

**First Regular Session
Seventy-third General Assembly
STATE OF COLORADO**

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 21-0576.03 Kristen Forrestal x4217

SENATE BILL 21-181

SENATE SPONSORSHIP

Fields and Coram, Bridges, Buckner, Danielson, Fenberg, Garcia, Ginal, Gonzales, Hansen, Jaquez Lewis, Kolker, Lee, Moreno, Pettersen, Story, Winter

HOUSE SPONSORSHIP

Herod and Caraveo,

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Health & Human Services
Appropriations

House Committees

Public & Behavioral Health & Human Services
Appropriations

A BILL FOR AN ACT

101 **CONCERNING STATE AGENCIES ADDRESSING HEALTH DISPARITIES IN**
102 **COLORADO, AND, IN CONNECTION THEREWITH, MAKING AN**
103 **APPROPRIATION.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

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

- Award grants from money currently transferred from the prevention, early detection, and treatment fund to the health

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
*Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.*

SENATE
Amended 3rd Reading
May 5, 2021

SENATE
Amended 2nd Reading
May 4, 2021

disparities grant program fund (fund) for the purpose of positively affecting social determinants of health to reduce the risk of future disease and exacerbating health disparities in underrepresented populations; and

- Award grants from any additional money appropriated by the general assembly to the fund to community organizations to reduce health disparities in underrepresented communities through policy and systems changes regarding the social determinants of health.

On or before January 1, 2022, and continuing every 2 years thereafter, the office is required to issue a report concerning health disparities in Colorado by race and ethnicity that includes an assessment of the impact of social determinants of health on health disparities and recommended strategies to begin to address such inequities with the collaboration of the health equity commission and other stakeholders.

On or before July 1, 2022, the office is required to facilitate a state agency work group to develop an equity strategic plan. Specific state agencies are required to participate in the state agency work group to ensure coordination in equity-related work across state agencies to address social determinants of health in each agency's respective area.

The bill adds additional state agency executive directors to the health equity commission.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, 24-22-117, **amend**
3 (2)(d)(III) and (2)(f)(I) as follows:

4 **24-22-117. Tobacco tax cash fund - accounts - creation -**
5 **legislative declaration.** (2) There are hereby created in the state treasury
6 the following funds:

7 (d) (III) For fiscal year 2005-06, and each fiscal year thereafter,
8 fifteen percent of the ~~moneys~~ MONEY transferred to the prevention, early
9 detection, and treatment fund shall be transferred to the health disparities
10 grant program fund created in ~~paragraph (f) of this subsection (2)~~
11 SUBSECTION (2)(f) OF THIS SECTION for the health disparities AND
12 COMMUNITY grant program in part 22 of article 4 of title 25. ~~C.R.S.~~

13 (f) (I) The health disparities grant program fund to be

1 administered by the department of public health and environment.
2 ~~Moneys shall~~ MONEY MUST be transferred to the health disparities grant
3 program fund as described in ~~subparagraph (H) of paragraph (d) of this~~
4 ~~subsection (2)~~ SUBSECTION (2)(d)(III) OF THIS SECTION. THE HEALTH
5 DISPARITIES GRANT PROGRAM FUND ALSO CONSISTS OF ANY OTHER MONEY
6 APPROPRIATED TO THE HEALTH DISPARITIES GRANT PROGRAM FUND BY
7 THE GENERAL ASSEMBLY. All interest and income derived from the
8 deposit and investment of ~~moneys~~ MONEY in the health disparities grant
9 program fund ~~shall~~ MUST be credited to the health disparities grant
10 program fund. ~~except that all interest and income derived from the deposit~~
11 ~~and investment of moneys in the health disparities grant program fund~~
12 ~~during the 2008-09, 2009-10, 2010-11, and 2011-12 fiscal years shall be~~
13 ~~credited to the general fund.~~ Any unexpended or unencumbered ~~moneys~~
14 MONEY remaining in the health disparities grant program fund at the end
15 of the fiscal year ~~shall~~ MUST remain in the fund and shall not be credited
16 to the general fund or any other fund. The ~~moneys~~ MONEY in the health
17 disparities grant program fund ~~shall~~ MUST be annually appropriated by the
18 general assembly to the department of public health and environment for
19 allocation by the department of public health and environment consistent
20 with the provisions of ~~paragraph (d) of this subsection (2)~~ SUBSECTION
21 (2)(d) OF THIS SECTION.

