



Informing Policy. Advancing Health.



2020 LEGISLATIVE PREVIEW

The Health Policy Hustle

Fast-Paced Election Year Will Require Focus, Effort

JANUARY 8, 2020

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Our Funders



Introduction

There's a lot riding on legislative decisions made in 2020, and health policy debates will again be a major story at the Capitol.

The most dramatic storyline will involve hospitals squaring off against the Department of Health Care Policy and Financing (HCPF) and the Division of Insurance (DOI) over a proposal to create a “public option” insurance program. Hospitals and insurance carriers already have signaled their opposition to the proposal, and it promises to revive — and ramp up — existing conflicts between those industries and the state over government efforts to reduce the cost of care. The tilt is set against a backdrop of uncertainty involving the state's economics, politics, and policy context in a year that has much on the line.

On the economic front, the possibility of a recession seems increasingly likely. Colorado is still enjoying a record-long economic expansion, but economists seem to agree that the good times have to end, perhaps within the next year or two. The long boom has emboldened legislators to devote state funds to expensive new priorities in recent sessions, and Gov. Jared Polis' priorities are far from cheap, raising questions about whether the state can keep these programs going in the future.

In Colorado and nationally, there is a lack of agreement about health policy direction. [A recent survey](#) by The Commonwealth Fund, Harvard T.H. Chan School of Public Health, and *The New York Times* found that approximately equal numbers of respondents expressed support for Medicare for All, building on the Affordable Care Act (ACA), and a conservative plan to reduce federal involvement and increase states' autonomy over payment and care delivery. And while Democrats are firmly in control of Colorado's state government this year, there isn't always agreement on the right way to use the state's limited funds, especially when it comes to expensive health care initiatives.

Three Takeaways

- Election years generally feature shorter and less complex policy agendas, but that won't be the case in 2020.
- Battles over cost — such as the public option, total cost of care, reinsurance, and affordability standards — will provide much of the action in health policy.
- Given the decennial U.S. Census and momentous state and national elections, the drama won't end with the session in May.

The combination of a presidential election year (that also involves elections for three-quarters of seats in the state legislature), impeachment proceedings against President Donald Trump, and increasingly partisan politics means that tensions are high and rising. Political pressures may influence policy debates during the session. Legislators will likely be torn between campaigning on one hand and lawmaking on the other.

The new legislative session, which begins today, will feature hundreds of important policy proposals, including those dealing with mental health, immunizations, pharmaceuticals, and tobacco. In addition, legislators will consider next steps on ambitious new insurance and cost control initiatives set in motion in 2019 by the Polis administration. Objective resources and thoughtful discussions will be more important than ever as a tool to cut through the noise.

And the debate won't end in early May when the legislature adjourns. With a major election in November and the decennial U.S. Census going into the field, this year will involve numerous consequential decisions for health policy. It's been said that there is no quality more lauded or rewarded in America than hustle, and the entire policy community — from elected officials to those who watch, challenge, and support them — will need plenty of it to achieve their ambitious goals in 2020.

The Political and Budget Landscape

While 2020 is another year of Democratic control of the state government, the session will rarely see unified agreement. The margin in the Senate is close — 19 Democrats and 16 Republicans — meaning that Democrats can only afford to lose a single vote and still pass a bill if they don't have Republican members on board. Since the beginning of the 2019 session, Republicans have charged Democrats with overreach and resistance to finding common ground. The overt politics of a major election year will be difficult to escape, and some legislators already are agitated by six attempted recall campaigns during the interim that aimed to remove the governor, two Democratic representatives, and three Democratic senators. None were successful.

