



**Cancer, Cardiovascular, and Pulmonary Disease Grants Program (CCPD)
Review Committee Meeting
April 12, 2024**

Virtual Meeting

Attendance of members		
X	Andrea Wagner	CDPHE Prevention Services Division Director (designee)
	Carsten Baumann	CDPHE Executive Director (designee)
	Vacant	CDPHE staff: Expertise in Cancer, Cardiovascular & Pulmonary Disease
X	Tara Trujillo	CDPHE staff: Expertise in Cancer, Cardiovascular & Pulmonary Disease
X	Joan Brucha	CDPHE staff: Expertise in Cancer, Cardiovascular & Pulmonary Disease
X	Stan VanderWerf	Member of the State Board of Health
X	Heather DeKeyser	Chronic Pulmonary Disease Professional
X	Rocio Pereira	Cardiovascular Disease Professional
X	Allie Bain	Cancer Professional
	Tristan Sanders	Public Health Professional
X	Abigail Harris	Public Health Professional
X	Elizabeth Bibiloni	Recognized Expert in Health Disparities
X	Jon Fritz	Represents the rural interest in regard to the prevention, early detection, and treatment of cancer, cardiovascular disease, and chronic pulmonary disease
X	Pierre Onda	Primary Care Provider
	Gabe Evans	Member of the House of Representatives
	Kyle Mullica	Member of the Senate



Staff Attendance: Sanjay Pawar, Lilly Caldwell, Jenny Best and Maisey Lyons

Call to Order/Roll Call

The meeting was held virtually via Zoom. The Chair called the meeting to order at approximately 1:04 p.m. and instructed committee members to introduce themselves. This was Stan VanderWerf's first meeting as a committee member.

Approval of the minutes:

Abigail Harris moved to approve the March minutes with no modifications, and Elizabeth Bibiloni seconded.

Program and membership updates - Sanjay Pawar, CDPHE

Sanjay made note of the new Board of Health representative on the committee, Stan VanderWerf, and shared that the committee is still awaiting appointments of legislative representatives from the House and Senate.

Legislative update - Meghna Patta, CDPHE

In mid-March, a historic assault weapons ban (HB-1292) passed through the first committee hearing on a party-line vote (7-3). A similar bill was killed in its first committee hearing last year. In the first 94 days of the current legislative session, approximately 640 bills have been introduced, and a flood of bills are expected to move out of the Appropriations committees to compete for remaining available funds. Around 400 bills are currently awaiting action.

The Joint Budget Committee introduced the Long Bill on March 25th. Both the House and Senate passed amendments to this bill; however, the chambers disagreed with each other's amendments. When this happens, legislative leadership will often call a Conference Committee, composed of members of the Joint Budget Committee, to negotiate individual chambers' priorities. Amendments wanted by both chambers included special earmarking of funds for certain districts. The Conference Committee ultimately decided to kill all amendments to the Long Bill. Now, the House and Senate must agree to the Conference Committee report before the bill goes to the Governor to be signed. The budget bill is accompanied by various orbital bills, including one that formalizes the healthy food incentive fund in statute, making it an official program housed in the Prevention Services Division. Another orbital bill of note is the "ARPA Swap Bill," which swaps major portions of 3.8 billion dollars in ARPA funds allocated to the state by the federal government during COVID with the state general fund. Colorado must maintain a balanced budget each year and, thus, cannot run a deficit. With voter approval, the state can take on a limited amount of debt by issuing bonds that must be repaid over a set amount of time.

Bills of interest to the committee include the following:

- HB24-1156: This bill seeks to expand the privilege of obtaining a special event permit to members of a chamber of commerce, with some exceptions for schools, firearm retailers, etc. Amendment 4 to this bill allows the Department of Revenue to authorize a state license holder to host an age-restricted tobacco festival. This bill has passed through the House and had its first Senate hearing.
- SB24-054: Requires all private insurance companies to provide coverage for the treatment of obesity and pre-diabetes, including behavior or lifestyle therapy, bariatric surgery, and



FDA-approved anti-obesity medication. This bill also requires the Colorado Department of Healthcare Policy and Financing (HCPF) to seek federal authorization to provide treatment for obesity and pre-diabetes.

- HB24-1356: Directs the attorney general to compile and maintain a directory of all electronic smoking device manufacturers and sellers operating in Colorado by October 31, 2024. This bill was heavily rewritten after its first Senate committee hearing, making the sale of electronic smoking devices to those under 21 a deceptive trade practice.
- HB24-1366: Section 1 of this bill requires all state agencies to prioritize awarding grants that satisfy a list of criteria described in the bill, including water conservation projects, economic mobility initiatives, housing development initiatives, and other initiatives aimed at reducing miles traveled by vehicle. Because, in CCPD, grant funds in the built environment space specifically cannot support capital development projects, construction of transportation, or housing, it will not be impacted by the passage of this bill.

Discussion: Heather DeKeyser asked whether SB24-054 includes coverage for children, to which Meghna indicated that the bill covers all ages. Commissioner Stan VanderWerf expressed his opinion that HB24-1356's specification of making the sale of electronic smoking devices to those under 21 a deceptive trade practice is not something he agrees with and that he believes the age limit should be 18. He also noted a practice used to bypass TABOR, where the state enacts several laws without a fiscal note, subsequently making local governments pay the bill, a practice which he strongly disagrees with.

