



Joint Budget Committee

Supplemental Budget Requests

FY 2025-26

Public Health and Environment

(Public Health Divisions)

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Overview of Public Health and Environment

The Department of Public Health and Environment is responsible for protecting and improving the health of the people of Colorado and ensuring the quality of Colorado's environment.

The public health divisions covered in this document include:

- The **Center for Environmental Health and Data (CHED)** which maintains a database of vital records, provides birth and death certificates, analyzes health data, and operates the Medical Marijuana Registry.
- The **Division of Disease Control and Public Health Response (DCPHR)** that is responsible for disease control, emergency preparedness, and state laboratory operations.
- The **Office of HIV, Viral Hepatitis, and STI's (OHVS)** which focuses on the spread of communicable diseases, including hepatitis, tuberculosis, sexually transmitted infections, and HIV/AIDS. The office includes the Colorado HIV and AIDS Prevention Grant Program (CHAPP) and the Ryan White Program.
- The **Prevention Services Division (PSD)** that includes prevention programs related to tobacco, cancer, cardiovascular disease, injury, suicide, nutrition, oral health, and chronic pulmonary disease.
- The **Health Facilities and Emergency Medical Services Division (HFEMSD)** that regulates and inspects healthcare facilities as well as emergency medical and trauma service providers.

The majority of the Administration and Support Division is not covered in this document. However, it includes some public health programs such as the Health Disparities Grant Program and the Office of Public Health Practice, Planning, and Local Partnerships (OPHP), which are included in this document.

Summary of Staff Recommendations

FY 2025-26 Summary

Department of Public Health and Environment: Recommended Changes for FY 2025-26

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2025-26 Appropriation						
SB 25-206 (Long Bill)	\$865,843,328	\$140,447,999	\$337,516,417	\$63,464,208	\$324,414,704	1,831.9
Other Legislation	2,926,011	-405,406	3,331,417	0	0	21.7
Current FY 2025-26 Appropriation	\$868,769,339	\$140,042,593	\$340,847,834	\$63,464,208	\$324,414,704	1,853.6
Recommended Changes						
Current FY 2025-26 Appropriation	\$868,769,339	140,042,593	\$340,847,834	\$63,464,208	\$324,414,704	1,853.6
S1 Cash fund transfers to GF	0	0	0	0	0	0.0
S2 Health disparity grant reduction	-837,627	-837,627	0	0	0	0.0
S3 Reduce LPHA distributions	-3,000,000	-3,000,000	0	0	0	0.0
S4 Closed landfill remediation grant	1,093,112	0	1,093,112	0	0	0.0
S5 Utilities shortfall	0	0	0	0	0	0.0
S6 Air ambulance cash fund transfer	0	0	0	0	0	0.0
Staff-initiated WIC 1331	7,500,000	7,500,000	0	0	0	0.0
Staff-initiated state lab adjustments	0	0	0	0	0	0.0
Staff-initiated (I) note correction	0	0	0	0	0	0.0
ES1 Lab renewal	2,846,075	2,846,075	0	0	0	4.0
ES3 Community Impact CF	615,483	0	615,483	0	0	0.0
Impacts driven by other agencies [1]	-135,557	-260,316	-287,448	53,884	358,323	0.0
Recommended FY 2025-26 Appropriation	\$876,850,825	\$146,290,725	\$342,268,981	\$63,518,092	\$324,773,027	1,857.6
Recommended Increase/-Decrease from 2025-26						
Percentage Change	0.9%	4.5%	0.4%	0.1%	0.1%	0.2%
FY 2025-26 Executive Request	\$869,418,598	\$138,834,301	\$342,268,981	\$63,542,289	\$324,773,027	1,857.6
Staff Rec. Above/-Below Request	\$7,432,227	\$7,456,424	\$0	-\$24,197	\$0	0.0

[1] These requests will be discussed in presentations for the requesting agency.

Items highlighted above in blue are included in the Department's public health divisions. Changes are assumed to be one-time unless otherwise noted.

S2 Health disparity grant reduction: The Department asks to reduce funding for the Health Disparities and Community Grant Program by \$837,267 General Fund, aligning with the Governor's amended Executive Order D 2025 014. The proposed reduction increases to \$2.5 million General Fund in future years.

Staff recommends approval of the Department's request.

S3 Reduce LPHA distributions: The Department asks to reduce funding for Local Public Health Agency (LPHA) distributions by \$3.0 million General Fund, aligning with the Governor's amended Executive Order D 2025 014. The proposed reduction increases to \$3.3 million General Fund in future years.

Staff recommends approval of the Department's request.

S6 Air ambulance cash fund transfer [legislation]: The Department requests a transfer of \$175,000 from the Fixed-Wing and Rotary-Wing Ambulances Cash Fund to the General Fund in FY 25-26. Staff recommends a larger transfer of \$215,000, and accompanying legislation.

Staff-initiated Women, infants, and children (WIC) 1331: In order to comply with Section 24-75-111 (5), C.R.S. staff recommends that the Committee appropriate \$7.5 million General Fund that was approved for overexpenditure in September 2025. Staff also recommends that this \$7.5 million be amended out during the legislative process, since the funds are no longer needed.

Staff-initiated state lab adjustments: Staff recommends two adjustments resulting from the approval of the September and November 2025 state laboratory emergency supplementals. This includes a net-zero line item adjustment and two footnotes to allow roll-forward authority for contractor expenses through June 30, 2027. Staff also recommends a quarterly RFI to understand the Department's progress towards water quality recertification.

Impacts driven by other agencies: The request includes a net decrease of \$135,557 for requests from other state agencies. These are also called "non-prioritized requests." All of these adjustments are within the Administration and Support Division, covered by Andrew McLeer on January 13, 2026.