The Election

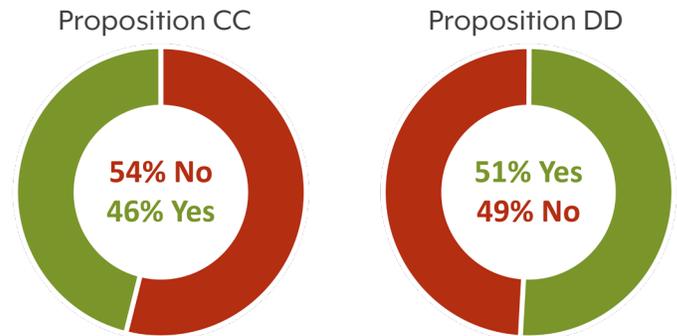
Results from the November 2019 election paint a complex picture of politics at the state level and point to Colorado's persistent libertarian streak. A clear example is the defeat of Proposition CC, which would have removed the Taxpayer's Bill of Rights (TABOR) requirement that the state issue refunds to taxpayers for revenue it collects above an allowed amount. For years, voters have rejected new statewide taxes and resisted perceived attacks on fiscal conservatism, even while sending an increasing number of Democrats to the statehouse. A "yes" vote on CC would have immediately helped the governor secure additional funding for his priorities, but the "no" vote means the General Fund will have to continue paying TABOR refunds.

Colorado voters were split on Proposition DD, which asked them to legalize and tax sports betting, with proceeds funding the state's water plan. The measure barely passed, showing that residents are divided over "sin taxes." Clearly, Colorado is not a solid blue state no matter what national maps might show.

The Administration

A year into the Polis administration, it is clear that the new governor's priorities and leadership style

Figure 1. 2019 Results Highlight Colorado's Complex Political Picture



differ greatly from his predecessor. Former Gov. John Hickenlooper preferred to keep his distance from the legislature and focus on promoting economic development. Polis is an experienced legislator who has been keen to use the General Assembly to pass laws that advance his agenda. In health policy, that has meant a focus on cutting costs for consumers.

Two holdovers from Hickenlooper's administration are playing key roles in shaping Polis' health agenda: Michael Conway, the state's insurance commissioner, and Kim Bimestefer, director of HCPF.

DOI has traditionally limited itself to the technical details of reviewing insurance prices. Under Conway, it has sought to create new policies that allow DOI to increasingly shape the insurance and health care market, not just oversee it.

HCPF insures about a fifth of Colorado's population through Medicaid. Under Bimestefer, the agency has



Bimestefer



Conway

started to use that market power to try to drive down prices, not just for Medicaid members but for the whole state.

The Budget

The state budget continues to grow, with the governor's Fiscal Year 2020-21 request totaling about 3 percent more than the current fiscal year. This rate increase exceeds population growth and inflation, meaning Coloradans should anticipate TABOR refunds.

HCPF accounts for more than a quarter of the General Fund, the portion of the budget supported by state taxes and fees. Even larger is the Department of Education, which takes more than a third of the General Fund. At the opposite end of the spectrum, the Department of Public Health and Environment (CDPHE) consumes just a sliver of the General Fund — about half of one percent.

Polis is requesting cuts for some state agencies, such as the Departments of Local Affairs and Natural Resources. Even if some spending is trimmed, the General Fund will still increase by more than \$400 million. HCPF's increase accounts for about 55 percent of that growth. See Appendix B for more detail on the budget.

Examples of General Fund requests include nearly \$30 million for expanded preschool for at-risk children, \$5.5 million for a paid family leave program for state employees, \$2.5 million for child immunization outreach, and slightly more than \$1 million for new pharmaceutical monitoring and prescribing technology — a response to the opioid crisis and growing focus on cost control. In addition, the budget includes \$17.5 million for a new inpatient and residential substance use treatment benefit under Medicaid. HCPF points out that the substance use treatment amount is less than what was expected when HB 18-1136 passed, a change the department attributes to limited treatment capacity. The governor is also asking legislators to dedicate more money for Child Health Plan Plus (CHP+) and to bolster the state reserve in anticipation of a future recession, which together require nearly \$60 million.