22 **SECTION 2.** In Colorado Revised Statutes, 25-4-2201, **amend**
23 (2) as follows:

24 **25-4-2201. Legislative declaration.** (2) Therefore, the general
25 assembly hereby declares that it is in the best interests of the state to
26 establish a health disparities AND COMMUNITY grant program to provide
27 prevention, early detection, and treatment of cancer and cardiovascular

1 and pulmonary diseases to underrepresented populations.

2 **SECTION 3.** In Colorado Revised Statutes, 25-4-2202, **add** (3.3)
3 as follows:

4 **25-4-2202. Definitions.** As used in this part 22, unless the context
5 otherwise requires:

6 (3.3) "EQUITY STRATEGIC PLAN" MEANS A STRATEGIC PLAN THAT
7 IDENTIFIES FOR CERTAIN STATE AGENCIES THE PRIORITIES, OBSTACLES,
8 GOALS, AND TIMELINES NECESSARY TO ADDRESS IDENTIFIED HEALTH
9 DISPARITIES IN EACH AGENCY'S RESPECTIVE AREA OF WORK AND
10 INFLUENCE.

11 **SECTION 4.** In Colorado Revised Statutes, 25-4-2203, **amend**
12 (1), (2) introductory portion, (2)(b), and (3) as follows:

13 **25-4-2203. Health disparities and community grant program**
14 **- rules.** (1) There is hereby created in the department the health
15 disparities AND COMMUNITY grant program, referred to in this section as
16 the "grant program", to provide financial support for statewide initiatives
17 that address prevention, early detection, and treatment of cancer and
18 cardiovascular and pulmonary diseases in underrepresented populations;
19 AND TO POSITIVELY AFFECT SOCIAL DETERMINANTS OF HEALTH TO REDUCE
20 THE RISK OF FUTURE DISEASE AND EXACERBATING HEALTH DISPARITIES IN
21 UNDERREPRESENTED POPULATIONS. The office shall administer the grant
22 program. The state board shall award grants to selected entities from
23 ~~moneys~~ MONEY transferred to the health disparities grant program fund
24 created in section 24-22-117 (2)(f). ~~C.R.S.~~

25 (2) The state board shall adopt rules that specify ~~but are not~~
26 ~~necessarily limited to~~, the following:

27 (b) Grant application contents, including: ~~but not limited to~~

1 (I) FOR MONEY ALLOCATED TO THE HEALTH DISPARITIES GRANT
2 PROGRAM FUND PURSUANT TO SECTION 24-22-117 (2)(d)(III), how the
3 program meets at least one of the program criteria specified in section
4 25-20.5-302 (1), WHICH MAY INCLUDE POPULATION-BASED PREVENTION
5 WORK FOCUSED ON INFLUENCING SOCIAL DETERMINANTS OF HEALTH TO
6 ADVANCE HEALTH EQUITY FOR UNDERREPRESENTED POPULATIONS; AND

7 (II) FOR ANY ADDITIONAL MONEY APPROPRIATED BY THE GENERAL
8 ASSEMBLY TO THE HEALTH DISPARITIES GRANT PROGRAM FUND CREATED
9 IN SECTION 24-22-117 (2)(f) THAT IS NOT ALLOCATED FROM THE
10 PREVENTION, EARLY DETECTION, AND TREATMENT FUND PURSUANT TO
11 SECTION 24-22-117 (2)(d)(III), THE CRITERIA THAT MUST BE MET FOR A
12 COMMUNITY ORGANIZATION APPLICANT TO RECEIVE GRANT MONEY TO
13 REDUCE HEALTH DISPARITIES IN UNDERREPRESENTED COMMUNITIES
14 THROUGH POLICY AND SYSTEMS CHANGES REGARDING THE SOCIAL
15 DETERMINANTS OF HEALTH. THE CRITERIA MAY INCLUDE SPECIFICATIONS
16 CONCERNING HOW COMMUNITY ORGANIZATIONS PLAN TO ACHIEVE
17 HEALTH EQUITY THROUGH STRATEGIC PLANNING, BUILDING THE CAPACITY
18 OF STAFF AND VOLUNTEERS, TECHNICAL TRAINING AND ASSISTANCE
19 WITHIN THE COMMUNITY ORGANIZATIONS, AND THE EVALUATION OF THE
20 COMMUNITY ORGANIZATION'S IMPACT ON THE COMMUNITY.