Prioritized Supplemental Requests

→ S2 Health disparity grant reduction

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	-\$837,267	-\$837,267	\$0	\$0	\$0	0.0
Recommendation	-837,267	-837,267	0	0	0	0.0
Staff Recommendation Higher/-Lower than Request	\$0	\$0	\$0	\$0	\$0	0.0

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.

Explanation: JBC staff and the Department agree that this request falls under “data that was not available when the original appropriation was made” due to forecast data that has changed over the past year. The request was submitted as a budget balancing action.

Request

The Department asks to reduce funding for the Health Disparities and Community Grant Program, as outlined in the amended Executive Order D 2025 014.

Current year: The total reduction is \$837,267 General Fund.

The original Executive Order D 2025 014 identified a \$2.0 million reduction to the grant program. This was amended to \$0.8 million in order to maintain grants that were already awarded. This smaller reduction was offset by an increased transfer from the Community Impact Cash Fund, as discussed in the Department’s S1 request (presented on January 13, 2026). The reduction increases to \$2.5 million General Fund in future years.

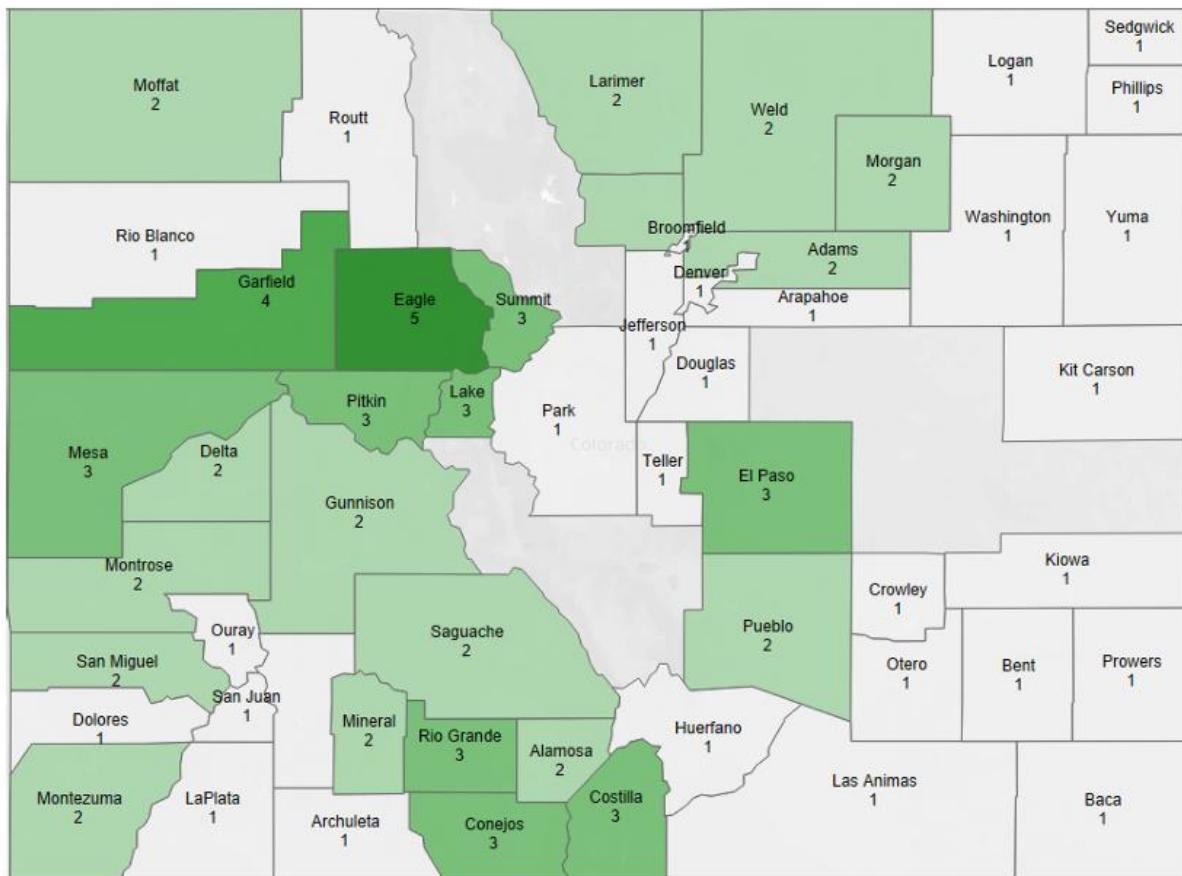
Recommendation

Staff recommends approval of the Department’s request.

Analysis

The Health Disparities and Community Grant Program aims to reduce the risk of disease and health disparities in underrepresented populations. Grantees across the state include local public health departments, non-profits, a food bank, health clinic, and the Ute Mountain Ute Tribe. A list of the most recent grantees can be found in Appendix B.

Currently, the General Funded portion of the grant program supports 18 grantees for three years (FY 24-25 through FY 26-27). Projects in progress by these grantees are shown on the map below.



Source: Memo from the Health Equity Program to the State Board of Health (April 2025)¹