All Eyes on the Senate

If pieces of the Democrats' agenda are derailed anywhere, it's likely to be in the Senate. President Leroy Garcia (D-Pueblo) will continue working to balance the will of constituents in his moderate district with the ambitious goals of some members of his party. Sen. Brittany Pettersen (D-Lakewood) is expecting to be on maternity leave for some portion of the session, which leaves Democrats with no room for error in close votes, and a vacancy committee will fill the seat of Sen. Lois Court (D-Denver) due to her illness. As campaigns take shape, all eyes will be on a handful of close races to decide whether the Senate will remain in Democrats' control in 2021 or switch back to Republican leadership.

Battles Over Cost

In 2019, the legislature opened the floodgates for health reform bills that had been dammed up for years. It approved a reinsurance fund, authorization for community purchasing alliances, a study of a public option for health insurance, and importation of prescription drugs from Canada. It also gave the insurance commissioner broad new powers to regulate health care costs.

It's likely that these topics will provide much of the action in health policy in the legislature, in rulemaking hearings, and possibly in the courts.

Public Option

When the public option recommendations were released in October, they came as a surprise to much of the health policy community. The proposal would require private insurers operating in the individual market to offer a state-designed plan along with their other options, with coverage taking effect in 2022.

Colorado's version of the public option is a new idea on the American health policy stage.

Instead of pushing out private insurers — as Medicare for All or a public option built around Medicaid might do — the Colorado proposal boosts their role in the market. However, carriers are fighting the mandate that at least two insurers offer the public option in every Colorado county, creating the possibility of forced participation in some counties under the authority of the insurance commissioner. Hospitals are vehemently opposed to the public option plan because it would lower reimbursement rates for their services.

Reinsurance

In a nutshell, reinsurance acts like insurance for insurance companies, reducing their risk by covering their highest-cost consumers and leading to lower premium prices for their customers.

Colorado's new reinsurance program caused individual market premiums to drop by a statewide average of 20 percent for coverage this year. That's a relief for many individual market customers who had faced annual increases of 20 percent to 30 percent in previous years.

Despite evidence that reinsurance is working to

lower premiums, the program isn't cheap and is only slated to last two years unless the legislature extends it. Joint Budget Committee meetings in December pointed out an 800 percent increase from the initial \$20 million price tag for reinsurance, but the Polis administration says this is misleading, as most of the increase is tied to reinsurance's TABOR revenue impact. Polis has also requested \$60 million to cover a projected deficit in the program's second year and to secure funding for a potential third year, which would require legislation.

The price tag for reinsurance will make it a target for legislators who would rather spend those General Fund dollars on other priorities. Hospitals have voiced opposition to this program, too, because part of the funding comes from a fee on hospitals.

Expect to see all these issues and more come up when legislators consider extending and funding the reinsurance program during the session.

NEW THIS YEAR

Total Cost of Care

Hospitals are feeling the pressure from multiple angles as they are asked to help fund or generate savings for these sizable new initiatives. They are countering with a proposal known as "total cost of care." Six other states have something similar in place, with Massachusetts' program being the most established.

While details are limited, this model sets goals for reducing costs across all parts of the health care system, including carriers, pharmaceutical companies, and others in addition to hospitals. Hospitals say this comprehensive approach is both fairer and more effective, and they note that it avoids rate setting, which is a component of the state's public option plan. Hospitals say their proposal could result in \$3.3 billion in system savings over the first five years based on initial estimates. Expect significant time, energy, and money to be devoted to the debate over total cost of care and the question of whether it should be an alternative to the public option.

Community Purchasing Alliances

Another new idea in the mix is the community purchasing alliance. The most well-known is Summit County's Peak Health Alliance, which was launched last fall with support from Conway and DOI. Coverage through the first Peak plans went into effect on New Year's Day.

The model saves consumers in the individual and small-group markets money by driving a harder bargain in negotiations with local providers. The idea is gaining traction. Peak has expanded into Grand County and the Four Corners region, and other counties and business groups are looking at creating their own alliances. Polis is a fan of this model and has spoken publicly about creating a similar program statewide, though details of that proposal are largely unknown.

