PSD on overdose prevention. Overall, the PH divisions of CDPHE work together to complement our expertise.

ARPA EXPENDITURES

53. [Sen. Kirkmeyer] *Please detail when and where the Department's refinanced ARPA funding is from, and explain why the amount should remain unencumbered. See page 20 of the JBC briefing document for the list of refinanced ARPA appropriations.*

Response: As of September 2024, the Department had \$141.6 million in unencumbered General Fund allocations for ARPA programs. Within this amount, the Department is requesting the return of \$5.5 million allocated to the Healthcare Workforce Recruitment and Re-engagement Effort through the FY24-25 Supplemental. The largest encumbered amount, approximately \$130.4 million, is tied to SB21-288 and HB22-1411 (awarded from the Governor's Discretionary Account) for COVID-19 testing, expenses, and vaccination efforts (Rounds 1, 2, and 3). This is funding that has been allocated to pay for the State's share of the \$2.2B in expenditures made between 2020 and 2023 to respond to the COVID-19 Public Health Response, but will not be expended until a final eligibility determination from FEMA has been made. These funds will remain unencumbered and unspent until FEMA issues its final determination. The costs in question have already been incurred and charged to a FEMA line of credit, but the final resolution from FEMA is still pending. Once FEMA makes its determination, any COVID-19 expenses deemed the State's responsibility will be transferred from the line of credit to the unspent Refinance award funded through the Governor's Discretionary Account. Of the remaining \$5.7 million in unencumbered funds, the Department anticipates full expenditure by the end of the project period in December 2026.

54. [Rep. Sirota] For the approximately \$100 million that was allocated for COVID-19 testing and is held unencumbered in case reimbursement from FEMA is not received, what are the mechanics of how that reimbursement would work? What is the timeline for getting paid back and how long does this funding need to remain unencumbered? If FEMA reimbursement is not received, how would states pay for the amount that is owed to the federal government? What is the timeline for settling up those funds?

Response: With regard to the timeline for FEMA reimbursement, the nationwide deadline for FEMA Closeout was recently extended from 12/30/2024 to 6/30/2025. However, CDPS and CDPHE are committed to drawing down as much FEMA funding as possible before 1/20/2025.

CDPHE plans to submit all remaining FEMA Closeouts by early January 2025. After this, FEMA will need to complete the Closeout Determination process with final approvals/denials for each FEMA project. **This process is subject to FEMA's timeline**, but CDPS will work with FEMA to expedite the process as much as possible. Once the final determinations are shared with CDPHE, any necessary funding adjustments will be discussed with CDPS and processed accordingly.

55. [Sen. Kirkmeyer] Is the Department anticipating any disallowances of the expended FEMA funds and not receiving reimbursement for those expenses? If so, for what and how much is not projected to be reimbursed?

Response: Yes, the COVID-19 FEMA grant is a reimbursement-based program which involves a very detailed and stringent review process before reimbursement is provided to CDPHE for approved expenditures.

At this time, CDPHE is estimating up to \$100M risk for FEMA denials, out of the \$1.34B claimed for FEMA reimbursement (equivalent to 7% risk). This estimate is based on frequent conversations between CDPHE, CDPS, and FEMA and relates to issues such as FEMA eligibility limitations and insufficient documentation from vendors to meet FEMA requirements.

The estimated risk covers multiple projects on the FEMA grant for various COVID-19 services, such as testing, vaccines, monoclonal antibody therapy, surge staffing, etc

**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
FY 2025-26 JOINT BUDGET COMMITTEE HEARING WRITTEN
RESPONSES**

January 8th, 2025

COMMON QUESTIONS FOR DISCUSSION AT DEPARTMENT HEARINGS

1. *Please describe any budget requests that replace one-time General Fund or ARPA funded programs with ongoing appropriations, including the following information:*
 - a. *Original fund source (General Fund, ARPA, other), amount, and FTE;*
 - b. *Original program time frame;*
 - c. *Original authorization (budget decision, legislation, other);*
 - d. *Requested ongoing fund source, amount, and FTE; and*
 - e. *Requested time frame (one-time extension or ongoing).*

Response: CDPHE's FY 2025-26 request does not include requests of this nature.

WRITTEN-ONLY QUESTIONS (For January Response)

1. *Provide a list of any legislation with a fiscal impact that the Department has: (a) not implemented, (b) partially implemented, or (c) missed statutory deadlines. Please specifically describe the implementation of ongoing funding established through legislation in the last two legislative sessions. Explain why the Department has not implemented, has only partially implemented, or has missed deadlines for the legislation on this list. Please explain any problems the Department is having implementing any legislation and any suggestions you have to modify legislation.*

Response:

[APCD] The Air Pollution Control Division (APCD) has several bills that have been partially implemented. SB22-193, SB22-179, HB22-1244, HB23-1294, HB, 21-1286, HB23-1161, SB23-198 SB, 24-229 and SB 24-1338 have all been partially implemented. The bills have several implementation dates that come due over the course of multiple years. Some requirements of the bills have already been completed, while other requirements are in the future and not due yet. The required work is currently underway in order to meet future implementation deadlines. No statutory deadlines have been missed.

[CHED/DCPHR] HB22-1157 is in the process of partial implementation. The data advisory workgroup specified in the bill has completed its work on identity questions to be added to CDPHE data sets and has created a prioritized list of systems to address. Three systems are in process for or have completed implementation of adding the Sexual Orientation and Gender Identity (SOGI) questions: the Colorado Immunization Information System (CIIS), the Behavioral

Risk Factor Surveillance System (BRFSS) and the Healthy Kids Colorado survey. Work is also underway to update CIIS with expanded race/ethnicity categories and disability questions. The department does not have funding for implementing additional identity elements or updating other data systems. No statutory deadlines have been missed.

[WQCD] The Mobile Home Park Water Quality testing program established in HB23-1257 is partially implemented. EJP & WQCD are implementing the novel legislation put forth in HB23-1257 according to its 5-year implementation timeline. WQCD is utilizing a contractor to conduct water quality testing at mobile home parks. Testing began early, on June 11, 2024. WQCD is on track to test 25% of parks by June 30, 2025. Over 400 park resident water quality interviews have been conducted.

In general, the department is meeting statutory deadlines. However, the 10-day turn-around on providing notice of test results is very challenging for the department. Each park generates 40 to 150 test results. Results are received from two to three parks per week. The department has upwards of 6,000 test results since June 2024. All results must be reviewed to determine if there is a potential water quality issue before the notice. The legislation does not specify whether the 10-day time frame is based on calendar or business days. Based on calendar days, the department has hit this deadline 95% of the time, but missed sending out the notice of test results within 10 calendar days of receiving data six times out of 111 sampling events. In all but one case the deadline was missed by one day. With weekends, staff may only have a few days to review test results and draft these notices. Ten business days to review test results is more manageable. All but one of the notices sent so far would have met a 10 business day deadline, a rate above 99%.

House Bill 24-1379, Regulate Dredge and Fill Activities in State Waters, became effective on July 1, 2024 and is partially implemented. The bill directs the division to implement a dredge and fill authorization program to protect state waters not under federal jurisdiction. The division's initial efforts to implement this program include overseeing projects under the terms and conditions of Clean Water Policy 17, an enforcement discretion policy. Per HB24-1379, beginning Jan. 1, 2025, the division will allow dredge and fill activities to proceed under the terms and conditions of existing Army Corps of Engineers nationwide and regional general permits and division-issued temporary authorizations. The division hired two environmental protection specialists to assist with this work and is in the process of hiring a unit manager to staff the Dredge and Fill Protection Unit, which will be responsible for program implementation. The division has set up a website with information for stakeholders, including program information and application materials. The division is poised to meet the statutory deadlines outlined in HB24-1379.

The legislation further directs the Water Quality Control Commission to promulgate rules for individual permitting, compensatory mitigation, division procedures for issuance of authorizations, and other aspects of the program by Dec. 31, 2025. The division is conducting comprehensive stakeholder outreach to inform Regulation 87, which will provide the regulatory framework for dredge and fill activities. The division presented a draft of the regulation to stakeholders in December 2024, and the division is accepting feedback on the draft. Monthly stakeholder meetings and opportunities for written input will continue until the rulemaking hearing, scheduled for Dec. 2025.

After Regulation 87 becomes effective, the division will begin issuing general authorizations for various categories of activities, consistent with the current federal program administered by the Corps. The statutory deadline for issuance of general authorizations is Sept. 1, 2026. The division does not have any suggestions for modifying the legislation at this time.

[HMWMD] The Hazardous Materials and Waste Management Division (HMWMD) has several bills that have been partially implemented. The bills have implementation dates that come due over the next year. Some requirements of the bills have already been completed and other requirements are being worked on and are not yet due. The Division does not anticipate any problems in meeting the deadlines. No statutory deadlines have been missed.

[HFEMSD] HB22-1284 has been partially implemented by issuing a permanent waiver to the rules found in 6 CCR 1011-1, Chapter 2. The waiver will remain in place until the Division can complete a comprehensive review of Chapter 2 and delete the current language. HB22-1401 has two obligations related to implementation: the nurse staffing plans and reports, and the hospital report card. The nurse staffing plans and reports have been fully implemented. The obligations related to the hospital report card were not funded through the legislative appropriation and have not been implemented. All legislation obligations from 2023 have been met or are on track to be met.

2. *Describe General Fund appropriation reductions made in the Department for budget balancing purposes in 2020, and whether the appropriation has been restored with General Fund or another fund source through budget actions or legislation.*

Response: Along with the across-the-board HLD and community provider rate cuts, the Department's appropriations for various programs including the Primary Care Office, Comprehensive Sex Education Program, CARE Network, Community Crime Victims Grant Program, Office of Suicide Prevention, Child Fatality Prevention Program, the Health Information Exchange, Marijuana Education Campaign, and Tuberculosis Program were cut in the FY 2020-21 budget. Most of these cuts were one-time in nature. The Office of Suicide Prevention received a reduction of \$56,468 GF in FY 2020-21 and received an increase of \$250,000 in FY 2021-22. HLD and community provider rates have been adjusted over the years. More detailed numbers can be found on "Part II-164" of the FY 2020-21 Appropriations Report as well as in the table below.

Table 1: Prevention Services Division Program Cuts

Program	Amount and Funding Source (FY 2020-21)
State Dental Loan Repayment Program	Cash: Master Settlement Agreement One time reduction: \$160,717 (10%)

Colorado Health Service Corps behavioral health loan repayment and scholarship programs	Cash: Marijuana Tax Cash Fund One time reduction: \$511,038 (20%)
Comprehensive Human Sexuality Education Grant Program	General Fund One time reduction: \$492,999 (50%)
Child Abuse and Response Evaluation Network (CARENetwork)	General Fund One time reduction: \$300,000 (33%)
Child Fatality Prevention System	General Fund One time reduction: \$58,269 (10%)
Office of Suicide Prevention	General Fund One time reduction: \$56,468 (5%)
Community Crime Victims Grant Program	General Fund One time reduction: \$176,114 (20%)
Family Planning Program	General Fund One time reduction: \$713,919 (15%)
Retail Marijuana Education Program	Cash: Marijuana Tax Cash Fund PERMANENT reduction: \$3,695,898 (79%)

3. Please provide the most current information possible. For all line items with FTE, please show:

- a the number of allocated FTE each job classification in that line item*
- b the number of active FTE for each of those job classifications*
- c the number of vacant FTE for each of those job classifications*
- d the vacancy rate for each of those job classifications*

Response: State agencies cannot track the history of an appropriated position, therefore cannot provide detail on a position's job class relative to its original allocation. Please see this link for actual (active) and allocated (appropriated) FTE FY 2023-24 of CDPHE [Question #3 FTE by job class Actual vs Appropriation FY23-24 CDPHE](#). Refer to Response #9 on vacant FTE and vacancy rate.

4. *Please provide the same information as Question #4 for FYs 2022-23 and FY 2023-24. Use the attached Template C to populate these data. Please return the data in editable Excel. This can only be done at a moment in time, therefore state agencies will report this data as of June 30 of each of the fiscal years requested.*

State revenues are projected to exceed the TABOR limit in each of the next two fiscal years. Thus, increases in cash fund revenues that are subject to TABOR will require an equivalent amount of General Fund for taxpayer refunds. Using the attached Excel Template A, please:

- a. List each source of non-tax revenue (e.g., fees, fines, parking revenue, etc.) collected by the Department that is subject to TABOR and that exceeds \$100,000 annually. Describe the nature of the revenue, what drives the amount collected each year, and the associated fund where these revenues are deposited.*
- b. For each source, list actual revenues collected in FY 2023-24, and projected revenue collections for FY 2024-25 and FY 2025-26.*

Response: [The Department has included a spreadsheet](#) to address this question. Additional background on each of the cash funds can be found in the narrative section of the Schedule 9s.