Program Funding

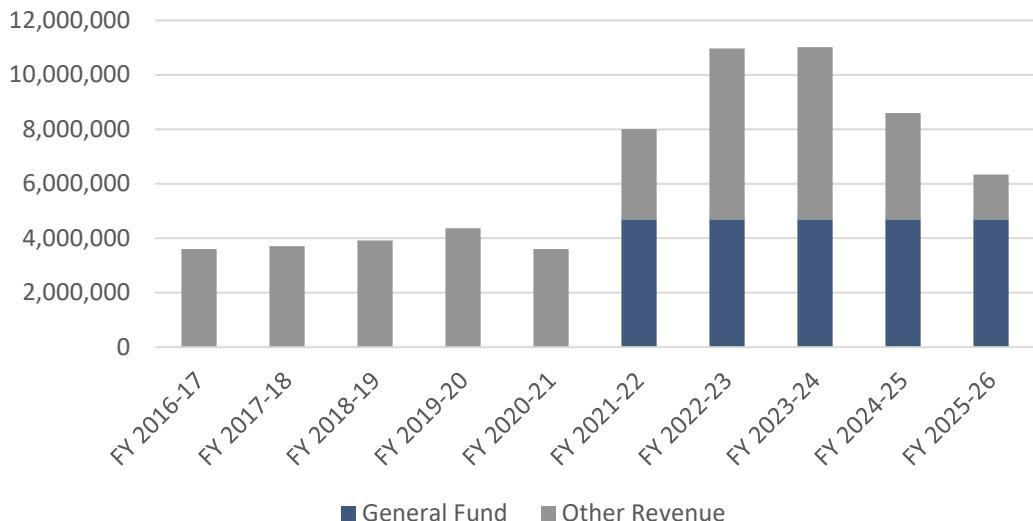
The program was historically funded by tobacco tax revenue from Amendment 35, averaging \$3.5 million annually from FY 2011-12 to FY 2020-21. S.B. 21-181 (Equity Strategic Plan Address Health Disparities) allocated an additional \$4.7 million General Fund for grants.

Currently, the program also receives Proposition EE tax revenue in order to partially offset the declining revenue from the Amendment 35 tobacco tax. The program is estimated to receive \$2.2 million from these two taxes in FY 2025-26.

Grants from General Fund and tobacco revenue have been awarded separately. Pursuant to Section 25-4-2203 (2)(b)(I), C.R.S., the grants from tobacco revenue should meet at least one criteria aligned with the cancer, cardiovascular disease, and chronic pulmonary disease grant program. The projects supported by General Fund are broader and “reduce health disparities in underrepresented communities through policy and systems changes regarding the social determinants of health.”

¹ https://drive.google.com/file/d/1U35Za4Gk0RC_NZcxnaZXkueEay23h0Ug/view

Funding for grants increased significantly since FY 21-22



Both grants are currently awarded on a three-year cycle (ending June 30, 2027). In the current grant cycle, 9 grantees are supported by \$2.4 million annually in tobacco revenue, and 18 grantees are supported by \$3.2 million General Fund annually. The program has received substantial interest in recent years, including 190 applicants for General Fund grants and 80 pre-applications for tobacco revenue funds.

Impact of Reduction

The FY 25-26 reduction is not anticipated to impact any of the 27 current grantees through June 30, 2026. The program absorbed the cost of the reduction by reducing contracts with technical assistance and evaluation vendors. However, the department has indicated that grantees will face a significant reduction in FY 26-27, their final year of the funding cycle. This is due to the proposed \$2.5 million General Fund reduction for FY 26-27.

→ S3 Reduce LPHA distributions

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	-\$3,000,000	-\$3,000,000	\$0	\$0	\$0	0.0
Recommendation	-3,000,000	-3,000,000	0	0	0	0.0
Staff Recommendation Higher/-Lower than Request	\$0	\$0	\$0	\$0	\$0	0.0

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.

Explanation: JBC staff and the Department agree that this request falls under “data that was not available when the original appropriation was made” due to forecast data that has changed over the past year. The request was submitted as a budget balancing action.

Request

The Department asks to reduce funding for Local Public Health Agency (LPHA) distributions, aligning with the Governor’s amended Executive Order D 2025 014.

Current year: The total reduction is \$3.0 million General Fund.

The \$3.0 million reduction includes a \$2.7 million reduction for Local Planning and Support Dollars (LPSD) and a \$0.3 million reduction for local environmental health services. Approximately 90.0 percent of the reduction is from Local Planning and Support Dollars. The total reduction increases to \$3.3 million General Fund in future years.

Recommendation

Staff recommends approval of the Department’s request.

Analysis

LPHA activities are guided by core public health services. These services include maternal and child health, environmental health, communicable disease prevention and control, access to care, and chronic disease, injury prevention, and behavioral health promotion.

There is evidence that supports that these public health interventions, at both the local and state level, reduce medical costs and provide returns on investments.²

LPHA Funding

Before the COVID-19 pandemic, the Department and stakeholders already started to identify gaps in the state’s decentralized public health infrastructure. The 2020 Public Health Needs Assessment³ estimated that between \$167.3 million to \$188.7 million per year in additional funding would be needed to fully implement all of the core public health services in Colorado’s local public health system.

² Brown. 2016. “Returns on Investment in California County Departments of Public Health”.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC4940648/#:~:text=Results,ranges%20from%20%2467.07%20to%20%2488.21>.

Leider et al. 2018. “Assessing the value of 40 years of local public health expenditures on health”.

<https://doi.org/10.1377/hlthaff.2017.1171>.

Scharff et al. 2016. “An Economic Evaluation of PulseNet”. <https://doi.org/10.1016/j.amepre.2015.09.018>.

³ 2020. *Core Public Health Services Needs Assessment Report*.

https://www.calpho.org/uploads/6/8/7/2/68728279/final_colorado_cphs_needs_assessment_overall_report_2020_01.pdf