Affordability and Transparency

Other recent initiatives change the way health care bills are paid, who pays them, and how we keep track of spending.

HB 19-1233, which passed last year, calls for greater spending by insurers on primary care. But an overlooked section of the bill might prove to be the most consequential. It gives DOI the authority to regulate the affordability of insurance policies. Conway announced at CHI's Hot Issues in Health conference in December that DOI intends to set hospital reimbursement rates in all the health insurance policies it regulates, which cover more than 1 million people. This plan would expand the controversial idea of hospital rate setting far beyond the public option.

“The affordability standard is a whole new game ... We're going to ask the insurance companies to reprice their contracts [with providers] at a percentage of Medicare ... something along the lines of 200 percent, 225 percent of Medicare, of what we would say is the benchmark.”

Michael Conway, Insurance Commissioner, at the Hot Issues in Health Conference, December 5, 2019



Coverage under Peak Health Alliance took effect New Year's Day. Early signs predict significant savings within the individual and group markets. Read the full report from CHI. <https://colo.health/PEAK>

DOI's plans come amid other important changes from the 2019 session. There are new regulations and protections for out-of-network billing, which can result in hefty medical charges. According to the 2019 Colorado Health Access Survey (CHAS), nearly one in three Coloradans has received a surprise medical bill in the past year.

Hospitals are now required to publish financial reports, set to be released this month for the first time, that will help policymakers evaluate hospitals' performance and inform future legislative efforts. HCPF is in the early stages of the Hospital Transformation Program, which shifts the way hospitals are paid to reward quality and process improvements rather than the volume of care. Finally, HCPF and some legislators are taking a closer look at how hospitals are spending community benefit dollars, which justify their tax-exempt status.

A tie that binds many of these new laws and regulations is how they impact hospitals — and how hospitals will react. In some rural parts of the state, hospitals are barely staying afloat, and legislators will hear a lot about that from their local providers and industry associations. There are also hospital systems within the state that are bringing in profits of around a billion dollars a year. Calibrating each initiative to work together and to target high hospital profits without bankrupting other facilities will be a difficult job.

Issues to Watch

Policy agendas are generally shorter and less complex in election years, but that doesn't seem to be the case for 2020. In addition to figuring out next steps for the public option, reinsurance, and other proposals related to cost and payment reform (detailed on the previous pages), legislators will be asked to tackle other notable health policy ideas.

Here are some of the bills they expect to see:



Tobacco and Nicotine

Coming on the heels of a federal law that raises the legal age to buy tobacco and e-cigarettes to 21,

Colorado legislators will likely consider bills to ban vaping flavors and update licensure requirements for the retail sale of tobacco and related products. Concurrently, the Polis administration and its allies intend to gather petition signatures for a ballot measure to increase the tobacco tax and apply it to e-cigarettes, which are not included. A similar proposal failed to make it through the legislature as a referred measure in 2019.



Mental Health

While notable progress on mental health has been made in recent years, there remains a long list of complex questions. In 2020, with support from

organizations such as Mental Health Colorado, legislators will consider bills to require more mental health training as part of the teacher recertification process; require insurance companies to cover an annual mental health wellness exam at no charge; lower the severity of charges for mental health-induced behavioral incidents, some of which are considered a felony; bolster funding for maternal mental health screenings and childhood mental health consultations; and increase the capacity and payment for peer support specialists, who are in recovery and working to help others.



Substance Use

Five bills are coming from the Opioid and Other Substance Use Disorders Study Committee, which meets between legislative sessions. They will

tackle prevention, treatment, criminal justice, and other issues. Proposals include improving continuity

of care for Medication-Assisted Treatment in jails, providing more funding for student loan forgiveness programs for health care providers who offer substance use disorder services, and continuing the requirement for prescribers to check the Prescription Drug Monitoring Program before authorizing a refill for an opioid.