5. *List each decision item that the Department has submitted that, if approved, would increase revenues subject to TABOR collected in FY 2024-25.*

Response: The following funding requests the department submitted on November 1, 2024 could increase revenues subject to TABOR in FY 2024-25:

- R-01 Stationary Sources: \$6,616,739 CF
- R-02 Productive Water Quality Control: \$694,018 CF
- R-03 Hazardous Substance Response Fund: \$267,212 CF

6. *For FYs 2022-23 and 2023-24, please provide, in editable Excel format, department-wide spending totals for each of the following object codes, by fund source.*

- a Object Code 1130: Statutory Personnel & Payroll System Overtime Wages*

- b Object Code 1131: Statutory Personnel & Payroll System Shift Diff. Wages*
- c Object Code 1140: Statutory Personnel & Payroll System Annual Leave Payments*
- d Object Code 1141: Statutory Personnel & Payroll System Sick Leave Payments*
- e Object Code 1340: Employee Cash Incentive Awards*
- f Object Code 1350: Employee Non-Cash Incentive Award*
- g Object Code 1370: Employee Commission Incentive Pay*
- h Object Codes 1510, 1511, 1512: Health, Life, and Dental Insurance*
- i Object Code 1524: PERA – AED*
- j Object Code 1525: PERA - SAED*
- k Object Code 1531: Higher Education Tuition reimbursement*

Response: Please find the requested objects codes by fund source for fiscal years 2022-23 and 2023-24 in the [attached spreadsheet](#):

7. *For the latest month for which the data are available, please provide, in editable Excel format, department-wide FY 2024-25 year-to-date spending totals for each of the following object codes, by fund source.*

- a Object Code 1130: Statutory Personnel & Payroll System Overtime Wages*
- b Object Code 1131: Statutory Personnel & Payroll System Shift Diff. Wages*
- c Object Code 1140: Statutory Personnel & Payroll System Annual Leave Payments*
- d Object Code 1141: Statutory Personnel & Payroll System Sick Leave Payments*
- e Object Code 1340: Employee Cash Incentive Awards*
- f Object Code 1350: Employee Non-Cash Incentive Award*
- g Object Code 1370: Employee Commission Incentive Pay*
- h Object Codes 1510, 1511, 1512: Health, Life, and Dental Insurance*
- i Object Code 1524: PERA – AED*
- j Object Code 1525: PERA-SAED*
- k Object Code 1531: Higher Education Tuition reimbursement*

Response: The most recent month's expense by object code is not useful data as departments adjust the information through the end of the fiscal year via JVs for revised allocations, POTS adjustments, correcting entries, etc. Therefore, no data will be provided.

8. *For FYs 2022-23 and 2023-24, please provide department-wide spending totals for each of the following object codes, by fund source.*

- a Object Code 1100: Total Contract Services (Purchased Personal Services)*
- b Object Code 1210: Contractual Employee Regular Part-Time Wages*
- c Object Code 1211: Contractual Employee Regular Full-Time Wages*
- d Object Code 1131: Statutory Personnel & Payroll System Shift Diff. Wages*
- e Object Code 1240: Contractual Employee Annual Leave Payments*
- f Object Code 1622: Contractual Employee PERA*

g Object Code 1624: Contractual Employee Pera AED

h Object Code 1625: Contractual Employee Pera - Supplemental AED

i Object Code 1910: Personal Services – Temporary

j Object Code 1920: Personal Services – Professional

k Object Code 1940: Personal Services – Medical Services

l Object Code 1950: Personal Services - Other State Departments

m Object Code 1960: Personal Services – Information Technology

Response: Please find the requested objects codes by fund source for fiscal years 2022-23 and 2023-24 in the following tables. However, please note that 1100 Total Contract Services (Purchased Personal Services) is an Object Group which includes 1910 Personal Services - Temporary, 1920 Personal Services - Professional, 1940 Personal Services - Medical Services, 1950 Personal Services - Other State Departments and 1960 Personal Services - Information Technology and can be found in the table below.

Table 2: FY 2022-23 Object Codes 1210, 1211, 1131, 1240, 1622, 1624, 1625, 1910, 1920, 1940, 1950, 1960 by Fund Source

Object Code	TF	GF	CF	RF	FF
1210 Contractual Employee Regular Full-Time Wages	\$3,165,885	\$1,866,425	\$402,396	\$620,857	\$276,207
1211 Contractual Employee Regular Part-Time Wages	\$35,608	\$29,833	\$2,665	\$3,109	\$0
1131 Statutory Personnel & Payroll System Shift Diff. Wages	\$5,403	\$0	\$0	\$0	\$5,403
1240 Contractual Employee Annual Leave Payments	\$6,494	\$5,426	\$98	\$969	\$0
1622 Contractual Employee PERA	\$4,888	\$3,320	\$1,106	\$352	\$110
1624 Contractual Employee Pera AED	\$2,116	\$1,436	\$478	\$153	\$48
1625 Contractual Employee Pera - Supplemental AED	\$2,116	\$1,436	\$478	\$153	\$48
1910 Personal Services - Temporary	\$7,992,698	\$238,616	\$72,228	\$355,929	\$7,325,925
1920 Personal Services - Professional	\$26,378,444	\$2,031,204	\$6,904,308	\$2,431,488	\$15,011,443
1940 Personal Services - Medical Services	\$5,246,695	\$12,000	\$24,000	\$0	\$5,210,695

1950 Personal Services - Other State Departments	\$621,084	\$0	\$94,521	\$26,969	\$499,594
1960 Personal Services - Information Technology	\$7,152,280	\$301,262	\$247,233	\$0	\$6,603,785

Table 3: FY 2023-24 Object Codes 1210, 1211, 1131, 1240, 1622, 1624, 1625, 1910, 1920, 1940, 1950, 1960 by Fund Source

Object Code	TF	GF	CF	RF	FF
1210 Contractual Employee Regular Full-Time Wages	\$3,250,047	\$1,676,146	\$605,834	\$713,832	\$254,235
1211 Contractual Employee Regular Part-Time Wages	\$147,977	\$147,977	\$0	\$0	\$0
1131 Statutory Personnel & Payroll System Shift Diff. Wages	\$5,868	\$1,169	\$401	\$0	\$4,297
1240 Contractual Employee Annual Leave Payments	\$51,238	\$21,431	\$0	\$29,807	\$0
1622 Contractual Employee PERA	\$5,134	\$3,405	\$1,730	\$0	\$0
1624 Contractual Employee Pera AED	\$2,218	\$1,471	\$746	\$0	\$0
1625 Contractual Employee Pera - Supplemental AED	\$2,218	\$1,471	\$746	\$0	\$0
1910 Personal Services - Temporary	\$8,523,421	\$351,883	\$583	\$497,852	\$7,673,104
1920 Personal Services - Professional	\$12,615,286	\$845,226	\$6,137,191	\$224,939	\$5,407,929
1940 Personal Services - Medical Services	\$72,635	\$13,000	\$26,000	\$0	\$33,635
1950 Personal Services - Other State Departments	\$697,518	\$10,526	\$114,521	\$19,048	\$553,423
1960 Personal Services - Information Technology	\$10,601,055	\$423,294	\$208,256	\$0	\$9,969,505

9. Please provide a table showing both allocated and actual FTE for each Division within the

Department from FY 2018-19 through FY 2023-24.

Response: The department has updated the table from last year to include FY 2023-24 data line by line as well as by division. These allocations include Federally Funded FTE not noted in the Long Bill. [Please see the linked table for the response.](#)

10. Please discuss how the Department would absorb base personal services reductions of the following amounts: 1.0 percent, 3.0 percent, and 5.0 percent. How would those reductions impact the department's operations and core mission?

Response: The Department is willing to provide analysis of information around proposed program cuts and the associated FTE impact of those reductions. Across the Board cuts would require the Department to reduce services across all programs and fund sources. Reductions to personal services without corresponding reductions in statutory requirements would result in longer wait times, reduced abilities, or decrease in operational effectiveness. A 1% reduction would mean the reduction of 18.8 FTE, and 3% reduction would mean the reduction of 56.5 FTE and a 5% reduction would mean the reduction of 94.1 FTE. CDPHE's current request (including November 1 and January 2 submissions) includes a budget cut of 23.5 FTE, a 1.25% cut based on current FTE allocations, for FY 2025-26.

11. Describe steps the Department is taking to reduce operating expenditures for FY 2025-26.

Response: The Executive Branch's plan for reducing operating expenditures is reflected in the November 1, 2024 budget request. A table of all the cuts CDPHE is proposing is included below:

Table 4: Overview of CDPHE Budget Cuts

Decision Item	One-Time Funding Cut	Ongoing Funding Cut
Air Pollution Control Division: Sustainability and Fees	\$0	-\$2,460,000
Water Quality Control Division: Sustainability and Fees	-\$7,148,128	\$0
Electrifying School Buses Grant Program CF Sweep	-\$38,500,000	\$0
Nutrients Grant Fund & Natural Disaster CF Sweep	-\$388,790	\$0
Payments to LPHAs 5% Reduction	\$0	-\$945,220
Reimbursement to Coroners Line item Reduction	\$0	-\$79,500
HB23-1257 Implementation Savings	\$0	-\$141,880
Sunset the Disordered Eating Program	\$0	-\$91,398
Sunset the Kidney Disease Task Force	\$0	-\$86,549
FY25 Supplementals	-\$7,340,000	\$0
Governor's Statewide Requests	\$0	-\$1,506,254
DCPHR FTE Reduction	\$0	-\$400,000
Sub-Total	-\$53,376,918	-\$5,710,801
Total Cut	-\$59,087,719	

12. For each operating line item, identify the total expenditure at the end of the 3rd quarter for each of the last three fiscal years, as well as the total appropriation for the fiscal year.

Response: DPA will provide a statewide report including this information in aggregate, by department and line item.

Please see the response in this link [Question #12 3-yr Budget Q3 Expenses CDPHE](#).

13. Please provide an overview of the department's service efforts. In your response, describe the following:

- a Populations served by the Department*
- b The target populations of the Department's services*
- c Number of people served by the Department*
- d Outcomes measured by the Department*
- e Present and future strategies for collecting customer experience data*

Response: CDPHE's mission and vision is to advance the health of the citizens of Colorado and provide a healthy and sustainable environment where current and future generations thrive. The department pursues its mission through broad health and environmental protection programs and activities. These include: chronic disease prevention; control of infectious diseases; family planning; injury and suicide prevention; general promotion of health and wellness; provision of health statistics and vital records; health facilities licensure and certification; laboratory and radiation services; emergency preparedness; air and water quality protection; hazardous waste and solid waste management; pollution prevention; and consumer protection. Given the broad scope of work under the umbrella of the department, CDPHE considers its service population the entire state of Colorado, which according to an estimate from the [US Census Bureau](#), was an estimated almost 6 million people in July 2024.

Considering the various types of work the department completes to serve Colorado's citizens, there are a large number of outcomes that CDPHE measures. Some examples that are tied to the department's recent Wildly Important Goals (WIGs) are outlined below:

- Various types of environmental permits issued by the Air and Water divisions;
- Measurements of contaminants in the atmosphere and water supplies, including tracking progress improvement;
- Immunization rates and vaccination clinic participation rates;
- Health facility permits and inspections;
- Number of various types of sites that have had some form of hazardous materials mitigation;
- Rates of disease (including HIV, syphilis, and other STIs) and suicide, including tracking process improvement;
- Among many others.

The unique nature of the various areas of responsibility for the department and the measures of service and progress can be found on the department's public-facing [website](#). Each division has a

unique skillset, and detailed information about each of the divisions' efforts can be found under their portion of the website. The department can provide more detailed metrics about any of its specific efforts upon request.

All actions that CDPHE takes to ensure the health and environmental protection of Colorado's Citizens includes measures to advance inclusion, diversity, equity, and accessibility to serve all Coloradans. These include minorities, disproportionately impacted (DI) communities, tribal communities, and LGBTQIA+ communities.

A [Description of the Long Bill Line Items](#) and last year's department SMART presentations are linked here: [Environmental Programs Presentation](#) and [Health Programs Presentation](#).

14. For each TABOR non-exempt cash fund, provide the following information

- a The amount in the cash fund*
- b Total amount of revenue in the fund that would not be transferred*
- c Detailed explanation of why the fund should not be sunset*
- d Statutory reference of the fund creation, specific uses, and legislative history of changes to the fund*
- e Every program funded by the fund*
- f Explanation of how fees to the fund are set and a history of fee changes*
- g The number of people provided service by the programs funded through the cash fund*
- h Any additional information necessary to ensure the Joint Budget Committee can make an informed decision.*

Response: Much of this information can be found in department submissions (Schedule 9). OSPB has provided staff with other tools to review cash funds to provide the committee with additional information.