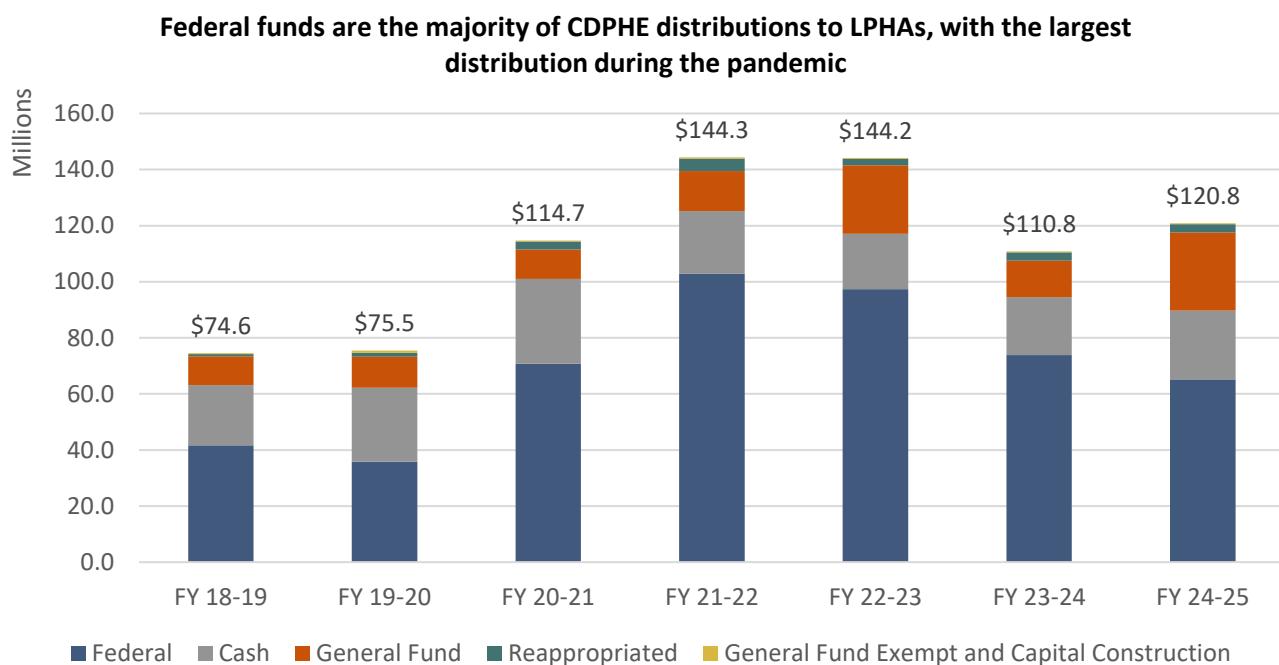
In Colorado, LPHAs receive a majority of their funding from federal funds passed through the state or state funds. Based on a 2025 survey of Colorado LPHAs, 32.6 percent of their FY 24-25 revenue was federal funds passed through the state, and 25.2 percent was from state funds.⁴

Federal and state funding is often highly categorical, and does not allow the Department or local agencies flexibility to adjust to changing needs. One of the most flexible funds for LPHAs is the subject of this request – Local Planning and Support Dollars (LPSD), or “per capita” funding. These may be used for any Core Public Health Service. Based on a 2023 survey of Colorado LPHAs⁵, this funding was used for activities ranging from staff recruitment and retention to increased programming for immunizations, disease response, and vital records. Across the 55 LPHAs at the time, over 230 staff members or 9.4 percent of the local public health workforce were at least partially funded by LPSD.

CDPHE Distributions to LPHAs

In FY 24-25, the Department distributed \$120.8 million to LPHAs. These distributions happen through many different programs and grants, including disease control, public health infrastructure, nutrition services, emergency preparedness, disease prevention, harm reduction, and others.

This distribution is primarily composed of federal funds. However, in FY 24-25, \$27.8 million (23.0 percent) of funds distributed were General Fund.



⁴ CDPHE OPHP Annual Survey Dashboard (2025).

https://cohealthviz.dphe.state.co.us/t/OPPIPublic/views/AnnualSurvey2025-5_1_25/Story1?%3Aembed=y&%3Aiid=2&%3AisGuestRedirectFromVizportal=y.

⁵ CDPHE OPHP Annual Survey White Paper (2023).

https://drive.google.com/file/d/1SIEBe0xkJ4fhxPOM9QxN0hlyWhyYYB_/view.

Funding History for Core Public Health Infrastructure

In recent years, Local Planning and Support Dollars (LPSD) and Environmental Health Services (EHS) funding have been the focus of committee discussions around funding for core public health infrastructure. These two programs are a small portion (15.6 percent) of total funding distributed to LPHAs, but are a significant part (67.9 percent) of the General Fund distributed to LPHAs.

These two programs received significant increases to their distribution amounts beginning in FY 2021-22. From FY 2021-22 to FY 2023-24, S.B. 21-243 (CDPHE Appropriation Public Health Infrastructure) allocated \$10.0 million in additional funds for LPHA distributions.

With this additional funding, the Department increased the base funding for every LPHA to \$55,000 with the intent to support at least one FTE at each LPHA. The average per agency distribution of Local Planning and Support Dollars increased from \$171,648 in FY 2020-21 to \$346,501 in FY 2021-22.

Per Agency Distribution of Local Planning and Support Dollars

Metric	FY 20-21	FY 21-22	FY 22-23	FY 23-24	FY 24-25
Min	\$13,705	\$38,947	\$82,365	\$82,870	\$82,903
Average	171,648	346,501	333,667	329,924	336,578
Median	55,925	103,565	147,877	147,394	148,364

Data source: CDPHE Office of Public Health Practice, Planning, and Local Partnerships

https://drive.google.com/drive/folders/1YrxAdKDsyBW0pCpm7Ntue4TJh3skk_WD

In FY 2024-25, funding from S.B. 21-243 ended. In the Long Bill, the committee approved \$11.0 million in ongoing General Fund for LPHAs.

In FY 2025-26, the Department requested a 5.0 percent (\$945,220) ongoing reduction to General Fund for LPHAs. The committee denied this request. Last year, Executive Order D 2025 014, as amended, proposed a \$3.0 million reduction to LPHAs in FY 2025-26. This is the subject of this supplemental request.

Impact of Proposed Reduction

The proposed reduction would reduce total LPSD distributions by 14.4 percent and EHS distributions by 14.3 percent. Both distributions are also supported by a small amount of Marijuana Tax Cash Fund that is proposed to remain unchanged.