Budget update - Becca Lembke, CDPHE

Each quarter, the state releases quarterly revenue forecasts, including Amendment 35 revenue projections, which CDPHE monitors, adjusting its spending as necessary. The latest update, from March, showed a significant increase from December's projections of revenue for the year, in part due to expecting wholesalers to stockpile tobacco products prior to the tax increase. The Proposition EE hold-harmless fund of approximately \$1.7 million is factoring into this. The department's indirect rate was updated in January, lowering it considerably compared to previous years. In the forecast, the breast and cervical cancer figures, along with figures for the Office of Health Disparities, have been updated to reflect the current draft of the Long Bill. Monthly revenue ranges between \$0.5 and \$2 million each month, with a 12-month rolling average of around \$1.5 million. Additionally, the forecast shows a 9% year-over-year decrease in cigarette revenue and about a 4% decrease in tobacco revenue. The Amendment 35 forecast anticipates FY24 revenue to be close to FY23 revenue. Fiscal will continue to monitor revenue and any legislation that may affect Amendment 35 or Proposition EE revenue and will provide recommendations.

Discussion: Andrea Wagner clarified that the department aims for around a \$2 million fund balance, which is currently exceeded intentionally due to the unknown impact of Proposition EE and declining tobacco sales. Natalya Verscheure provided a brief overview of Amendment 35 and Proposition EE for new committee members. Commissioner Stan VanderWerf asked whether there were sunset clauses for either Amendment 35 or Proposition EE, which there are not.

CCPD Strategic Framing Approach: Kickoff Meeting - Erin Ulric and Kate Newberg, Government Performance Solutions

Erin and Kate provided an overview of the agenda for this portion of the meeting, which focused on clarifying the strategic framing purpose, their proposed approach, committee member expectations, and next steps. Because the CCPD Review Committee oversees program strategies and manages a competitive grants program focused on the prevention, early detection, and treatment of cancer, cardiovascular disease,



and pulmonary disease, it seeks to collaboratively define and establish a set of criteria that will shape decisions on what to include and exclude in our future funding portfolios. This endeavor comprises developing the mission, vision, core values, and associated decision-making criteria, tools, and resources that can be applied to future funding decisions. As a team, Government Performance Solutions and the CCPD Review Committee will produce a guiding mission, vision, and core values, as well as decision-making criteria, tools, and resources that can be applied to future funding decisions. Their proposed approach begins with aligning the committee on the endeavor's purpose and process during the April meeting, developing the mission, vision, and values in May, refining it and co-creating decision-making frameworks in June and July, and in August, finalizing the mission, vision, values, and decision-making tools. Following this overview, Government Performance Solutions engaged the committee in a discussion of the members' hopes, concerns, and ideas for success, which are outlined below.

Discussion:

- Stan VanderWerf mentioned his desire to focus on producing the best, most impactful aggregate outcome with our funding across diseases and regions of the state.
- Erin asked the committee's perspective on engaging stakeholders in this endeavor. Allie Bain noted that this could lead to stakeholders advocating heavily for their own interests, and, therefore, they should be engaged carefully. Jon Fritz echoed this sentiment, encouraging the team to focus on the committee members before engaging stakeholders.
- Ro Pereira noted that we largely fund evidence-based interventions, supplemented by some innovative grants, and that a significant consideration is whether we want to focus on increasing access and program sustainability.
- Tara Trujillo spoke to Commissioner VanderWerf's point of producing the best outcomes in the aggregate, mentioning that we need to define what success looks like; for example, should we focus on disease outcomes across the state, or should we focus on serving potentially underserved populations and regions. She mentioned that we should consider the entire funding landscape in which we operate in defining success and what outcomes we seek.
- Heather DeKeyser referred to previous strategic planning efforts, particularly stakeholder engagement efforts, and suggested they may be greatly beneficial in this process, particularly in avoiding further stakeholder engagement. Jon Fritz spoke to past stakeholder engagement efforts, in which he participated as a grantee, and said that he found them extremely thorough and well-executed.
- Heather DeKeyser expressed her concern about individual committee members' biases and priorities and stressed her desire to reach a consensus through this process in light of those.
- Abigail Harris noted that we cover a wide range of diseases and strategies and that missions and decision-making frameworks may not necessarily be the same for all diseases. Additionally, she noted that we may want to consider allowing for flexibility in mission in future funding cycles as the public health landscape evolves.
- Stan VanderWerf raised the question of whether we want to use grant funds to supplement funding from other sources, like the federal government, or whether we want to focus on filling gaps in funding.
- Allie Bain noted that our current funding portfolio spans the entire socioecological model of change and suggested we consider whether to continue doing so or focus more specifically on certain parts of that model.

Public Comment:

- None.



Next Steps - Heather DeKeyser, Chair

- The next meeting will be Friday, May 10, 2024, from 1-4 p.m.

Adjournment:

- The chair adjourned the meeting at approximately 2:25 p.m.