						1,974.3	1,882.6	91.7
Division	LBLI	LBLI Name	CPPS Job Class	Job class name	Sum of Actual FTE revised	Appropriation (LB +SB)	Variance	
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	160CFO	CHIEF FINANCIAL OFFICER	1.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	160DDH	DEPUTY DEPARTMENT HEAD	0.2			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	160DEA	EXECUTIVE ASSISTANT	1.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	160DLL	LEGISLATIVE LIAISON	0.6			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	160HRD	HUMAN RESOURCES DIRECT	0.9			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	160PIO	PUBLIC INFORMATION OFFI	1.1			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	160SES	SENIOR EXECUTIVE SERVICE	6.3			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	162500	EXECUTIVE DIRECTOR	1.3			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	C7C3XX	HEALTH PROFESSIONAL III	1.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	C7C5XX	HEALTH PROFESSIONAL V	0.1			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	D6D2XX	STRUCTURAL TRADES II	0.9			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	D6E1XX	UTILITY PLANT OPER I	1.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	D9D2XX	LTC OPERATIONS II	1.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	G3A2TX	ADMIN ASSISTANT I	0.1			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1A3XX	PROGRAM MANAGEMENT II	2.9			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1A4XX	PROGRAM MANAGEMENT II	4.2			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1B3XX	ADMINISTRATOR III	6.6			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1B4XX	ADMINISTRATOR IV	4.8			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1B5XX	ADMINISTRATOR V	2.5			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1C3XX	ANALYST III	0.9			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1C4XX	ANALYST IV	1.8			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1C5XX	ANALYST V	1.3			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1C6XX	#N/A	0.3			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1D2XX	DATA MANAGEMENT II	0.7			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1D3XX	DATA MANAGEMENT III	0.2			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1D4XX	DATA MANAGEMENT IV	0.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1E4XX	SCINT PRGMR/ANLST IV	0.7			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1H3XX	CONTRACT ADMINISTRATOR	3.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1H4XX	CONTRACT ADMINISTRATOR	2.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1H6XX	CONTRACT ADMINISTRATOR	1.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1I4XX	GRANTS SPECIALIST IV	1.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1J3XX	PLANNING SPECIALIST III	0.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1K1XX	PROJECT COORDINATOR	1.8			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1K2XX	PROJECT MANAGER I	5.4			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1L4XX	PURCHASING AGENT IV	1.3			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1L5XX	PURCHASING AGENT V	1.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1L6XX	PURCHASING AGENT VI	1.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1R3XX	POLICY ADVISOR III	1.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1R5XX	POLICY ADVISOR V	0.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1S4XX	PUB HLTH & CMTY OUT IV	1.1			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H1S5XX	PUB HLTH & CMTY OUT V	0.2			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H4G1XX	HUMAN RESOURCES SPEC I	1.1			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H4G2XX	HUMAN RESOURCES SPEC II	1.8			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H4G3XX	HUMAN RESOURCES SPEC II	2.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H4G4XX	HUMAN RESOURCES SPEC IV	2.9			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H4G5XX	HUMAN RESOURCES SPEC V	2.8			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H4G6XX	HUMAN RESOURCES SPEC V	1.2			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H4I4XX	TRAINING SPECIALIST IV	1.8			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H4I5XX	TRAINING SPECIALIST V	0.5			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H4K3XX	MKTG & COMM SPEC III	0.7			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H4K4XX	MKTG & COMM SPEC IV	2.7			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H4M2TX	TECHNICIAN II	0.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H4M3XX	TECHNICIAN III	1.9			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H4M4XX	TECHNICIAN IV	-			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H4M5XX	TECHNICIAN V	1.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H4R2XX	PROGRAM ASSISTANT II	1.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H5E1XX	LEGAL ASSISTANT I	1.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H6G8XX	MANAGEMENT	3.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H8A1XX	ACCOUNTANT I	5.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H8A2XX	ACCOUNTANT II	7.1			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H8A3XX	ACCOUNTANT III	2.6			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H8A4XX	ACCOUNTANT IV	1.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H8B3XX	ACCOUNTING TECHNICIAN I	1.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H8C1XX	CONTROLLER I	2.1			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H8C3XX	CONTROLLER III	1.1			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H8D3XX	AUDITOR II	2.2			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H8D5XX	AUDITOR IV	1.0			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H8E2XX	BUDGET ANALYST II	1.3			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H8E3XX	BUDGET & POLICY ANLST III	3.9			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H8E4XX	BUDGET & POLICY ANLST IV	2.1			
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	H8E5XX	BUDGET & POLICY ANLST V	1.0			

ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	I1B1XX	STATISTICAL ANALYST I	1.0		
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	I1B2XX	STATISTICAL ANALYST II	1.5		
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	I1B4XX	STATISTICAL ANALYST IV	0.9		
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	I3A2TF	ENVIRON PROTECT SPEC I	0.5		
ADMIN	23700	Personal Services - 01. Administration and Support, (A) Administration	P1A1XX	TEMPORARY AIDE	0.3		
Total		Personal Services - 01. Administration and Support, (A) Administration,			124.6	91.2	33.4
ADMIN		Arie P. Taylor Sickle Cell Disease Outreach Program - 01. Administration and Support, (A) Administration,					
ADMIN	24110	Program Costs - 01. Administration and Support, (B) Office of Health Equity	160SES	SENIOR EXECUTIVE SERVICE	1.2		
ADMIN	24110	Program Costs - 01. Administration and Support, (B) Office of Health Equity	H1A3XX	PROGRAM MANAGEMENT II	2.0		
ADMIN	24110	Program Costs - 01. Administration and Support, (B) Office of Health Equity	H1B3XX	ADMINISTRATOR III	0.8		
ADMIN	24110	Program Costs - 01. Administration and Support, (B) Office of Health Equity	H1B4XX	ADMINISTRATOR IV	1.0		
ADMIN	24110	Program Costs - 01. Administration and Support, (B) Office of Health Equity	H1D4XX	DATA MANAGEMENT IV	0.2		
ADMIN	24110	Program Costs - 01. Administration and Support, (B) Office of Health Equity	H1I4XX	GRANTS SPECIALIST IV	3.1		
ADMIN	24110	Program Costs - 01. Administration and Support, (B) Office of Health Equity	H1K3XX	PROJECT MANAGER II	0.2		
ADMIN	24110	Program Costs - 01. Administration and Support, (B) Office of Health Equity	H1Q3XX	LIAISON III	0.4		
ADMIN	24110	Program Costs - 01. Administration and Support, (B) Office of Health Equity	H1Q5XX	LIAISON V	1.0		
ADMIN	24110	Program Costs - 01. Administration and Support, (B) Office of Health Equity	H1R5XX	POLICY ADVISOR V	1.0		
ADMIN	24110	Program Costs - 01. Administration and Support, (B) Office of Health Equity	H1S4XX	PUB HLTH & CMTY OUT IV	1.0		
ADMIN	24110	Program Costs - 01. Administration and Support, (B) Office of Health Equity	H1S5XX	PUB HLTH & CMTY OUT V	1.0		
ADMIN	24110	Program Costs - 01. Administration and Support, (B) Office of Health Equity	H6G8XX	MANAGEMENT	0.1		
ADMIN	24110	Program Costs - 01. Administration and Support, (B) Office of Health Equity	H8E2XX	BUDGET ANALYST II	0.7		
ADMIN	24110	Program Costs - 01. Administration and Support, (B) Office of Health Equity	I1B2XX	STATISTICAL ANALYST II	0.0		
Total		Program Costs - 01. Administration and Support, (B) Office of Health Equity,			13.8	18.6	(4.8)
ADMIN	28030	Necessary Document Assistance - 01. Administration and Support, (B) Office of Health Equity	H1I4XX	GRANTS SPECIALIST IV	0.1		
Total		Necessary Document Assistance - 01. Administration and Support, (B) Office of Health Equity			0.1	0.1	0.0
ADMIN		Environmental Justice Ombudsperson - 01. Administration and Support - (B) Office of Health Equity and Environmental Justice - (2) Office of Environmental Justice					
Total		Environmental Justice Ombudsperson - 01. Administration and Support - (B) Office of Health Equity and Environmental Justice			-	7.7	(7.7)
ADMIN		Program Costs - 01. Administration and Support - (B) Office of Health Equity and Environmental Justice - (2) Office of Environmental Justice					
ADMIN		Environmental Justice Grants Program - 01. Administration and Support - (B) Office of Health Equity and Environmental Justice - (2) Office of Environmental Justice					
ADMIN	24530	Assessment, Planning, and Support Program - 01. Administration and Support, (C) Local Public Health Planning	H1B4XX	ADMINISTRATOR IV	0.2		
ADMIN	24530	Assessment, Planning, and Support Program - 01. Administration and Support, (C) Local Public Health Planning	H1S4XX	PUB HLTH & CMTY OUT IV	0.5		
ADMIN	24530	Assessment, Planning, and Support Program - 01. Administration and Support, (C) Local Public Health Planning	H1S5XX	PUB HLTH & CMTY OUT V	0.9		
ADMIN	24530	Assessment, Planning, and Support Program - 01. Administration and Support, (C) Local Public Health Planning	H4R2XX	PROGRAM ASSISTANT II	1.0		
ADMIN	24530	Assessment, Planning, and Support Program - 01. Administration and Support, (C) Local Public Health Planning	H6G8XX	MANAGEMENT	0.9		
Total		Assessment, Planning, and Support Program - 01. Administration and Support, (C) Local Public Health Planning			3.6	7.4	(3.8)
CHED	24545	Program Costs - 02. Center for Health and Environmental Information, (A) Administration and Support,	160SES	SENIOR EXECUTIVE SERVICE	0.8		
CHED	24545	Program Costs - 02. Center for Health and Environmental Information, (A) Administration and Support,	H1A3XX	PROGRAM MANAGEMENT II	0.8		
CHED	24545	Program Costs - 02. Center for Health and Environmental Information, (A) Administration and Support,	H1B3XX	ADMINISTRATOR III	0.8		
CHED	24545	Program Costs - 02. Center for Health and Environmental Information, (A) Administration and Support,	H1B4XX	ADMINISTRATOR IV	0.9		
CHED	24545	Program Costs - 02. Center for Health and Environmental Information, (A) Administration and Support,	H1D3XX	DATA MANAGEMENT III	0.0		
CHED	24545	Program Costs - 02. Center for Health and Environmental Information, (A) Administration and Support,	H4K3XX	MKTG & COMM SPEC III	0.6		
CHED	24545	Program Costs - 02. Center for Health and Environmental Information, (A) Administration and Support,	H4R2XX	PROGRAM ASSISTANT II	0.8		
CHED	24545	Program Costs - 02. Center for Health and Environmental Information, (A) Administration and Support,	H8E2XX	BUDGET ANALYST II	0.8		
Total		Program Costs - 02. Center for Health and Environmental Information, (A) Administration and Support,			5.5	3.8	1.7
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	160SES	SENIOR EXECUTIVE SERVICE	0.0		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	G3A2TX	ADMIN ASSISTANT I	0.1		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H1A3XX	PROGRAM MANAGEMENT II	1.6		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H1A4XX	PROGRAM MANAGEMENT II	2.5		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H1B3XX	ADMINISTRATOR III	1.8		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H1B4XX	ADMINISTRATOR IV	0.0		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H1B5XX	ADMINISTRATOR V	2.0		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H1D2XX	DATA MANAGEMENT II	0.4		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H1D4XX	DATA MANAGEMENT IV	0.3		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H1D5XX	DATA MANAGEMENT V	0.1		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H1K2XX	PROJECT MANAGER I	0.1		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H4K3XX	MKTG & COMM SPEC III	0.0		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H4M1IX	TECHNICIAN I	0.0		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H4M2TX	TECHNICIAN II	1.0		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H4M3XX	TECHNICIAN III	5.4		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H4M4XX	TECHNICIAN IV	10.8		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H4M5XX	TECHNICIAN V	3.0		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H4R2XX	PROGRAM ASSISTANT II	1.0		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H8E2XX	BUDGET ANALYST II	0.0		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H9A2XX	BUSINESS APPLIC SUPP SPEC	0.5		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H9A3XX	BUSINESS APPLIC SUPP SPEC	0.9		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	I1B1XX	STATISTICAL ANALYST I	3.5		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	I1B2XX	STATISTICAL ANALYST II	0.8		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	I1B3XX	STATISTICAL ANALYST III	0.5		
CHED	28020	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	P1A1XX	TEMPORARY AIDE	1.0		
Total		Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records			37.4	51.0	(13.6)
CHED	28051	Health Survey - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	160SES	SENIOR EXECUTIVE SERVICE	0.1		
CHED	28051	Health Survey - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	G3A2TX	ADMIN ASSISTANT I	0.5		
CHED	28051	Health Survey - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H1A3XX	PROGRAM MANAGEMENT II	0.2		
CHED	28051	Health Survey - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H1A4XX	PROGRAM MANAGEMENT II	0.2		
CHED	28051	Health Survey - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H1B3XX	ADMINISTRATOR III	0.1		
CHED	28051	Health Survey - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H1B4XX	ADMINISTRATOR IV	0.1		
CHED	28051	Health Survey - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H1D2XX	DATA MANAGEMENT II	0.3		
CHED	28051	Health Survey - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records	H1D3XX	DATA MANAGEMENT III	0.2		