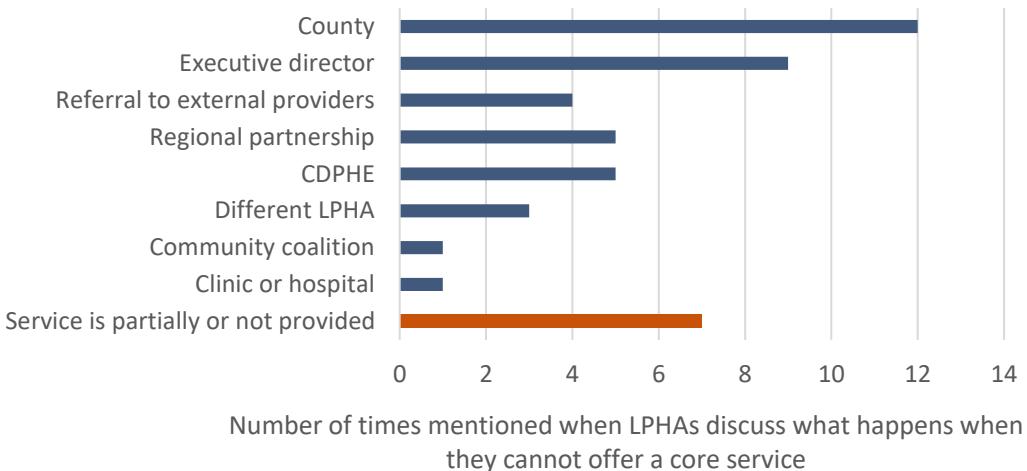
Last year, LPHAs indicated that even a 5.0 reduction would have a wide-ranging effect on operations from emergency response to immunizations and maternal and child health. This past December, in response to Executive Order D 2025 014, some LPHAs across the state have indicated that they are already cutting staff and avoiding filling vacant positions.

LPHAs suggested that this impact would be greater for smaller and rural agencies that rely on flexible funding streams like LPSD. Without this funding, LPHAs may not be able to offer all core public health services. If an LPHA is not able to offer all core services, they most often turn to the local county government to fill the gap. They also leverage their executive director, external providers, regional partnerships, and CDPHE.⁶

⁶ CDPHE OPHP Annual Survey White Paper (2023).

https://drive.google.com/file/d/1SIEBe0xkVJ4fhxPOM9QxN0hlyWhyYYB_/view.

Counties and executive directors most commonly fill gaps in LPHA services



→ S6 Air ambulance cash fund transfer [legislation]

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Transfer Request (from CF to GF)	\$0	\$175,000	-\$175,000	\$0	\$0	0.0
Transfer Recommendation	0	215,000	-215,000	0	0	0.0
Staff Recommendation Higher/-Lower than Request	\$0	\$40,000	-\$40,000	\$0	\$0	0.0

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.

Explanation: JBC staff and the Department agree that this request falls under “data that was not available when the original appropriation was made” due to forecast data that has changed over the past year. The request was submitted as a budget balancing action.

Request

The Department requests a transfer of \$175,000 from the Fixed-Wing and Rotary-Wing Ambulances Cash Fund to the General Fund in FY 25-26.

Recommendation

Staff recommends a larger transfer of \$215,000 to the General Fund. Staff also recommends that the Committee approve adding the transfer to a joint cash fund to General Fund transfer bill that will consolidate transfers from all departments in FY 25-26 and FY 26-27.

Analysis

The Fixed-Wing and Rotary-Wing Ambulances Cash Fund, created by Section 25-3.5-307 (2)(a), C.R.S., is used for the costs associated with licensing ambulance agencies that transport patients in Colorado. Fund revenue consists of fees paid by entities operating air ambulance services, and most fee collections occur every other year. Fees are set by the State Board of Health and have not been adjusted since FY 2017-18.

As of June 30, 2025, the fund has accumulated a balance of \$282,748 and spent an average of 63.7 percent of annual revenues over the past four years.

Fixed-Wing and Rotary-Wing Ambulances Cash Fund

	FY 2023-24 Actual	FY 2024-25 Estimate	FY 2025-26 Estimate
Beginning FY Balance	\$192,687	\$292,203	\$282,748
Revenues	132,977	63,532	129,000
Expenditures	33,461	72,987	72,800
Ending FY Balance without transfer	292,203	282,748	338,948
Ending FY Balance after recommended \$175,000 transfer			163,948
Ending FY Balance after additional staff recommended (\$40,000) transfer			123,948

The Department indicates that this transfer is not expected to impact its ability to provide oversight and licensing of air ambulance services. In addition to this transfer, the Department expects to reduce fees by 50.0 percent beginning in FY 2026-27 in order to bring the fund back into compliance.

Even with the proposed transfer and fee reduction, the Department's projections still show an excess uncommitted reserve that remains steady until FY 2028-29. As such, staff believes that the committee could consider an additional transfer of \$40,000 – bringing the total transfer to \$215,000.

Fixed-Wing and Rotary-Wing Ambulances Cash Fund – Excess Uncommitted Reserve

	FY 2023-24 Actual	FY 2024-25 Actual	FY 2025-26 Estimate	FY 2026-27 Estimate	FY 2027-28 Estimate	FY 2028-29 Estimate
Maximum reserve (16.5% of total expenses)	\$5,521	\$12,043	\$12,012	\$12,012	\$12,012	\$12,012
Excess reserve after transfer and fee decrease	268,162	226,503	114,061	114,136	116,335	76,535
Excess reserve with an additional \$40,000 transfer	268,162	226,503	74,061	74,136	76,335	36,535

The above table is based on annual expenditures of \$72,800. This appears reasonable, as from FY 2018-19 to FY 2024-25, annual expenditures ranged from \$28,609 to \$80,718, averaging \$55,645 over the time period.