Pharmaceuticals

Beyond opioids, plenty of pharmaceutical bills are forthcoming. The main goal: lowering costs. After several failed attempts, there will

be another bill to increase price transparency. A separate bill (or more than one) would impose new licensing and regulatory requirements on pharmacy benefit managers, which are third-party administrators that negotiate prices. Another bill from the Colorado Consumer Health Initiative will call for the creation of a prescription drug affordability board to set payment targets or upper payment limits for certain medications. Additional proposals are expected on the heels of HCPF's December 2019 report, ["Reducing Prescription Drug Costs in Colorado: Cost Drivers and Strategies to Address Them."](#) Meanwhile, the state — mandated by a successful 2019 bill — is moving forward to develop a plan and secure federal approval for importing drugs from Canada.



Immunizations

The fight over vaccinations and Colorado's lenient exemption policy was front and center in 2019, but the session ended without resolution when

Polis and Democratic legislators couldn't agree on a policy to improve youth immunization rates while preserving parental choice — a priority for Polis. Proponents say this issue is in urgent need of a solution as Colorado continues to rank last in the



country for key kindergarten immunization rates, according to the Centers for Disease Control and Prevention and CDPHE. Advocates, led by Rep. Kyle Mullica (D-Northglenn) and organizations such as Children’s Hospital Colorado, will work to break the impasse.



Family and Medical Leave

A year after a bill to create a statewide family and medical leave insurance

(FAMLI) program for private employers was reduced to a study, proponents will try again to get the program off the ground. An actuarial analysis released during the interim indicates FAMLI would exceed earlier cost estimates, but momentum has been building for years and advocates hope this is the year they will ultimately be successful.



Health Care Sharing Ministries

Health care sharing ministries (HCSMs) are faith-based arrangements — not insurance — that make use of social contracts among members to pay the cost of each other’s medical bills. Following consumer complaints

about misleading information and lack of financial protection, DOI cracked down in August on two groups: Trinity HealthShare, an HCSM, and Alera Healthcare, an administrator, marketer, and program manager for Trinity. A forthcoming bill aims to take government oversight of HCSMs a step further.



Billing

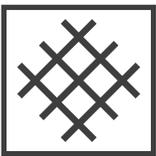
Hospitals are leading an effort to simplify billing processes for consumers (and for themselves) by ensuring that all cost-sharing for health care services, such as copayments and coinsurance, is collected directly by insurance companies and not by health care providers. Senate leadership views the policy as a step in improving transparency and has designated it as a priority for early introduction.



Enrollment

A bill from the Colorado Center on Law and Policy (CCLP) will attempt to increase enrollment in free and reduced-cost insurance coverage. The new program would alert people about their coverage options when they file their taxes, with the potential to automate the enrollment process

in future years. It would also create a new special enrollment period for those who determine they are eligible for subsidized coverage.



Safety Net Programs

Advocates want to strengthen safety net programs such as Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition

Assistance Program (SNAP). TANF cash assistance amounts haven't been adjusted for inflation since the program was created in 1996, and a bill will seek an increase now and guarantee future cost-of-living raises. During the budget process, some groups hope to secure more outreach funding for SNAP to assist families, along with more funding for services such as family planning and nonemergency medical transportation.



Housing

Housing affordability and tenant protections are increasingly viewed as part of the health landscape, rather than separate from it. Last year saw

the passage of several high-profile bills, including a measure to give renters more time to remedy lease violations, though a proposal to give local governments rent control authority failed. Advocacy groups, including CCLP, plan to push tenant-rights legislation such as opposing the use of past eviction filings in tenant screenings.



Bills, Bills, Bills

The 2019 legislative session started slow and finished fast.

In total, 598 bills were introduced. While this was substantially less legislation than the year before (when legislators

considered 721 bills),

almost 80 percent of 2019 proposals passed — and nearly 40 percent were still undecided on the final Monday of the session. This poses major challenges in a state that limits its legislative session to 120 days while guaranteeing a hearing for every introduced bill. This time, legislative leaders are putting a priority on having policy proposals ready sooner to avoid another end-of-session traffic jam. Interim committees have already recommended around 50 bills. But no matter how organized legislators are with introducing bills earlier, it seems like fast finishes are here to stay.