Object Code	TF	GF	CF	RF	FF
1130 Statutory Personnel & Payroll System Overtime Wages	\$105,822	\$22,604	\$50,699	\$10,252	\$22,267
1131 Statutory Personnel & Payroll System Shift Diff. Wages	\$5,403	\$0	\$0	\$0	\$5,403
1140 Statutory Personnel & Payroll System Annual Leave Payments	\$951,343	\$125,544	\$53,427	\$762,514	\$9,859
1141 Statutory Personnel & Payroll System Sick Leave Payments	\$78,482	\$5,710	\$6,481	\$65,642	\$650
1340 Employee Cash Incentive Awards	\$16,616	\$11,247	\$2,522	\$2,662	\$185
1350 Employee Non-Cash Incentive Awards	\$665	\$436	\$229	\$0	\$0
1370 Employee Commission Incentive Pay	\$0	\$0	\$0	\$0	\$0
1510 Dental Insurance	\$920,024	\$209,716	\$250,019	\$77,480	\$382,809
1511 Health Insurance	\$18,924,847	\$4,297,132	\$5,128,180	\$1,593,180	\$7,906,356
1512 Life Insurance	\$215,970	\$64,993	\$49,112	\$16,608	\$85,257
1524 PERA - AED	\$7,365,405	\$1,810,438	\$1,889,146	\$660,764	\$3,005,056
1525 PERA - SAED	\$7,353,825	\$1,793,553	\$1,888,845	\$661,026	\$3,010,401
1531 Higher Education Tuition Reimbursement	\$33,134	\$6,888	\$3,618	\$22,577	\$51

Object Code	TF	GF	CF	RF	FF
1130 Statutory Personnel & Payroll	\$71,233	\$22,737	\$27,825	\$2,321	\$18,350
1131 Statutory Personnel & Payroll	\$5,868	\$1,169	\$401	\$0	\$4,297
1140 Statutory Personnel & Payroll	\$868,487	\$76,823	\$12,598	\$764,409	14,656
1141 Statutory Personnel & Payroll	\$63,133	\$3,689	\$4,171	\$55,239	\$34
1340 Employee Cash Incentive Awards	\$21,704	\$4,212	\$6,516	\$9,054	\$1,922
1550 Employee Non-Cash Incentive	\$2,316	\$0	\$0	\$0	\$2,316
1570 Employee Commission Incentive	\$0	\$0	\$0	\$0	\$0
1510 Dental Insurance	\$1,070,885	\$182,357	\$327,816	\$92,617	\$468,095
1511 Health Insurance	\$23,020,082	\$3,955,170	\$7,033,888	\$1,952,264	\$10,078,760
1512 Life Insurance	\$214,434	\$36,119	\$64,091	\$18,134	\$96,090
1524 PERA - AED	\$8,461,119	\$1,493,681	\$2,579,118	\$718,659	\$3,669,661
1525 PERA - SAED	\$8,484,399	\$1,494,050	\$2,596,211	\$717,662	\$3,676,476
1531 Higher Education Fund for	\$59,007	\$10,034	\$4,185	\$39,866	\$4,922

			FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Division	Program	Category	FTE	FTE	FTE	FTE	FTE	FTE
ADMIN	Personal Services - 01. Administration and Support, (A) Administration,							
		Allocated FTE (LB+SB)	78.30	78.50	81.20	81.20	86.30	91.20
		Actual FTE	74.40	89.90	93.40	79.90	82.25	124.60
ADMIN	Environmental Justice Ombudsperson - 01. Administration and Support, (A) Administration,							
		Allocated FTE (LB+SB)	0.00			0.00	4.00	7.70
		Actual FTE	0.00	0.00	0.00	0.00	2.49	0.00
ADMIN	Program Costs - 01. Administration and Support, (B) Office of Health Equity,							
		Allocated FTE (LB+SB)	4.30	4.80	6.60	18.40	18.60	18.60
		Actual FTE	2.80	4.40	5.30	8.57	10.69	13.77
ADMIN	Necessary Document Assistance - 01. Administration and Support, (B) Office of Health Equity							
		Allocated FTE (LB+SB)	0.10	0.10	0.10	0.10	0.10	0.10
		Actual FTE	0.10	0.10	0.30	0.14	0.21	0.14
ADMIN	Assessment, Planning, and Support Program - 01. Administration and Support, (C) Local Public Health Planning and Support,							
		Allocated FTE (LB+SB)	8.40	8.40	8.40	7.40	7.40	7.40
		Actual FTE	3.10	4.30	2.70	3.97	2.71	3.56
CHED	Program Costs - 02. Center for Health and Environmental Information, (A) Administration and Support,							
		Allocated FTE (LB+SB)	3.80	3.80	3.80	3.80	3.90	3.80
		Actual FTE	5.60	4.30	4.50	5.45	4.34	5.47
CHED	Personal Services - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records,							
		Allocated FTE (LB+SB)	48.20	48.70	48.40	50.80	51.00	51.00
		Actual FTE	42.60	52.10	45.20	42.33	30.84	37.37
CHED	Health Survey - 02. Center for Health and Environmental Information, (B) Health Statistics and Vital Records,							
		Allocated FTE (LB+SB)		0.00	0.00	0.00	2.50	2.70
		Actual FTE	0.00	0.00	0.00	0.00	4.80	6.33
CHED	Personal Services - 02. Center for Health and Environmental Information, (C) Medical Marijuana Registry,							
		Allocated FTE (LB+SB)	18.60	18.80	18.80	19.60	23.50	22.20
		Actual FTE	12.60	15.90	16.60	16.03	13.43	14.74
CHED	Cancer Registry - 02. Center for Health and Environmental Information, (D) Health Data Programs and Information,							
		Allocated FTE (LB+SB)	10.20	10.20	10.20	10.20	10.20	10.20
		Actual FTE	9.80	9.70	9.90	12.29	7.83	9.04
CHED	Birth Defects Monitoring and Prevention Program - 02. Center for Health and Environmental Information, (D) Health Data Programs and Information,							
		Allocated FTE (LB+SB)	13.60	14.60	14.60	14.60	14.60	14.60
		Actual FTE	7.40	5.80	4.50	2.66	2.05	2.73
CHED	Health Information Exchange - 02. Center for Health and Environmental Information, (D) Health Data Programs and Information,							
		Allocated FTE (LB+SB)	0.00	0.00	0.00	0.00	0.00	0.00
		Actual FTE	0.00		0.00	0.08	0.00	0.00
DCPHR	Administration and Support - 03. Disease Control and Public Health Response, (A) Administration,							
		Allocated FTE (LB+SB)				180.00	184.10	181.90
		Actual FTE				20.36	100.84	98.55
DCPHR	Marijuana Health Effects Monitoring - 03. Disease Control and Public Health Response, (B) General Disease Control and Surveillance,							
		Allocated FTE (LB+SB)				4.00	4.00	4.00
		Actual FTE				2.21	2.10	2.99
DCPHR	Immunization Personal Services - 03. Disease Control and Public Health Response, (B) General Disease Control and Surveillance,							
		Allocated FTE (LB+SB)				25.40	25.40	25.40
		Actual FTE				60.42	60.59	52.95

DCPHR	Immunization Operating Expense - 03. Disease Control and Public Health Response, (B) General Disease Control and Surveillance,							
	Allocated FTE (LB+SB)							0.00
	Actual FTE							6.69
DCPHR	Tuberculosis Control and Treatment - 03. Disease Control and Public Health Response, (B) General Disease Control and Surveillance,							
	Allocated FTE (LB+SB)					13.10	13.10	13.10
	Actual FTE					3.25	3.89	4.12
DCPHR	Federal Grants - 03. Disease Control and Public Health Response, (B) General Disease Control and Surveillance,							
	Allocated FTE (LB+SB)					9.20	9.20	9.20
	Actual FTE					219.18	197.69	219.94
DCPHR	Certification - 03. Disease Control and Public Health Response, (C) Laboratory Services,							
	Allocated FTE (LB+SB)					22.70	22.30	22.30
	Actual FTE					13.67	11.44	12.81
DCPHR	Chemistry and Microbiology Personal Services - 03. Disease Control and Public Health Response, (C) Laboratory Services,							
	Allocated FTE (LB+SB)					53.60	54.10	54.10
	Actual FTE					27.53	31.32	37.53
DCPHR	Regulatory Oversight Program - 03. Disease Control and Public Health Response, (C) Laboratory Services,							
	Allocated FTE (LB+SB)						1.60	4.00
	Actual FTE						0.00	0.00
DCPHR	Natural Medicine Program - 03. Disease Control and Public Health Response, (C) Laboratory Services,							
	Allocated FTE (LB+SB)							4.10
	Actual FTE							0.64
DCPHR	Emergency Preparedness and Response Program - 03. Disease Control and Public Health Response, (D) Office of Emergency Preparedness and Response,							
	Allocated FTE (LB+SB)					21.50	21.10	21.10
	Actual FTE					34.24	54.24	65.31
DCPHR	State Directed Emergency Preparedness and Response - 03. Disease Control and Public Health Response, (D) Office of Emergency Preparedness and Response,							
	Allocated FTE (LB+SB)					3.80	4.40	18.40
	Actual FTE					0.00	1.37	12.40
APCD	Program Costs - 04. Air Pollution Control Division, (A) Administration,							
	Allocated FTE (LB+SB)	17.80	22.90	23.70	23.70	54.50	52.50	
	Actual FTE	14.20	20.90	21.30	15.38	30.02	38.09	
APCD	Personal Services - 04. Air Pollution Control Division, (B) Technical Services,							
	Allocated FTE (LB+SB)	33.70	33.70	33.70	33.70	33.70	44.70	
	Actual FTE	26.90	32.20	30.00	27.57	20.24	47.23	
APCD	Personal Services - 04. Air Pollution Control Division, (C) Mobile Sources,							
	Allocated FTE (LB+SB)	26.40	26.40	26.40	26.70	27.40	39.90	
	Actual FTE	24.30	29.40	30.00	31.91	27.60	40.27	
APCD	Operating Expenses - 04. Air Pollution Control Division, (C) Mobile Sources,							
	Allocated FTE (LB+SB)					8.30	0.00	
	Actual FTE						0.00	
APCD	Diesel Inspection / Maintenance Program - 04. Air Pollution Control Division, (C) Mobile Sources,							
	Allocated FTE (LB+SB)	6.30	6.30	6.30	6.30	6.30	6.30	
	Actual FTE	5.50	7.00	7.40	6.73	5.98	6.17	
APCD	Transfer to the Clean Fleet Enterprise Initial Expenses Fund (S.B. 21-260) - 04. Air Pollution Control Division, (C) Mobile Sources,							
	Allocated FTE (LB+SB)			0.00	0.00	0.00	0.00	
	Actual FTE	0.00	0.00	0.00	2.91	0.00	0.00	
APCD	Personal Services - 04. Air Pollution Control Division, (D) Stationary Sources,							
	Allocated FTE (LB+SB)	95.60	97.40	116.00	144.70	202.10	234.10	
	Actual FTE	76.20	97.20	93.60	97.95	121.71	170.66	

APCD	Preservation of the Ozone Layer - 04. Air Pollution Control Division, (D) Stationary Sources,							
	Allocated FTE (LB+SB)	2.00	2.00	2.00	2.00	2.00	2.00	2.00
	Actual FTE	0.00	1.70	1.60	1.52	1.27	1.69	
APCD	Program costs - 04. Air Pollution Control Division, (E) Climate Services,							
	Allocated FTE (LB+SB)							14.00
	Actual FTE							12.76
WQCD	Administration - 05. Water Quality Control Division, (A) Administration,							
	Allocated FTE (LB+SB)	19.40	19.40	19.40	19.40	19.40	30.80	
	Actual FTE	14.00	17.60	18.90	22.59	20.95	28.72	
WQCD	Commerce and Industry Sector - 05. Water Quality Control Division, (B) Clean Water Sectors,							
	Allocated FTE (LB+SB)	25.40	25.40	25.40	25.40	25.40	25.40	
	Actual FTE	15.80	19.20	20.80	20.06	16.18	18.71	
WQCD	Construction Sector - 05. Water Quality Control Division, (B) Clean Water Sectors,							
	Allocated FTE (LB+SB)	20.30	20.30	20.30	20.30	20.30	23.30	
	Actual FTE	18.20	21.60	18.90	18.07	15.65	20.29	
WQCD	Municipal Separate Storm Sewer System Sector - 05. Water Quality Control Division, (B) Clean Water Sectors,							
	Allocated FTE (LB+SB)	3.10	3.10	3.10	3.10	3.10	3.10	
	Actual FTE	2.20	2.90	2.60	2.51	2.58	2.70	
WQCD	Pesticides Sector - 05. Water Quality Control Division, (B) Clean Water Sectors,							
	Allocated FTE (LB+SB)	1.00	1.00	1.00	1.00	1.00	1.00	
	Actual FTE	1.00	1.10	1.00	1.00	0.85	0.98	
WQCD	Public and Private Utilities Sector - 05. Water Quality Control Division, (B) Clean Water Sectors,							
	Allocated FTE (LB+SB)	44.00	44.30	44.30	44.30	44.30	47.30	
	Actual FTE	31.10	36.40	33.00	33.35	29.27	32.46	
WQCD	Water Quality Certification Sector - 05. Water Quality Control Division, (B) Clean Water Sectors,							
	Allocated FTE (LB+SB)	1.50	1.50	1.50	1.50	1.50	1.50	
	Actual FTE	0.70	1.00	0.40	0.22	0.16	0.12	
WQCD	Clean Water Program Costs - 05. Water Quality Control Division, (C) Clean Water Program,							
	Allocated FTE (LB+SB)	0.60	1.60	1.30	1.30	2.00	20.70	
	Actual FTE	2.60	6.10	15.50	21.44	19.33	26.06	
WQCD	Local Grants and Contracts - 05. Water Quality Control Division, (C) Clean Water Program,							
	Allocated FTE (LB+SB)	0.00	0.00	0.00	0.00	0.00	0.00	
	Actual FTE	0.00	11.50	1.20	0.77	0.48	0.31	
WQCD	Water Quality Improvement - 05. Water Quality Control Division, (C) Clean Water Program,							
	Allocated FTE (LB+SB)	0.00	0.00	0.00	0.00	0.00	0.00	
	Actual FTE	0.00	0.30	0.30	0.09	0.54	1.11	
WQCD	Personal Services - 05. Water Quality Control Division, (D) Drinking Water Program,							
	Allocated FTE (LB+SB)	65.60	65.60	64.40	64.40	72.80	79.30	
	Actual FTE	53.50	67.20	71.90	72.85	71.56	89.94	
HMWMD	Program Costs - 06. Hazardous Materials and Waste Management Division, (A) Administration,							
	Allocated FTE (LB+SB)	19.00	19.00	13.20	13.20	13.20	14.20	
	Actual FTE	8.50	3.60	3.30	4.75	5.23	14.56	
HMWMD	Personal Services - 06. Hazardous Materials and Waste Management Division, (B) Hazardous Waste Control Program,							
	Allocated FTE (LB+SB)	25.90	25.90	25.90	25.90	25.90	25.90	
	Actual FTE	21.60	30.30	28.00	26.54	21.20	22.29	
HMWMD	Emerging Contaminants - 06. Hazardous Materials and Waste Management Division, (B) Hazardous Waste Control Program,							
	Allocated FTE (LB+SB)						0.90	
	Actual FTE						0.17	