Staff Initiated Supplemental Requests

→ Staff initiated Women, infants, and children (WIC) 1331

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	\$0	\$0	\$0	\$0	\$0	0.0
Recommendation	7,500,000	7,500,000	0	0	0	0.0
Staff Recommendation Higher/-Lower than Request	\$7,500,000	\$7,500,000	\$0	\$0	\$0	0.0

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.

Explanation: JBC staff believes that this request is the result of “data that was not available when the original appropriation was made”. The request is to align with the committee’s approval of the Department’s September 1331 request for state WIC funds.

Recommendation

Overexpenditure authority

To align with the committee’s approval of the September 1331 request for the WIC program, staff recommends that the committee include \$7.5 million General Fund for WIC in the introduced supplemental bill. This was not requested by the Department, since they no longer need the funding. However, Section 24-75-111 (5), C.R.S. requires the committee to introduce a supplemental appropriation for the amount of overexpenditure allowed during the emergency supplemental process.

Staff also recommends that the \$7.5 million that is included in the introduced supplemental bill be amended out during the legislative process, since this overexpenditure authority is no longer needed.

In October, the Department used some of its overexpenditure authority before they received full federal funding. By November 2025, the Department had received federal funding for WIC that exceeded \$7.5 million. The Office of State Planning and Budgeting then directed the controller to restrict \$7.5 million in overexpenditure authority, since it was no longer needed.

Update on requested WIC legislation

The committee sent two bills to draft during its September 30, 2025 meeting. One was to allow the WIC program to be an allowable use of state funds. Since state funds were ultimately not needed – JBC staff, the Department, and the Office of State Planning and Budgeting all agree that a bill is no longer of interest. However, there is a second, related bill that was sent to draft during the same meeting. This was related to the

broader, allowable use of state funds across all programs in the event of a federal government shutdown. This bill draft is in progress under the leadership of Director Harper and Pierce Lively.

→ Staff initiated state lab adjustments

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	\$0	\$0	\$0	\$0	\$0	0.0
Recommendation	0	0	0	0	0	0.0
Staff Recommendation Higher/-Lower than Request	\$0	\$0	\$0	\$0	\$0	0.0

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.

Explanation: Both changes are the result of “data that was not available when the original appropriation was made” – they make two adjustments that resulted from the Department’s emergency supplemental (1331) request, but were not possible to make during the emergency supplemental process.

Recommendation

Staff recommends that the Committee make two adjustments:

1. Move \$1,050,000 in laboratory-wide contractor expenses from the *Chemistry and Microbiology Personal Services* line item to a new line item *Laboratory Management Contracting*.

These contractor expenses were approved as part of the lab’s emergency supplemental. This change allows for more clarity and transparency for the newly approved contractor expenses, which include new systems for risk management, quality assurance, vendor management, and data governance. This change would happen after the supplemental bill is introduced. This timing allows the introduced bill to stay aligned with the existing approved overexpenditure (approved for the *Chemistry and Microbiology Personal Services* line item).

2. Add two footnotes that allow roll-forward authority through June 30, 2027 for \$1,125,000 million in contractor expenses for:
 - a. \$1,050,000 for laboratory-wide risk management, quality assurance, asset management, vendor management, and data integrity governance systems (*Laboratory Management Contracting* line item)
 - b. \$75,000 for a quality risk management system for the Chemistry Lab (*Chemistry and Microbiology Personal Services* line item)

The Department initially requested roll-forward authority during the 1331 process, but this was not possible to approve at the time because the process only allows approval of overexpenditure authority. The regular supplemental process has more flexibility. As such, staff recommends approval of the requested roll-forward authority in order to align with the time frame outlined in the two-year action plan proposed by Overbrook Scientific. Overbrook conducted a July 2025 assessment of lab quality assurance needs and developed a two-

year plan for addressing quality control concerns. Many of the actions in that plan were approved during the 1331 process, and as such, staff recommends an implementation time frame that also aligns with that plan.

In order to ensure progress towards the actions outlined by Overbrook Scientific and the Department, staff also recommends a quarterly RFI (due on March 1, June 1, and September 1, 2026) that outlines:

- the Department's progress towards all corrective actions outlined by the U.S. Environmental Protection Agency to become recertified for water quality testing
- actual spending on activities outlined in the Department's November 1331 request, separated by the purpose for the expenditure

Previously Approved Interim Supplemental Requests

→ ES1 Lab renewal

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	\$2,846,075	\$2,846,075	\$0	\$0	\$0	4.0
JBC Action	2,846,075	2,846,075	0	0	0	4.0
JBC Action Higher/-Lower than Request	\$0	\$0	\$0	\$0	\$0	0.0

Request

Between September and November 2025, the Department requested \$2,846,075 General Fund and 4.0 FTE to modernize the state laboratory and recertify the lab's water chemistry unit.

Summary

Following quality control issues within the water chemistry unit, the U.S. Environmental Protection Agency revoked the state laboratory's water quality certification in December 2024. In 2025, the Department completed a laboratory-wide quality control review that showed that issues were more widespread than anticipated. The review also outlined a two-year plan for addressing the lab's quality control concerns.

In September 2025, the Department submitted a 1331 request for \$2.8 million General Fund and 4.0 FTE. This included:

- Three new chemistry instruments and supplies (\$571,000),
- Six staff members, including three existing chemistry unit employees (\$557,970),
- A review of historical data that may have been manipulated (\$592,105),
- A risk management/quality assurance system for the entire lab (\$500,000),
- A risk management system specifically for the chemistry section (\$75,000), and
- An asset and vendor management program for the entire lab (\$550,000).

This request was partially approved in September 2025. After the Department submitted additional information about its plan for the laboratory moving forward, the committee approved the Department's full request in November 2025.