21 (3) The commission shall appoint a review committee to review
22 the applications received pursuant to this section and make
23 recommendations to the commission regarding the entities that may
24 receive grants and the amounts of the grants. The commission shall
25 finalize the recommendations for funding and provide them to the state
26 board. Within thirty days after receiving the commission's
27 recommendations, the state board shall award grants to the selected

1 entities, specifying the amount and duration of each award. ~~A grant~~
2 ~~awarded pursuant to this section shall not exceed three years without~~
3 ~~renewal.~~

4 **SECTION 5.** In Colorado Revised Statutes, 25-4-2205, **amend**
5 (2)(a); and **add** (2.5) as follows:

6 **25-4-2205. Powers and duties of the office of health equity.**

7 (2) The office has the following powers, duties, and functions:

8 (a) Administering and coordinating the health disparities AND
9 COMMUNITY grant program created in section 25-4-2203;

10 (2.5) (a) ON OR BEFORE JULY 1, 2022, AND CONTINUING EVERY
11 TWO YEARS THEREAFTER, THE DEPARTMENT SHALL CONDUCT AN
12 ASSESSMENT AND PUBLISH A REPORT CONCERNING HEALTH DISPARITIES
13 AND INEQUITIES IN COLORADO THAT INCLUDES AN ASSESSMENT OF THE
14 IMPACT OF SOCIAL DETERMINANTS OF HEALTH ON HEALTH DISPARITIES
15 AND INEQUITIES AND RECOMMENDED STRATEGIES TO BEGIN TO ADDRESS
16 SUCH INEQUITIES. THE DEPARTMENT SHALL COLLABORATE WITH THE
17 COMMISSION, COMMUNITY PARTNERS WORKING ON HEALTH EQUITY
18 ISSUES, LOCAL PUBLIC HEALTH AGENCIES, STAKEHOLDERS FROM AFFECTED
19 COMMUNITIES, DATA ORGANIZATIONS, AND OTHER STATE AND LOCAL
20 PARTNERS IN THE CREATION OF THE REPORT. IN ADDITION TO PROVIDING
21 INFORMATION TO THE PUBLIC ABOUT THE IMPACT OF HEALTH DISPARITIES
22 AND INEQUITIES ON COLORADANS, EACH STATE AGENCY THAT HAS
23 REPRESENTATION ON THE COMMISSION SHALL USE THE REPORT IN THEIR
24 PLAN AS DESCRIBED IN SUBSECTION (2.5)(b)(I) OF THIS SECTION. IN EACH
25 REPORT AFTER THE FIRST PUBLISHED REPORT, THE DEPARTMENT SHALL
26 REPORT THE PROGRESS MADE BY THE COMMISSION PURSUANT TO
27 SUBSECTION (2.5)(b) OF THIS SECTION TO ADDRESS THE SOCIAL

1 DETERMINANTS OF HEALTH AND THE STRATEGIES USED TO ADDRESS
2 HEALTH DISPARITIES AND INEQUITIES.

3 (b) WITHIN SIX MONTHS AFTER THE PUBLICATION OF THE FIRST
4 REPORT REQUIRED IN SUBSECTION (2.5)(a) OF THIS SECTION:

5 (I) THE GOVERNOR SHALL CONVENE THE COMMISSION TO CONDUCT
6 A STRATEGIC PLANNING PROCESS AND DEVELOP AN EQUITY STRATEGIC
7 PLAN, TO RESPOND TO THE REPORT, AND TO ENSURE THAT THERE IS
8 COORDINATION IN EQUITY-RELATED WORK ACROSS STATE AGENCIES TO
9 ADDRESS THE SOCIAL DETERMINANTS OF HEALTH IN EACH AGENCY'S
10 RESPECTIVE AREAS. THE STRATEGIC PLANNING PROCESS MUST INCLUDE
11 INPUT FROM COMMUNITY STAKEHOLDERS AND POLICYMAKERS. THE
12 DEPARTMENT MAY COLLABORATE WITH THE HEALTH EQUITY AND
13 COMMUNITY GRANT PROGRAM CREATED IN SECTION 25-4-2203 TO
14 ADDRESS ISSUES IDENTIFIED BY THE EQUITY STRATEGIC PLAN.