HMWMD	Program Costs - 06. Hazardous Materials and Waste Management Division, (C) Solid Waste Control,							
		Allocated FTE (LB+SB)	22.20	22.20	21.50	21.50	22.30	23.70
		Actual FTE	22.00	28.30	27.40	26.06	20.70	23.88
HMWMD	Personal Services - 06. Hazardous Materials and Waste Management Division, (D) Contaminated Site Cleanups and Remediation Programs,							
		Allocated FTE (LB+SB)	18.80	18.80	18.80	18.80	18.80	18.80
		Actual FTE	9.70	12.30	12.80	12.98	13.62	15.72
HMWMD	Contaminated Sites Operation and Maintenance - 06. Hazardous Materials and Waste Management Division, (D) Contaminated Site Cleanups and Remediation Programs,							
		Allocated FTE (LB+SB)	0.00	0.00	0.00	0.00	0.00	0.00
		Actual FTE	0.00	0.00	0.00	0.00	0.00	0.03
HMWMD	Brownfields Cleanup Program - 06. Hazardous Materials and Waste Management Division, (D) Contaminated Site Cleanups and Remediation Programs,							
		Allocated FTE (LB+SB)	0.00	0.00	0.00	0.00	0.00	0.00
		Actual FTE	0.00	1.80	1.60	2.44	2.75	2.30
HMWMD	Uranium Mill Tailings Remedial Action Program - 06. Hazardous Materials and Waste Management Division, (D) Contaminated Site Cleanups and Remediation Programs,							
		Allocated FTE (LB+SB)	2.50	2.50	2.50	2.50	2.50	2.50
		Actual FTE	2.50	3.10	2.30	2.14	1.78	2.24
HMWMD	Rocky Flats Program Costs - 06. Hazardous Materials and Waste Management Division, (D) Contaminated Site Cleanups and Remediation Programs,							
		Allocated FTE (LB+SB)	2.10	2.10	2.10	2.10	2.10	2.10
		Actual FTE	0.90	1.10	0.90	0.87	0.86	0.77
HMWMD	Personal Services - 06. Hazardous Materials and Waste Management Division, (E) Radiation Management,							
		Allocated FTE (LB+SB)	20.70	20.70	20.70	20.70	20.70	20.70
		Actual FTE	17.60	21.40	24.80	25.42	20.00	21.58
HMWMD	Waste Tire Cleanup Program - 06. Hazardous Materials and Waste Management Division, (F) Waste Tire Program,							
		Allocated FTE (LB+SB)	5.00	5.00	7.80	7.80	7.80	7.80
		Actual FTE	6.90	8.20	9.80	10.49	12.08	13.37
DEHS	Administration and Support - 07. Division of Environmental Health and Sustainability							
		Allocated FTE (LB+SB)	7.50	7.50	7.50	7.50	7.50	7.60
		Actual FTE	6.60	8.20	7.90	8.77	7.87	11.19
DEHS	Environmental Health Programs - 07. Division of Environmental Health and Sustainability							
		Allocated FTE (LB+SB)	22.30	22.30	22.30	22.30	22.30	25.80
		Actual FTE	19.50	24.30	23.10	25.41	22.89	24.25
DEHS	Sustainability Programs - 07. Division of Environmental Health and Sustainability							
		Allocated FTE (LB+SB)	8.60	8.60	6.10	6.10	6.10	6.10
		Actual FTE	4.40	5.30	3.60	4.28	5.53	6.41
DEHS	Animal Feeding Operations Program - 07. Division of Environmental Health and Sustainability, (A) Division of Environmental Health and Sustainability,							
		Allocated FTE (LB+SB)	3.40	3.40	3.40	3.40	3.40	3.40
		Actual FTE	3.40	4.10	3.90	3.83	3.45	3.82
DEHS	Recycling Resources Economic Opportunity Program - 07. Division of Environmental Health and Sustainability							
		Allocated FTE (LB+SB)	1.40	1.40	3.50	2.60	2.60	2.60
		Actual FTE	1.40	2.10	3.10	2.41	2.23	2.37
DEHS	Oil And Gas Consultation Program - 07. Division of Environmental Health and Sustainability							
		Allocated FTE (LB+SB)	0.90	0.90	0.90	0.90	0.90	0.90
		Actual FTE	0.80	1.00	0.90	0.71	0.81	0.89
DEHS	Household Take-back Medication Program - 07. Division of Environmental Health and Sustainability							
		Allocated FTE (LB+SB)	0.00	0.40	0.30	0.30	0.30	0.30
		Actual FTE	0.00	0.80	0.80	0.86	0.82	0.60
DEHS	Cottage Foods Program - 07. Division of Environmental Health and Sustainability							
		Allocated FTE (LB+SB)	1.20	1.20	1.20	1.20	1.20	1.20
		Actual FTE	0.70	0.60	0.70	0.81	0.66	0.73

DEHS	Toxicology and Environmental Epidemiology Unit - 07. Division of Environmental Health and Sustainability							
		Allocated FTE (LB+SB)			0.00	11.00	15.00	15.00
		Actual FTE				3.42	4.00	5.18
OHVHS	Administration and Support - 08. Office of HIV, Viral Hepatitis and STI's							
		Allocated FTE (LB+SB)			0.00	2.50	2.50	2.50
		Actual FTE				0.51	0.67	0.83
OHVHS	Sexually Transmitted Infections, HIV and AIDS Personal Services - 08. Office of HIV, Viral Hepatitis and STI's							
		Allocated FTE (LB+SB)			39.90	39.90	39.90	40.90
		Actual FTE				40.58	50.57	54.67
OHVHS	Ryan White Act Personal Services - 08. Office of HIV, Viral Hepatitis and STI's							
		Allocated FTE (LB+SB)			10.20	10.20	10.20	10.20
		Actual FTE				17.26	18.66	23.43
OHVHS	Viral Hepatitis Program Costs - 08. Office of HIV, Viral Hepatitis and STI's							
		Allocated FTE (LB+SB)				0.00	0.00	0.00
		Actual FTE				2.35	3.33	3.75
PSD	Administration - 09. Prevention Services Division, (A) Administration,							
		Allocated FTE (LB+SB)	31.70	34.70	31.90	31.90	33.40	34.90
		Actual FTE	25.00	35.10	29.70	28.80	30.83	39.56
PSD	Chronic Disease and Cancer Prevention Grants - 09. Prevention Services Division, (B) Chronic Disease Prevention Programs,							
		Allocated FTE (LB+SB)	37.30	37.30	37.30	38.80	38.80	39.70
		Actual FTE	33.60	40.00	38.90	37.24	34.07	40.36
PSD	Breast and Cervical Cancer Screening - 09. Prevention Services Division, (B) Chronic Disease Prevention Programs,							
		Allocated FTE (LB+SB)	7.20	7.20	7.20	7.20	7.20	7.20
		Actual FTE	8.70	8.40	8.00	9.41	8.59	9.63
PSD	Cancer, Cardiovascular Disease, and Chronic Pulmonary Disease Program Administration - 09. Prevention Services Division, (B) Chronic Disease Prevention Programs,							
		Allocated FTE (LB+SB)	6.70	6.70	6.70	6.70	6.70	6.70
		Actual FTE	4.20	4.70	4.50	4.50	4.53	5.87
PSD	Tobacco Education, Prevention, and Cessation Program Administration - 09. Prevention Services Division, (B) Chronic Disease Prevention Programs,							
		Allocated FTE (LB+SB)	6.90	6.90	6.90	6.90	6.90	6.90
		Actual FTE	3.90	4.60	2.70	3.20	3.49	3.97
PSD	Oral Health Programs - 09. Prevention Services Division, (B) Chronic Disease Prevention Programs,							
		Allocated FTE (LB+SB)	4.10	4.10	4.10	4.10	4.10	4.10
		Actual FTE	7.30	8.10	1.60	7.46	7.12	9.30
PSD	Marijuana Education Campaign - 09. Prevention Services Division, (B) Chronic Disease Prevention Programs,							
		Allocated FTE (LB+SB)	3.70	3.70	0.00	2.00	2.00	2.00
		Actual FTE	2.90	2.90	1.60	1.96	1.44	1.52
PSD	Community Health Workers Initiative - 09. Prevention Services Division, (B) Chronic Disease Prevention Programs,							
		Allocated FTE (LB+SB)						2.00
		Actual FTE						1.59
PSD	Primary Care Office - 09. Prevention Services Division, (C) Primary Care Office,							
		Allocated FTE (LB+SB)	5.40	6.20	5.90	7.70	6.50	6.60
		Actual FTE	6.30	10.20	9.90	10.44	10.91	10.24
PSD	Reproductive Health Program - 09. Prevention Services Division, (D) Family and Community Health, (1) Women's Health							
		Allocated FTE (LB+SB)						0.00
		Actual FTE						0.09
PSD	Family Planning Program Administration - 09. Prevention Services Division, (D) Family and Community Health, (1) Women's Health							
		Allocated FTE (LB+SB)	9.90	9.90	9.90	9.90	9.90	9.90
		Actual FTE	3.60	3.00	3.80	3.67	4.12	4.68

PSD	Family Planning Federal Grants - 09. Prevention Services Division, (D) Family and Community Health, (1) Women's Health							
		Allocated FTE (LB+SB)	2.00	2.00	2.00	2.00	2.00	2.00
		Actual FTE	2.00	2.50	3.60	3.97	3.13	3.11
PSD	Maternal and Child Health - 09. Prevention Services Division, (D) Family and Community Health, (1) Women's Health							
		Allocated FTE (LB+SB)	9.50	11.10	11.10	11.60	11.90	11.90
		Actual FTE	5.70	10.80	11.00	12.02	11.05	13.00
PSD	Disordered Eating Prevention Program - 09. Prevention Services Division, (D) Family and Community Health, (1) Community Health							
		Allocated FTE (LB+SB)						0.20
		Actual FTE						0.08
PSD	Health Care Program for Children with Special Needs - 09. Prevention Services Division, (D) Family and Community Health, (2) Children and Youth Health							
		Allocated FTE (LB+SB)	14.40	14.40	14.40	14.40	14.40	14.40
		Actual FTE	10.50	11.90	11.60	11.17	8.53	10.03
PSD	Genetics Counseling Program Costs - 09. Prevention Services Division, (D) Family and Community Health, (2) Children and Youth Health							
		Allocated FTE (LB+SB)	1.00	1.00	1.00	1.00	1.00	1.00
		Actual FTE	0.50	0.70	1.00	0.91	0.65	0.00
PSD	School-based Health Centers - 09. Prevention Services Division, (D) Family and Community Health, (2) Children and Youth Health							
		Allocated FTE (LB+SB)	2.40	2.40	2.40	2.40	2.40	2.80
		Actual FTE	3.10	4.00	4.00	5.35	4.14	5.64
PSD	Child Fatality Prevention - 09. Prevention Services Division, (D) Family and Community Health, (2) Children and Youth Health							
		Allocated FTE (LB+SB)	2.90	3.00	2.90	2.90	2.90	2.90
		Actual FTE	2.60	2.50	2.20	2.43	1.45	1.48
PSD	Healthy Kids Colorado Survey - 09. Prevention Services Division, (D) Family and Community Health, (2) Children and Youth Health							
		Allocated FTE (LB+SB)	1.50	1.50	1.50	1.50	1.50	1.50
		Actual FTE	1.40	1.80	1.70	1.68	0.70	1.13
PSD	Federal Grants - 09. Prevention Services Division, (D) Family and Community Health, (2) Children and Youth Health							
		Allocated FTE (LB+SB)	7.50	7.50	7.50	7.50	7.50	7.50
		Actual FTE	2.10	1.40	1.50	1.60	2.61	2.99
PSD	Comprehensive Sex Education - 09. Prevention Services Division, (D) Family and Community Health, (2) Children and Youth Health							
		Allocated FTE (LB+SB)			1.30	1.30	1.30	1.30
		Actual FTE	0.00	0.00	0.00	1.41	0.86	1.05
PSD	Opiate Antagonist Bulk Purchase - 09. Prevention Services Division, (D) Family and Community Health, (3) Injury and Violence Prevention - Mental Health Promotion							
		Allocated FTE (LB+SB)		1.30	2.00	2.00	2.00	2.00
		Actual FTE	0.00	0.00	0.00	0.99	1.37	1.21
PSD	Suicide Prevention - 09. Prevention Services Division, (D) Family and Community Health, (3) Injury and Violence Prevention - Mental Health Promotion							
		Allocated FTE (LB+SB)	2.90	2.90	2.90	2.90	2.90	2.90
		Actual FTE	4.10	4.50	7.10	7.96	6.87	8.22
PSD	Injury Prevention- 09. Prevention Services Division, (D) Family and Community Health, (3) Injury and Violence Prevention - Mental Health Promotion							
		Allocated FTE (LB+SB)	13.40	13.40	13.40	13.40	13.40	13.40
		Actual FTE	19.20	21.40	23.50	21.91	19.14	21.29
PSD	Substance Abuse Prevention Program Costs - 09. Prevention Services Division, (D) Family and Community Health, (3) Injury and Violence Prevention - Mental Health Promotion							
		Allocated FTE (LB+SB)	4.50	4.50	4.50	4.50	4.50	4.50
		Actual FTE	4.50	5.10	4.80	5.92	5.01	5.63
PSD	Community Crime Victims Grant Program - 09. Prevention Services Division, (D) Family and Community Health, (3) Injury and Violence Prevention - Mental Health Promotion							
		Allocated FTE (LB+SB)		0.00	0.00	0.00	0.00	0.00
		Actual FTE	0.00	0.00	0.00	0.35	0.23	0.21
PSD	CARE Network - 09. Prevention Services Division, (D) Family and Community Health, (3) Injury and Violence Prevention - Mental Health Promotion							
		Allocated FTE (LB+SB)		0.60	0.40	0.40	0.40	0.40
		Actual FTE	0.00	0.00	0.00	0.22	0.14	0.19