Committee Action

The Committee approved the Department's full request without roll-forward authority, since that was not possible through the 1331 process.

→ ES2 Women, infants, and children (WIC) program

Item	Total Funds	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
Request	\$7,500,000	\$7,500,000	\$0	\$0	\$0	0.0
JBC Action	7,500,000	7,500,000	0	0	0	0.0
JBC Action Higher/-Lower than Request	\$0	\$0	\$0	\$0	\$0	0.0

Request

In September 2025, the Department submitted a 1331 request for \$7.5 million General Fund to fund one month of WIC food assistance in the event of a federal government shutdown.

Summary

More detail on this request was discussed during the staff-initiated supplemental request for the WIC program (page 12 above).

Committee Action

The Committee approved the Department's request.

Appendix A: Numbers Pages

Appendix A details the actual expenditures for the last two state fiscal years, the appropriation for the current fiscal year, and the requested appropriation for next fiscal year. Appendix A organizes this information by line item and fund source.

JBC Staff Supplemental Recommendations - FY 2025-26
Staff Working Document - Does Not Represent Committee Decision

Appendix A: Numbers Pages

	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
Department of Public Health and Environment					
Jill Ryan, Executive Director					
S2 Health disparity grant reduction					
(1) Administration and Support					
(B) Office of Health Equity and Env. Justice					
Health Disparities Grants	<u>6,390,025</u>	<u>6,335,459</u>	<u>-837,627</u>	<u>5,497,832</u>	
General Fund	4,700,000	4,700,000	(837,627)	3,862,373	
Cash Funds	12,075	0	0	0	
Reappropriated Funds	1,677,950	1,635,459	0	1,635,459	
Federal Funds	0	0	0	0	
Total for S2 Health disparity grant reduction	6,390,025	6,335,459	(837,627)	5,497,832	
FTE	0.0	0.0	0.0	0.0	
General Fund	4,700,000	4,700,000	(837,627)	3,862,373	
Cash Funds	12,075	0	0	0	
Reappropriated Funds	1,677,950	1,635,459	0	1,635,459	
Federal Funds	0	0	0	0	

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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
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S3 Reduce LPHA distributions

(1) Administration and Support

(C) Office of Public Health Practice, Planning and Local Partnerships

Distributions to Local Public Health Agencies	<u>18,848,358</u>	<u>18,848,358</u>	<u>-2,708,570</u>	<u>16,139,788</u>
General Fund	17,082,755	17,082,755	(2,708,570)	14,374,185
Cash Funds	1,765,603	1,765,603	0	1,765,603
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0

(7) Division of Environmental Health and Sustainability

LPHA Environmental Health Services Funding	<u>2,044,251</u>	<u>2,044,273</u>	<u>-291,430</u>	<u>1,752,843</u>
General Fund	1,821,651	1,821,651	(291,430)	1,530,221
Cash Funds	222,600	222,622	0	222,622
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0

Total for S3 Reduce LPHA distributions	20,892,609	20,892,631	(3,000,000)	17,892,631
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	18,904,406	18,904,406	(3,000,000)	15,904,406
Cash Funds	1,988,203	1,988,225	0	1,988,225
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0

JBC Staff Supplemental Recommendations - FY 2025-26
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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
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S6 Air ambulance cash fund transfer

(10) Health Facilities and Emergency Medical Services Division

(C) Emergency Medical Services

State EMS Coordination, Planning and Certification

Program	<u>1,598,859</u>	<u>1,985,638</u>	<u>0</u>	<u>1,985,638</u>
FTE	14.7	14.7	0.0	14.7
General Fund	66,596	69,089	0	69,089
Cash Funds	1,532,263	1,916,549	0	1,916,549
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0

Total for S6 Air ambulance cash fund transfer	1,598,859	1,985,638	0	1,985,638
FTE	<u>14.7</u>	<u>14.7</u>	<u>0.0</u>	<u>14.7</u>
General Fund	66,596	69,089	0	69,089
Cash Funds	1,532,263	1,916,549	0	1,916,549
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0

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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
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Staff-initiated state lab adjustments

(3) Division of Disease Control and Public Health Response

(C) Laboratory Services

Chemistry and Microbiology Personal Services	<u>4,387,648</u>	<u>6,110,334</u>	0	<u>6,110,334</u>
FTE	54.1	54.1	0.0	54.1
General Fund	733,871	765,450	0	765,450
Cash Funds	2,430,510	2,994,333	0	2,994,333
Reappropriated Funds	131,048	177,889	0	177,889
Federal Funds	1,092,219	2,172,662	0	2,172,662

Total for Staff-initiated state lab adjustments

	<u>4,387,648</u>	<u>6,110,334</u>	0	<u>6,110,334</u>
FTE	<u>54.1</u>	<u>54.1</u>	<u>0.0</u>	<u>54.1</u>
General Fund	733,871	765,450	0	765,450
Cash Funds	2,430,510	2,994,333	0	2,994,333
Reappropriated Funds	131,048	177,889	0	177,889
Federal Funds	1,092,219	2,172,662	0	2,172,662

JBC Staff Supplemental Recommendations - FY 2025-26
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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
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Staff-initiated Women, infants, and children (WIC) 1331

(9) Prevention Services Division

(E) Nutrition Services

Women, Infants, and Children Supplemental Food

Grant	<u>114,436,179</u>	<u>88,064,072</u>	<u>7,500,000</u>	<u>95,564,072</u>
FTE	16.9	16.9	0.0	16.9
General Fund	61,915	126,334	7,500,000	7,626,334
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	114,374,264	87,937,738	0	87,937,738

Total for Staff-initiated Women, infants, and children (WIC) 1331

	<u>114,436,179</u>	<u>88,064,072</u>	<u>7,500,000</u>	<u>95,564,072</u>
FTE	<u>16.9</u>	<u>16.9</u>	<u>0.0</u>	<u>16.9</u>
General Fund	61,915	126,334	7,500,000	7,626,334
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	114,374,264	87,937,738	0	87,937,738