15 (II) EACH MEMBER OF THE COMMISSION THAT REPRESENTS A STATE
16 AGENCY SHALL DEVELOP A PLAN TO ADDRESS THE SOCIAL DETERMINANTS
17 OF HEALTH RELEVANT TO THAT STATE AGENCY AS THEY AFFECT HEALTH
18 DISPARITIES AND INEQUITIES. EACH STATE AGENCY SHALL DEDICATE UP
19 TO TWENTY HOURS OF STAFF TIME TO THE DEVELOPMENT AND
20 IMPLEMENTATION OF THE EQUITY STRATEGIC PLAN.

21 **SECTION 6.** In Colorado Revised Statutes, 25-4-2206, **amend**
22 (2)(a) introductory portion, (2)(a)(IV), (2)(a)(V), (2)(a)(VI), (3)(b)(II),
23 and (3)(d); and **add** (2)(a)(VII), (2)(a)(VIII), (2)(a)(IX), (2)(a)(X),
24 (2)(a)(XI), (2)(a)(XII), and (2)(a)(XIII) as follows:

25 **25-4-2206. Health equity commission - creation - repeal.**
26 (2) (a) The commission consists of the following ~~fifteen~~ TWENTY-TWO
27 members, who are as follows:

1 (IV) The executive director of the department, or ~~his or her~~ THE
2 EXECUTIVE DIRECTOR'S designee, shall serve as an ex officio member of
3 the commission;

4 (V) The executive director of the department of human services,
5 or ~~his or her~~ THE EXECUTIVE DIRECTOR'S designee; and

6 (VI) The executive director of the department of health care
7 policy and financing, or ~~his or her~~ THE EXECUTIVE DIRECTOR'S designee;

8 (VII) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF LABOR
9 AND EMPLOYMENT, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

10 (VIII) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF LOCAL
11 AFFAIRS, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

12 (IX) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF
13 TRANSPORTATION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

14 (X) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC
15 SAFETY, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

16 (XI) THE COMMISSIONER OF EDUCATION OF THE DEPARTMENT OF
17 EDUCATION, OR THE COMMISSIONER'S DESIGNEE;

18 (XII) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF
19 CORRECTIONS, OR THE EXECUTIVE DIRECTOR'S DESIGNEE; AND

20 (XIII) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HIGHER
21 EDUCATION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE.

22 (3) The commission has the following powers and duties:

23 (b) Advising the department through the office on:

24 (II) Aligning the department's health equity efforts and the health
25 disparities AND COMMUNITY grant program created in section 25-4-2203;

26 (d) Making recommendations to the office and the department on
27 the health disparities AND COMMUNITY grant program created in section

1 25-4-2203, regarding financial support for local and statewide initiatives
2 that address prevention, early detection, needs assessment, and treatment
3 of cancer, cardiovascular disease, including diabetes, and pulmonary
4 disease in minority populations.

5 **SECTION 7.** In Colorado Revised Statutes, **amend** 25-20.5-305
6 as follows:

7 **25-20.5-305. Evaluation.** Commencing with the 2006-07 fiscal
8 year, and each fiscal year thereafter, the state board shall select a grant
9 recipient to evaluate the effectiveness of the program and the health
10 disparities AND COMMUNITY grant program established pursuant to part
11 22 of article 4 of this ~~title~~ TITLE 25. Costs for the evaluation shall be
12 adequately funded from the amount annually appropriated by the general
13 assembly to the division from the prevention, early detection, and
14 treatment fund.

15 **SECTION 8. Appropriation.** (1) For the 2021-22 state fiscal
16 year, \$4,872,818 is appropriated to the department of public health and
17 environment for use by the office of health equity. This appropriation
18 consists of \$4,821,035 from the general fund and \$51,783 from the health
19 disparities grant program fund created in section 24-22-117 (2)(f)(I),
20 C.R.S. To implement this act, the office may use this appropriation as
21 follows:

22 (a) \$172,818, which consists of \$121,035 from the general fund
23 and \$51,783 from the health disparities grant program fund, for program
24 costs, which amount is based on an assumption that the office will require
25 an additional 2.3 FTE; and

26 (b) \$4,700,000 from the general fund for health disparities grants.

27 **SECTION 9. Safety clause.** The general assembly hereby finds,

- 1 determines, and declares that this act is necessary for the immediate
- 2 preservation of the public peace, health, or safety.