PSD	Prevention Programming - 09. Prevention Services Division, (D) Family and Community Health, (3) Injury and Violence Prevention - Mental Health Promotion							
		Allocated FTE (LB+SB)			0.00	0.00	11.20	11.20
		Actual FTE	0.00	0.00	0.00	0.00	8.56	9.67
PSD	Harm Reduction Grant Program - 09. Prevention Services Division, (D) Family and Community Health, (3) Injury and Violence Prevention - Mental Health Promotion							
		Allocated FTE (LB+SB)		1.50	1.90	1.90	1.90	1.90
		Actual FTE	0.00	0.00	0.00	1.31	1.44	1.47
PSD	Office of Gun Violence Prevention - 09. Prevention Services Division, (D) Family and Community Health, (3) Injury and Violence Prevention - Mental Health Promotion							
		Allocated FTE (LB+SB)			0.00	2.00	0.00	0.00
		Actual FTE	0.00	0.00	0.00	0.54	0.57	0.01
PSD	Grant Prioritization Task Force - 09. Prevention Services Division, (D) Family and Community Health, (3) Injury and Violence Prevention - Mental Health Promotion							
		Allocated FTE (LB+SB)						1.00
		Actual FTE						0.12
PSD	Program Costs - 09. Prevention Services Division, (D) Family and Community Health, (4) Office of Gun Violence Prevention							
		Allocated FTE (LB+SB)			0.00	0.00	4.00	4.00
		Actual FTE	0.00	0.00	0.00	0.00	2.30	3.04
PSD	Women, Infants, and Children Supplemental Food Grant - 09. Prevention Services Division, (E) Nutrition Services							
		Allocated FTE (LB+SB)	16.90	16.90	16.90	16.90	16.90	16.90
		Actual FTE	17.90	20.00	19.70	21.15	18.07	24.40
PSD	Child and Adult Care Food Program - 09. Prevention Services Division, (E) Nutrition Services							
		Allocated FTE (LB+SB)	7.80	7.80	7.80	7.80	7.80	7.80
		Actual FTE	11.00	12.10	12.40	11.33	11.58	13.01
HFEMSD	Administration and Operations - 10. Health Facilities and Emergency Medical Services Division, (A) Operations Management,							
		Allocated FTE (LB+SB)	24.30	25.00	24.40	27.70	26.90	28.80
		Actual FTE	18.60	26.00	26.90	29.59	23.97	30.96
HFEMSD	Home and Community Survey - 10. Health Facilities and Emergency Medical Services Division, (B) Health Facilities Program,							
		Allocated FTE (LB+SB)	14.50	21.50	21.50	21.50	25.80	26.00
		Actual FTE	17.40	32.00	31.40	33.75	26.10	23.26
HFEMSD	Nursing and Acute Care Facility Survey - 10. Health Facilities and Emergency Medical Services Division, (B) Health Facilities Program,							
		Allocated FTE (LB+SB)	7.30	7.80	7.90	8.80	14.00	15.70
		Actual FTE	11.90	12.80	14.00	13.15	12.24	17.25
HFEMSD	Medicaid/Medicare Certification Program - 10. Health Facilities and Emergency Medical Services Division, (B) Health Facilities Program,							
		Allocated FTE (LB+SB)	111.40	111.40	111.40	111.40	111.40	111.40
		Actual FTE	95.80	110.20	105.70	98.78	84.55	105.39
HFEMSD	Behavioral Health Entity Licensing - 10. Health Facilities and Emergency Medical Services Division, (B) Health Facilities Program,							
		Allocated FTE (LB+SB)		0.50	1.50	2.60	2.20	3.20
		Actual FTE	0.00	0.00	0.00	2.13	1.36	0.49
HFEMSD	State EMS Coordination, Planning and Certification Program - 10. Health Facilities and Emergency Medical Services Division, (C) Emergency Medical Services,							
		Allocated FTE (LB+SB)	13.50	14.30	14.20	14.10	14.70	14.70
		Actual FTE	15.90	15.20	16.40	17.30	14.02	15.98
HFEMSD	Trauma Facility Designation Program - 10. Health Facilities and Emergency Medical Services Division, (C) Emergency Medical Services,							
		Allocated FTE (LB+SB)	1.80	1.80	1.80	1.80	1.80	1.80
		Actual FTE	0.00	3.20	2.40	2.65	2.16	2.18
HFEMSD	Office of Cardiac Arrest - 10. Health Facilities and Emergency Medical Services Division, (C) Emergency Medical Services,							
		Allocated FTE (LB+SB)						0.80
		Actual FTE						0.00
ARPA	ARPA Appropriations							
		Allocated FTE (LB+SB)						2.60
		Actual FTE						0.00

Appropriation name	Year	Sum of Appropriation	Sum of Sum of Expenditures through 03
2018-058M19 SB267 Upgrade/Replace Fire Alarm System, Argo Wa	2022	9,995	7,995
2018-19 Electronic Birth Registration System Replacement	2022	507,292	240,823
	2023	468,486	843
2021-014P20 Superfund-Colorado Smelter	2022	876,886	876,886
	2024	876,886	-
ADAP Donations	2022	(3)	(386)
ADM - PPG Block Grant	2022	157,773	22,381
	2023	482,019	21,671
	2024	724,790	33,810
ADMIN - Board Of Health Reimbursement	2024	5,072	185
ADMIN - Operating Expense	2022	2,812,420	1,469,825
	2023	2,663,903	1,149,066
	2024	3,457,760	1,597,745
ADMIN - Prev Health Block Grant Local Health Departments	2022	996,071	351,764
	2023	1,783,707	692,063
	2024	1,703,168	734,521
ADMIN - Utilities	2022	471,272	389,134
	2023	366,097	278,867
	2024	561,948	421,336
ADMN Administration Program Costs	2023	47,423	45,000
AIR Pollution Control Administration Program Costs	2022	1,799,246	181,859
	2023	5,951,399	675,886
	2024	7,117,681	1,619,946
AIR Pollution Control Diesel Inspection, Maintenance Program	2022	875,847	24,372
	2023	991,839	37,126
	2024	981,349	49,780
AIR Pollution Control Local Contracts	2022	675,288	233,018
	2023	697,898	218,400
	2024	671,938	319,995
AIR Pollution Control Mechanic Certification Program	2022	5,657	1,600
	2023	5,369	750
	2024	5,631	4,025
AIR Pollution Control Mobile Sources Local Grants	2022	62,429	58,397
	2023	58,397	54,009
	2024	77,597	38,560
AIR Pollution Control Mobile Sources Operating Expenses	2022	191,571	73,679
	2023	138,530	101,340
	2024	204,508	91,353
AIR Pollution Control Mobile Sources Operating Non-Appr	2023	31,006	27,761
	2024	89,031	14,722
AIR Pollution Control Preservation Of The Ozone Layer	2022	236,885	50,060
	2023	217,556	43,752
	2024	239,721	31,039
AIR Pollution Control Stationary Sources Local Contracts	2022	944,517	421,227
	2023	1,495,944	649,513
	2024	1,504,342	655,129
AIR Pollution Control Stationary Sources Operating Expenses	2022	549,019	95,135
	2023	1,332,121	289,873
	2024	1,083,752	255,337
AIR Pollution Control Stationary Sources Personal EJ	2024	255,601	81,729
AIR Pollution Control Technical Services Operating Expenses	2022	374,440	148,552
	2023	2,785,297	280,712
	2024	3,543,092	1,016,678
AIR Pollution Control Transfer to Clean Fleet Enterprise Ini	2022	445,877	563
AIR Pollution Environmental Justice Operating Expenses	2022	275,277	47,633
	2023	5,400	5,456
AIR Pollution General Climate Operating Expenses	2022	192,248	1,809
	2023	178,221	72,185
APCD - Air Quality Enterprise	2022	204,431	(430)

APCD - Air Quality Enterprise	2023	144,436	1,182
	2024	355,010	102
APCD - CDOT Funding	2022	210,649	186,998
	2023	113,500	103,140
APCD - Local Grants	2023	169,322	12,348
	2024	1,322,728	673,030
APCD - SB22-193-Electric Buses Grant Program	2024	566,514	46,275
APCD - Settlements	2022	115,913	3,771
	2023	219,015	2,154
	2024	111,357	110,234
APCD - Settlements - ATP	2024	18,219	11,228
APCD - VW Settlement Programmatic	2022	5,120,313	3,583,960
	2023	10,457,041	7,217,506
	2024	6,686,795	3,481,468
APCD-VW Settlement Admin	2022	529,000	207,643
	2023	701,578	359,357
	2024	506,727	242,570
APCD-VW Settlement DERA	2023	0	10,643
Appropriation to the Food Protection Cash Fund	2022	1,579,518	1,827,204
Brownfields 128(a)	2024	143,804	1,254
Brownsfield Cleanup Program	2022	126,672	126,672
	2023	439,883	424,781
Cash Grant Clearing Account	2024	102,762	16
CDPHE - CARES Interest	2022	4,399,555	4,399,555
CDPHE - COVID-19 CARES Act Funding	2022	4,969,709	63,370
CDPHE - FEMA General Project Reimbursement	2022	(5,855,753)	20,879
	2023	195,168	366
CDPHE - FEMA Public Assistance Monoclonal Antibodies	2022	8,627,903	6,262,903
CDPHE - FEMA Reimbursement	2022	508,224,077	371,092,039
	2023	99,133,090	48,458,640
	2024	12,444,591	(11,724,715)
CDPHE - FEMA Surge Staffing Reimbursement	2023	9,155,748	8,891,192
CDPHE - FEMA Vaccination Reimbursement	2022	152,991,522	160,489,278
	2023	26,032,747	14,970,406
	2024	(913,864)	2,178,564
CERTIFICATION SUPPORT	2022	(0)	2,688
CHED - Reimbursement to Coroners	2022	-	950
CHEIS - Health Statstics Gifts, Grant, Donations	2022	31,077	9,670
Commerce and Industry Sector	2022	2,176,678	12,706
	2023	2,248,474	19,475
	2024	1,747,349	31,775
Community Behavioral Health Disaster Prepared & Response CF	2024	148,155	5,200
Community Crime Victims Grant Program	2022	880,570	578,821
	2023	881,078	759,289
	2024	1,173,609	722,764
Community crime victims grant program cash fund	2024	798,791	590,051
Construction Sector	2022	1,916,088	23,390
	2023	2,093,256	12,357
	2024	1,786,493	50,816
DCEED - Administration Federal Grants	2022	0	2,057,187
DCEED - CDOT Funding	2022	4,743	1,062
	2023	180,638	111,326
	2024	173,825	105,548
DCEED - COVID -19 Response	2022	(307,668)	1,005,375
	2023	252,477	184,676
	2024	15,373	13,290
DCEED - COVID-19 CARES Act Funding	2022	58,434,795	32,142,569
	2023	157,596	285,163
DCEED - COVID-19 Response Addtnl SER/DEF Funds	2022	5,708,047	10,238,717
	2023	(90,231)	(226,157)
DCEED - Disease Control Program	2022	(0)	11,135