JBC Staff Supplemental Recommendations - FY 2025-26
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	FY 2024-25 Actual	FY 2025-26 Appropriation	FY 2025-26 Requested Change	FY 2025-26 Rec'd Change	FY 2025-26 Total w/Rec'd Change
Totals Excluding Pending Items					
PUBLIC HEALTH AND ENVIRONMENT					
TOTALS for ALL Departmental line items	928,531,140	868,769,339	-3,837,627	3,662,373	872,431,712
FTE	<u>1,888.4</u>	<u>1,853.6</u>	<u>0.0</u>	<u>0.0</u>	<u>1,853.6</u>
General Fund	155,707,214	139,749,516	(3,837,627)	3,662,373	143,411,889
General Fund Exempt	0	293,077	0	0	293,077
Cash Funds	318,946,974	340,847,834	0	0	340,847,834
Reappropriated Funds	59,517,865	63,464,208	0	0	63,464,208
Federal Funds	394,359,087	324,414,704	0	0	324,414,704

*FY 2025-26 Total w/Rec'd Change only includes the recommended changes covered in the Department's public health divisions.

Appendix B: Health disparities grantees

Appendix B details current grantees for the Health Disparities and Community Grant Program, including the project title or category, counties served, and FY 25-26 funding.

Tobacco Tax (Amendment 35 and Proposition EE) Funded Grantees

Grantee	Project Title	Counties Served	FY 25-26 Funding
Delta County Memorial Hospital District	Bicultural Healthcare - Addressing Health Disparities	Delta, Gunnison, Mesa, Montrose, Ouray	\$342,545
Denver Health and Hospital Authority	Synergizing Shots and Smiles	Adams, Arapahoe, Boulder, Denver, Dolores, El Paso, Summit	322,938
Eagle Valley Community Foundation	Mobile Intercultural Resource Alliance	Eagle, Lake	331,335
	Promoting Culturally Responsive Education on Nutrition and Physical Wellbeing	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Weld	328,225
Gyedi Project	Increased colon cancer prevention, early detection	La Plata	339,143
La Plata County Public Health Department	Advancing health outcomes through food security in SW Colorado	Archuleta, Dolores, La Plata, Montezuma, San Juan	345,039
		Adams, Alamosa, Baca, Bent, Boulder, Conejos, Crowley, Delta, El Paso, Garfield, Gunnison, Kiowa, Kit Carson, Larimer, Logan, Mesa, Mineral, Moffat, Montrose, Otero, Ouray, Pitkin, Prowers, Pueblo, Rio Blanco, Rio Grande, Saguache, San Miguel, Washington, Weld, Yuma	327,924
Project Protect Food Systems Workers	Project Protect Promotora Network	Denver	336,095
Sisters of Colorado United for Education	Seeds of the Heart	Adams, Arapahoe, Broomfield, Denver, Douglas, El Paso, Jefferson, Morgan, Pueblo, Washington, Yuma	314,309
Vuela for Health	Salud Para Todos (Health for All)	Total	\$2,987,554

General Fund (through S.B. 21-181) Grantees

Grantee	Project Category	Counties Served	FY 25-26 Funding
Colorado Association for School-Based Health Care (Youth Healthcare Alliance)	Operational Support	Conejos, Costilla, Mineral, Rio Grande, Saguache	\$186,200
Community Health Partnership	Building Staff and Volunteer Capacity	El Paso, Teller	176,400
		Adams, Alamosa, Arapahoe, Archuleta, Boulder, Broomfield, Conejos, Costilla, Delta, Denver, Dolores, Douglas, Eagle, El Paso, Hinsdale, Jefferson, La Plata, Larimer, Mesa, Montezuma, Montrose, Pueblo, San Juan, San Miguel, Weld	186,200
Denver Indian Health and Family Services	Strategic Planning	Eagle	171,500
Eagle River Youth Coalition (Mountain Youth)	Building Staff and Volunteer Capacity	Eagle, Garfield, Pitkin	186,200
Eagle Valley Community Foundation	Building Staff and Volunteer Capacity		

Grantee	Project Category	Counties Served	FY 25-26 Funding
Food Bank of the Rockies	Operational Support	Mesa, Morgan, Summit	186,200
Gunnison Valley Health Foundation	Building Staff and Volunteer Capacity	Gunnison	171,500
La Clinica del Pueblo	Operational Support	Eagle, Garfield, Pitkin	168,560
Lake County Build a Generation	Strategic Planning	Lake	176,400
Las Animas-Huerfano Counties District Health Department	Operational Support	Las Animas	170,291
Mountain Pride	Operational Support	Eagle, Lake, Summit	171,500
Northwest Colorado Community Health Partnership	Providing Technical Assistance	Moffat, Routt Adams, Alamosa, Baca, Bent, Boulder, Conejos, Costilla, Crowley, Delta El Paso, Garfield, Gunnison, Kiowa Kit, Carson, Larimer, Logan, Mesa, Mineral, Moffat, Montrose, Morgan, Otero, Ouray Phillips, Pitkin, Prowers, Pueblo, Rio Blanco, Rio Grande, Saguache, Sedgwick,	181,457
Project Protect Food Systems	Operational Support	Washington, Weld, Yuma	171,500
Rio Grande County Public Health Agency	Operational Support	Rio Grande	186,200
Summit Community Care Clinic, Inc.	Strategic Planning	Summit	176,400
Tri-County Health Network	Building Staff and Volunteer Capacity	San Miguel	161,700
Ute Mountain Ute Tribe	Providing Technical Assistance	Montezuma	186,200
Valley Settlement	Strategic Planning	Garfield	171,500
	Total		\$3,185,908