DCEED - Enviro Epidemiology Birth Defects Program	2022	369,800	5,630
	2023	344,183	13,826
	2024	473,691	38,601
DCEED - Environmental Epidemiology Federal Grants	2022	81,303	35,714
DCEED - Environmental Epidemiology-Lead Program	2022	442,356	366,101
DCEED - Federal Generated Rebate	2022	11,373,908	5,240,389
	2023	12,559,553	5,019,623
	2024	19,356,577	10,306,725
DCEED - Immunization Operating Expenses	2022	(0)	707,488
DCEED - PFAS Grant	2022	13,684	2,028
DCEED - Ryan White Act Operating Expenses	2022	67	(788,065)
DCEED - State Generated Rebate	2022	273,692	101,094
	2023	1,935,224	565,615
	2024	1,320,057	449,289
DCEED - STI/HIV Operating Services	2022	0	(132,446)
	2023	(118)	276
	2024	1,086	1,086
DCEED - Tuberculosis Control And Treatment Operating	2022	(0)	152
DCPHR - Administration and Support	2022	2,770,257	191,586
	2023	2,912,676	506,359
	2024	10,403,214	854,047
DCPHR - Administration and Support - FHCA	2023	11,161,841	87,792
	2024	217,424	213,694
DCPHR - Administration and Support MPOX	2024	172,625	19,923
DCPHR - Administration and Support-Monkey Pox	2023	1,272,198	567,642
DCPHR - Certification	2022	2,055,336	274,073
	2023	1,928,477	285,730
	2024	2,056,555	317,021
DCPHR - CertificationDCPHR - Marijuana Health Effects Monito	2022	355,322	6,149
	2023	381,929	8,218
	2024	463,591	4,849
DCPHR - Chemistry and Microbiology Operating Expenses	2022	3,423,568	2,461,240
	2023	3,949,659	2,327,683
	2024	4,241,576	3,084,797
DCPHR - Chemistry and Microbiology Operating Expenses BWA	2024	23,541	23,541
DCPHR - Chemistry and Microbiology Operating Expenses SEP	2024	93,915	37,764
DCPHR - Chemistry and Microbiology Operating Expenses TBL	2023	18,137	2,594
	2024	8,616	530
DCPHR - Emergency Preparedness and Response Program	2022	12,598,308	4,320,036
	2023	10,578,732	4,612,701
	2024	13,615,692	5,727,930
DCPHR - Emergency Preparedness and Response Program HPP	2023	20,244	36,651
DCPHR - Emergency Preparedness and Response Program HPPEbola	2023	269,215	493,961
	2024	168,226	1,742
DCPHR - Emergency Preparedness and Response Program Nonappr	2023	550,913	417,164
DCPHR - Emergency Preparedness and Response Program PHC	2022	2,926,368	71,666
	2023	12,519,834	5,021,297
	2024	8,497,116	1,665,393
DCPHR - Emergency Preparedness and Response Program PHER	2022	241,927	419
	2023	2,280,495	43,309
	2024	837,596	79,295
DCPHR - Emergency Preparedness and Response Program RSP	2022	4,353,200	3,070,898
DCPHR - Emergency Preparedness and Response Program SERG	2024	659,172	117,023
DCPHR - Federal Grants	2022	-	841
	2024	-	789
DCPHR - Federal Grants EIP	2022	3,953,583	182,517
	2023	3,582,786	456,578
	2024	4,748,563	727,011
DCPHR - Federal Grants ELC	2022	137,289,351	54,541,662
	2023	128,847,571	38,978,713
	2024	95,969,969	42,882,542

DCPHR - Federal Grants HLTH DISP	2022	1,706,283	101,039
	2023	2,599,509	533,322
	2024	9,113,091	3,109,125
DCPHR - Federal Grants NHL	2022	388,603	19,362
	2023	1,133,001	119,196
	2024	1,284,868	100,871
DCPHR - Federal Grants Occupational Health	2022	87,338	77
DCPHR - Federal Grants REF	2022	359,872	47,792
	2023	332,308	14,566
	2024	626,421	10,766
DCPHR - Immunization Operating Expenses	2022	130,968,301	12,477,849
	2023	126,909,917	7,343,653
	2024	103,264,279	10,685,042
DCPHR - MCRT Operating Expenses	2024	496,341	140,885
DCPHR - MRC STTRONG	2024	203,275	71,949
DCPHR - SB23-271 Intoxicating Cannabinoid Hemp & MJ	2024	787,821	8,101
DCPHR - State Directed Emergency Preparedness and Response	2022	830,717	211,650
	2023	869,568	58,471
	2024	1,136,341	227,061
DCPHR - Tuberculosis Control and Treatment Operating Expense	2022	1,230,867	473,508
	2023	1,437,619	705,009
	2024	1,374,307	786,437
DEHS - Administration and Support	2022	1,092,765	111,567
	2023	1,720,047	138,846
	2024	1,374,642	702,223
DEHS - Sustainability Programs	2022	341,533	69,209
	2023	532,406	132,432
	2024	668,016	93,059
EHS - Animal Feeding Operations Program	2022	429,407	9,087
	2023	549,661	9,139
	2024	579,545	2,850
EHS - Cottage Foods Program	2024	107,640	68
EHS - Dairy Equipment Grant	2023	20,063	8,638
EHS - Enviro Health And Sustainability Personal Services	2022	3,290,470	410,003
	2023	2,730,812	403,608
	2024	3,490,251	180,093
EHS - Front Range Waste Diversion Program Costs	2022	2,513,673	897,438
	2023	4,429,366	1,808,895
	2024	6,437,063	4,132,698
EHS - Household Medication Take-Back Program	2022	539,717	132,645
	2023	546,328	218,728
	2024	547,907	193,711
EHS - Interstate Milk Grant	2024	17,930	13,397
EHS - Manufactured Food FDA Contract	2023	336,508	13,585
	2024	367,639	4,919
EHS - Manufactured Food Regulatory Grant	2023	177,162	7,685
	2024	211,985	11,209
EHS - Oil & Gas Consultation Program	2022	89,255	42
EHS - Recycling Resources Economic Opportunity Program	2022	2,804,868	696,076
	2023	3,516,808	1,763,840
	2024	3,136,336	1,202,692
EHS - Retail Food NEHA Grant	2023	115,699	99,708
	2024	100,646	5,000
EHS - Sustainability Programs	2022	170,350	48,028
	2023	179,737	14,791
	2024	225,373	13,781
EHS - TEEO ATSDR Appletree	2022	314,755	5,075
	2023	366,590	1,847
	2024	337,146	7,675
EHS - TEEO Childhood Lead Poisoning Prevention	2022	338,870	4,221
	2023	372,091	3,741

EHS - TEEO Childhood Lead Poisoning Prevention	2024	477,152	22,683
EHS - TEEO Enviro Public Health Tracking	2022	1,008,278	251,126
	2023	514,537	9,900
	2024	356,872	8,886
EHS - TEEO Funding for APCD Support	2024	-	2,759
EHS - TEEO PPSF-PFAS Cash Fund SB20-218	2022	62,878	1,227
	2023	495,757	121,535
	2024	614,749	63,495
EHS - TEEO UCD PFAS	2022	34,724	147
	2023	56,888	2,789
	2024	4,035	93
EHS - Toxicology and Environmental Epidemiology Unit	2022	294,793	31,477
	2023	318,534	9,381
	2024	395,300	82,747
Emergency Prep & Response Non-appropriated	2022	(0)	1,686,755
	2023	(156,037)	(170,857)
Emergency Preparedness And Response Program	2022	0	158,884
Environmental Justice Ombudsperson	2023	534,746	107,056
	2024	884,288	458,810
EO D2022-021 Nationwide Infant Formula Shortage assistance	2023	153,593	153,593
Grant Prioritization Task Force	2024	37,936	5,975
HAZ - Administration Program Costs	2022	1,422,767	206,611
	2023	1,294,717	255,957
	2024	2,200,449	413,158
HAZ - Brownfields 128(1) BIL	2024	931,875	156,707
HAZ - Brownsfield Cleanup Program	2022	494,643	36,538
	2023	744,398	179,947
	2024	141,362	33,343
HAZ - Brownsfield Community-wide Assessment	2024	699,265	239,306
HAZ - Contam Site Cleanup Operation/Maint - Bonita Peak MA	2022	174,907	98,656
	2023	69,299	39,016
HAZ - Contam Site Cleanup Operation/Maint - Cal Gulch	2024	93,652	41,687
HAZ - Contam Site Cleanup/Remediation O/E - Bonita Peak MA	2022	13,205	5,765
	2023	34,154	9,273
	2024	21,998	18,849
HAZ - Contam Site Cleanup/Remediation O/E - Bonita Peak RA	2023	3,436	3,436
HAZ - Contam Site Cleanup/Remediation O/E - CCCC OU5	2023	3,351	3,351
HAZ - Contam Site Cleanup/Remediation O/E - DSMOA	2022	10,532	9,995
	2023	17,995	10,854
	2024	23,647	20,062
HAZ - Contam Site Cleanup/Remediation O/E - Sand Creek OU4	2024	1,192	1,299
HAZ - Contam Site Cleanup/Remediation O/E - WIIN	2022	72	72
HAZ - Contam Site Cleanup/Remediation O/E-Cpt Jack RD	2024	408,046	210,875
HAZ - Contam Site Cleanup/Remediation P/S-DSMOA	2023	1,000,261	737
HAZ - Contaminated Site Cleanup & Remediation O/E	2022	80,147	46,613
	2023	132,801	91,976
	2024	147,676	72,855
HAZ - Contaminated Site Cleanup Operation & Maintenance	2022	2,537,008	1,025,814
	2023	2,853,796	785,751
	2024	3,496,579	1,641,820
HAZ - Hazardous Waste Control Program Operating Expenses	2022	43,744	27,749
	2023	106,591	35,416
	2024	86,575	64,890
HAZ - Radiation Management O/E - MQSA	2023	21,492	14,430
	2024	17,732	16,910
HAZ - Radiation Managment Operating Expenses	2022	372,877	244,603
	2023	442,851	253,238
	2024	1,471,168	565,764
HAZ - Rocky Flats Program Costs	2023	176,230	34,399
	2024	238,807	121,000
HAZ - Solid Waste Control Progam Costs	2022	3,369,488	17,168

HAZ - Solid Waste Control Program Costs	2023	3,273,878	46,295
	2024	3,508,692	102,919
HAZ - Summitville NRDS Trust Fund	2022	1,933,435	758,911
	2023	2,032,692	1,117,146
	2024	3,319,439	1,297,714
HAZ - Superfund Custodial Summitville Settlement	2022	3,575,265	1,711,656
	2023	2,878,539	2,243,009
	2024	149,976	4,136
HAZ - Uranium Mill Tailings Remedial Action Program Costs	2022	186,224	-
	2023	162,194	727
	2024	200,795	1,335
HAZ - Waste Tire Admin, Enforcement, and Cleanup Program	2022	1,798,667	376,077
	2023	2,169,059	170,538
	2024	2,111,655	140,844
HAZ-ContamSite Cleanup & Remediation O/E-Battle North Agree	2022	48	48
HB18-1006 2019-166P18 Laboratory Space Expansion & Equipment	2022	1,445,264	7,160
Health Statistics And Vital Records Health Survey	2023	758,992	96,270
	2024	1,399,049	374,706
Health Statistics And Vital Records Operating Expenses	2022	796,491	642,876
	2023	824,271	700,128
	2024	793,276	673,095
Health Statistics And Vital Records Reg MJ Conc OE	2023	13,510	6,028
	2024	13,510	4,838
HFEMSD - Administration and Operations	2022	3,124,778	97,854
	2023	3,440,573	226,182
	2024	3,795,131	101,773
HFEMSD - Coroner Training Fund	2022	2,567	1,867
	2023	14,130	13,197
	2024	2,567	1,867
HFEMSD - Emergency Medical Services Poison Control	2022	1,595,240	1,189,980
	2023	1,595,240	1,185,265
	2024	1,595,240	1,180,394
HFEMSD - Emergency Medical Services Provider Grants	2022	2,952,328	1,029,335
	2023	5,105,368	2,018,906
	2024	4,256,705	2,063,778
HFEMSD - Medicaid/ Medicare Certification Program	2022	10,504,801	420,806
	2023	11,544,972	565,591
	2024	11,763,301	485,485
HFEMSD - Nursing Facility Survey	2022	1,355,676	41,773
	2023	1,403,052	49,805
	2024	2,184,127	48,776
HFEMSD - Nursing Home Grants	2022	331,934	273,607
	2023	540,775	323,094
	2024	765,312	567,675
HFEMSD - Regional Emergency Medical & Trauma Councils	2022	1,785,000	1,338,776
	2023	1,785,000	1,338,750
	2024	1,785,000	1,338,750
HFEMSD - State Ems Coordination, Planning And Cert Program	2022	1,856,631	40,851
	2023	1,933,372	52,819
	2024	1,884,356	55,698
HFEMSD - Survey	2022	3,239,341	131,731
	2023	2,680,173	105,670
	2024	2,272,205	58,848
HFEMSD - Transfer To Department Of Public Safety	2022	327,283	219,826
	2023	449,324	350,634
	2024	492,052	340,072
HFEMSD - Trauma Facility Designation Program	2022	587,830	8,331
	2023	444,317	30,857
	2024	337,964	23,117
HFEMSD-Behavioral Health Entity Licensing	2022	87,170	4,516
	2023	153,596	6,109

HFEMSD-Behavioral Health Entity Licensing	2024	37,373	15,205
LAB - Chemistry & Microbiology Operating Expenses	2022	40	(35,524)
	2023	-	3,641
	2024	-	3,241
Medical Marijuana Registry Operating Expenses	2022	241,572	232,437
	2023	199,501	187,638
	2024	223,499	205,312
Medical Marijuana Research Grants	2022	788,001	169,575
	2023	796,465	420,590
	2024	706,642	437,642
Mental Health First Aid Training	2022	460,000	121,355
	2023	210,000	147,424
	2024	210,000	112,973
Municipal Separate Storm Sewer System Sector	2022	149,547	432
	2024	47,193	57
Natural Medicine Program	2024	838,402	5,772
Necessary Document Assistance	2022	297,843	138,080
	2023	299,846	225,188
	2024	300,570	175,404
Nursing Home Grant Roll Forward	2022	72,611	34,936
Office of Cardiac Arrest	2023	121,800	21,000
	2024	119,461	3,620
Office of Health Disparities Grants	2022	3,126,943	532,416
	2023	11,259,104	5,849,783
	2024	8,318,296	4,745,806
Office of Health Disparities Personal Services	2022	1,166,344	25,140
	2023	1,123,708	26,451
	2024	2,207,434	688,497
Office of Health Equity Program Enviro Justice	2023	223,051	3,471
	2024	224,329	4,558
OHVS - ADAP Shortfall Relief Program	2022	2,946,329	952,914
	2023	3,850,974	2,231,134
	2024	966,010	418,424
OHVS - Administration and Support	2022	267,890	130,539
	2023	319,466	96,373
	2024	323,022	82,217
OHVS - Indirect Cost Assessment Viral Hepatitis	2022	238,578	312
	2023	521,351	74,018
	2024	859,875	286,623
OHVS - Ryan White Act Operating Expenses	2022	14,607,463	9,587,361
	2023	13,302,703	9,299,314
	2024	16,157,971	8,147,070
OHVS - STIs, HIV and AIDS Operating Expenses	2022	2,623,633	1,520,535
	2023	2,213,364	1,046,690
	2024	4,837,422	2,620,230
OHVS - STIs, HIV and AIDS Operating Expenses CDHS	2022	491,128	189,122
	2023	1,068,967	321,288
	2024	931,623	562,618
OHVS - STIs, HIV and AIDS Operating Expenses NASTD	2023	1,051	526
	2024	6,209	3,873
OHVS - STIs, HIV and AIDS Operating Expenses Natl Behav Surv	2022	377,394	230,351
	2023	436,928	314,489
	2024	645,692	428,281
OHVS - STIs, HIV and AIDS Operating Expenses Prevention	2022	414,441	193,165
	2023	2,182,326	1,683,068
	2024	1,412,598	974,693
OHVS - STIs, HIV and AIDS Operating Expenses Surveillance	2022	2,486,410	1,248,569
	2023	1,857,388	1,661,703
	2024	1,566,737	1,195,180
OHVS - Viral Hepatitis Program Costs	2022	198,176	96,555
	2023	195,089	104,059

OHVS - Viral Hepatitis Program Costs	2024	193,482	104,147
Opiate Antagonist Bulk	2023	155,550	1,486
	2024	127,984	1,398
Opiate Antagonist Bulk Purchase	2022	1,059,798	405,353
	2023	26,882	26,882
OPP - Assessment, Planning & Support Program	2022	525,880	(338)
	2023	441,166	74,754
	2024	469,609	40,153
OPP - Distributions of LPHA Env Programs	2022	867,000	149,204
	2023	815,018	241,479
	2024	879,945	418,200
OPP - Distributions to Local Public Health Agencies	2022	8,364,540	6,273,405
	2023	18,549,172	13,965,419
	2024	8,805,647	6,653,482
P8609 Superfund - Pueblo Smelter	2023	5,310	2,727
	2024	-	828
Pesticides Sector	2022	204,235	1,983
	2023	200,064	3,378
Prevention Program Costs	2023	3,003,241	296,507
	2024	2,994,190	877,333
Prevention Programming	2023	15,240,176	7,062,970
	2024	13,546,747	7,332,357
Primary Care Office Program	2022	11,190,886	6,689,675
	2023	11,481,541	5,645,918
	2024	14,171,667	9,308,975
Processors and End Users Reimbursement	2022	1,922,069	751,353
	2023	3,886,335	3,241,733
	2024	3,524,607	2,146,309
Program Costs - CHED	2022	575,933	10,650
	2023	401,217	4,067
	2024	490,788	13,389
Program Costs - Climate Services	2024	1,725,322	20,389
PSD - Administration	2022	2,278,819	50,567
	2023	1,506,168	86,808
	2024	2,982,454	280,119
PSD - Breast And Cervical Cancer Screening	2022	6,953,492	2,590,365
	2023	7,102,426	3,237,470
	2024	7,219,841	4,036,716
PSD - Cancer/Cardio/Pulmonary Disease Program Administration	2022	512,472	8,781
	2023	591,094	23,997
	2024	708,766	21,235
PSD - Cancer/Cardio/Pulmonary Disease Program Grants	2022	9,160,483	3,605,028
	2023	9,827,979	4,689,710
	2024	10,288,373	4,411,209
PSD - CARE Network	2022	819,739	375,080
	2023	912,651	352,803
	2024	913,819	535,538
PSD - Child & Adult Care Food Program	2022	51,308,148	30,383,434
	2023	31,044,589	19,100,656
	2024	31,005,845	18,519,847
PSD - Child Fatality Prevention	2022	642,694	273,240
	2023	649,646	270,386
	2024	659,707	278,786
PSD - Children & Youth Health Federal Grants	2022	1,218,616	1,120,788
	2023	2,289,100	1,395,727
	2024	2,042,224	1,408,680
PSD - Children And Youth Health Gifts, Grant, Donations	2022	109,237	31,639
	2023	73,200	28,637
	2024	3,265	6,469
PSD - Children With Special Needs Purchase Of Services	2022	3,075,399	1,023,666
	2023	3,075,399	1,079,614

PSD - Children With Special Needs Purchase Of Services	2024	2,847,826	973,665
PSD - Chronic Disease And Cancer Prevention Grants	2022	8,085,739	2,018,257
	2023	10,315,419	2,420,937
	2024	8,646,486	2,942,538
PSD - Chronic Disease Prevention, Cancer Registry	2022	1,359,336	39,110
	2023	1,050,419	11,987
	2024	1,140,498	60,104
PSD - Comprehensive Sex Education	2022	875,848	266,214
	2023	987,964	325,512
	2024	994,150	348,141
PSD - Family Planning Federal Grants	2022	1,195,830	437,548
	2023	1,316,622	595,329
	2024	1,164,788	475,815
PSD - Family Planning Program	2022	546,158	45,109
	2023	961,242	108,085
	2024	950,640	290,033
PSD - Family Planning Purchase Of Services	2022	9,014,514	4,225,468
	2023	8,670,831	5,019,412
	2024	9,014,701	5,386,931
PSD - Genetics Counseling Program	2022	910,928	428,475
	2023	1,002,887	441,635
	2024	1,734,984	509,138
PSD - Harm Reduction Grant Program	2022	1,433,814	748,745
	2023	1,725,434	762,929
	2024	1,698,591	719,722
PSD - Healthy Kids Survey	2022	2,521,511	29,707
	2023	752,564	230,473
	2024	759,874	64,923
PSD - Injury Prevention	2022	7,475,065	2,865,353
	2023	7,202,044	2,932,016
	2024	8,001,668	2,932,704
PSD - Marijuana Education Campaign	2022	886,660	248,864
	2023	947,505	208,925
	2024	892,397	292,346
PSD - Maternal and Child Health	2022	2,803,274	1,138,988
	2023	2,879,191	1,202,467
	2024	3,073,278	1,099,648
PSD - Maternal and Child Health Nonappropriated	2022	282,154	4,715
	2023	297,691	23,915
	2024	379,076	46,615
PSD - Non-appropriated Gifts, Grants, Donations	2022	53,900	2,800
	2023	4,860	135
	2024	6,615	6,615
PSD - Office of Gun Violence Prevention	2023	828,074	4,582
	2024	(0)	0
PSD - Oral Health Programs	2022	2,653,560	1,154,523
	2023	2,515,586	1,095,562
	2024	2,927,531	950,075
PSD - Regional Health Connector Program	2024	71,903	1,342
PSD - School Based-Health Centers	2022	1,396,824	369,017
	2023	1,434,735	421,618
	2024	1,326,603	599,891
PSD - School Based-Health Centers CARES	2022	34,668	34,668
PSD - School-Based Health Centers	2022	4,985,804	2,274,703
	2023	5,018,794	2,648,095
	2024	5,024,992	3,500,953
PSD - Substance Abuse Prevention Grants	2022	8,142,278	3,408,021
	2023	8,498,831	3,823,020
	2024	8,460,956	4,025,771
PSD - Substance Abuse Prevention Program Costs	2022	613,269	11,401
	2023	595,605	16,800

PSD - Substance Abuse Prevention Program Costs	2024	611,022	10,953
PSD - Suicide Prevention	2022	4,930,845	2,679,831
	2023	3,965,475	1,666,984
	2024	4,315,784	1,957,568
PSD - Suicide Prevention - School Grant Program	2022	315,905	81,035
	2023	388,943	120,990
	2024	398,187	108,991
PSD - Tobacco Education, Prevention, And Cessation Grants	2022	17,786,299	5,594,541
	2023	17,228,596	5,354,393
	2024	19,104,107	6,975,354
PSD - Tobacco Education, Prevention, And Cessation Program	2022	455,180	17,938
	2023	496,809	12,937
	2024	573,657	38,159
PSD - Women Infant And Children Supplemental Food Program	2022	83,084,552	57,854,813
	2023	93,343,628	61,797,533
	2024	110,682,741	74,379,761
PSD (NonAppr)- Harm Reduction Grant	2022	493,164	187,165
	2023	888,021	268,603
	2024	998,733	474,770
Public and Private Utilities Sector	2022	3,695,567	33,600
	2023	4,193,124	40,180
	2024	3,844,515	33,397
Radiation Decommissioning	2024	2,044,669	1,160,918
Regulatory oversight program	2024	201,879	3,542
Reimbursement to Coroners	2023	60,855	26,655
	2024	51,733	14,407
Replace Generator State Laboratory	2022	401,591	250
State Directed Emergency Preparedness	2022	(0)	640
Uranium Mill Trailings Remedial Action Program	2022	65,666	8,708
	2023	112,794	30,470
	2024	114,245	10,392
VBD Training Center	2024	213,285	1,521
Water - Pollution Control Infrastructure Match	2023	4,978,600	4,978,600
	2024	6,011,460	6,011,460
Water Quality Certification Sector	2022	16,922	6,632
	2023	34,088	12,839
	2024	24,906	10,022
WQCD - Administration	2022	2,437,724	175,379
	2023	2,402,004	168,381
	2024	2,894,142	137,966
WQCD - Administration Exchange Network	2022	112,278	1,762
	2023	84,090	42,947
WQCD - Administration Power Authority	2024	867,409	18,139
WQCD - Administration Special Bills	2024	168,383	42,755
WQCD - Clean Water Program Costs	2022	3,037,325	64,793
	2023	2,157,115	108,453
	2024	3,067,451	124,023
WQCD - Clean Water Program Local Grants And Contracts	2022	4,397,648	2,173,037
	2023	5,738,787	3,338,696
	2024	22,634,929	21,461,021
WQCD - CW Power Authority Program Costs	2023	1,234,773	84,935
	2024	3,258,378	1,014,773
WQCD - Drinking Water Program Operating Expenses	2022	571,173	372,899
	2023	1,255,775	765,971
	2024	2,607,996	863,130
WQCD - Drinking Water Program Operating Expenses Lab	2023	1,060,901	113,889
	2024	563,615	134,080
WQCD - Drinking Water Program Operating Expenses Non-Approp	2022	455,562	386,969
	2023	3,838,458	1,503,606
	2024	2,806,822	1,792,812
WQCD - DW Power Authority Program Operating Expenses	2023	220,791	94,242

WQCD - DW Power Authority Program Operating Expenses	2024	2,609,921	1,100,698
WQCD - Non Point Source Grant Program Costs	2023	256,143	81,143
	2024	52,518	7,282
WQCD - Water Quality Improvement	2022	1,368,517	804,071
	2023	744,564	180,538
	2024	1,139,160	388,215
WQCD - WQCD- 604B Planning Grant Program Costs	2023	100,121	1,533
	2024	222,351	92,014