Managed Care

Legislation will focus on the way Colorado coordinates and funds behavioral health services. Expect

bills proposing fiscal and performance audits of managed service organizations, community mental health centers, and Regional Accountable Entities (RAEs), and requiring better continuity of care provided by RAEs for kids in the child welfare system. Counties also don't believe they're receiving fair payment through the state's new way of managing these services under Medicaid and want changes to the payment structure.

These issues will share the stage with debates over funding for more preschool slots and transportation needs, regulation of oil and gas, and a proposal to repeal the death penalty in Colorado. Legislators are guaranteed to have a busy session.

20/20VISION

While the immediate focus is on the 2020 legislative session, this year will also feature a decennial census and momentous state and national elections. This means a calendar full of key dates and decisions that will influence Colorado's — and the nation's — politics and policy for years to come.

January 8: Colorado's 2020 legislative session begins.

Expect battles between the state and hospitals to be the single biggest fight in health policy.



March 3: Presidential Primary (Super Tuesday).

Fourteen states, including Colorado, will hold their primaries to nominate 2020 candidates.

May 7: Sine die (adjournment) for Colorado's 2020 legislative session.

Questions remain over how quickly — or not — bills will move through the legislative process leading up to this final day.



August 3: Deadline to submit petitions to state.

Coloradans can place measures on the state ballot if they collect 124,632 signatures in support. Petitions are due three months before the election.



September 4: Deadline for finalizing statewide ballot.

The ballot is likely to include a tobacco and nicotine tax measure, which Polis hopes would fund preschool slots.



October 9: Ballots mailed to voters.

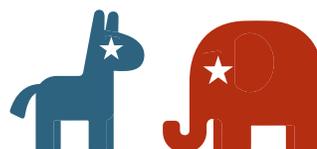
The state has provided ballots by mail to all registered voters since 2013.



TBD: U.S. Senate votes on articles of impeachment. The Republican-majority Senate will hold an impeachment trial for President Trump. Senators will likely acquit, but the trial will set important precedents and impact policy discussions.

April 1: National Census Day, or the reference date for the decennial census.

Census data is used to distribute billions in federal funds and could result in another congressional seat for Colorado and determine whether the state will have to redraw electoral districts. Counts will be delivered to the President and Congress in December 2020.



June 30: State Primary Election. Colorado holds a primary for parties to nominate candidates for positions representing Colorado at the state and federal level. In 2020, this includes the U.S. House and Senate, the state House and Senate, and state courts.



November 3: Election Day. Coloradans will cast their vote for the president, one of the state's two U.S. senators, every seat in the Colorado House of Representatives, and half of the seats in the state Senate. U.S. Sen. Cory Gardner, a Republican, faces a tough race against Democrats, led by John Hickenlooper. Two state Senate races to watch: the reelection campaigns of Democratic Sen. Rachel Zenzinger in Jefferson County and Republican Sen. Kevin Priola in Adams County.

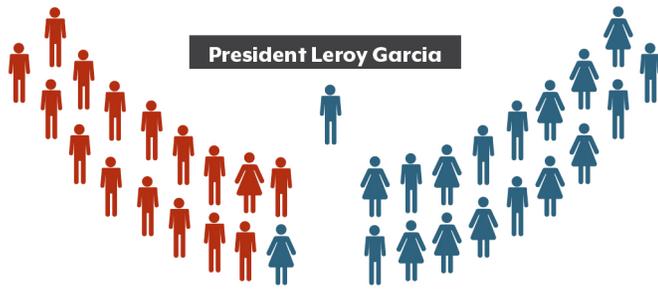
APPENDIX A:

The 72nd Colorado General Assembly

Senate 2020

19 Democrats, 16 Republicans

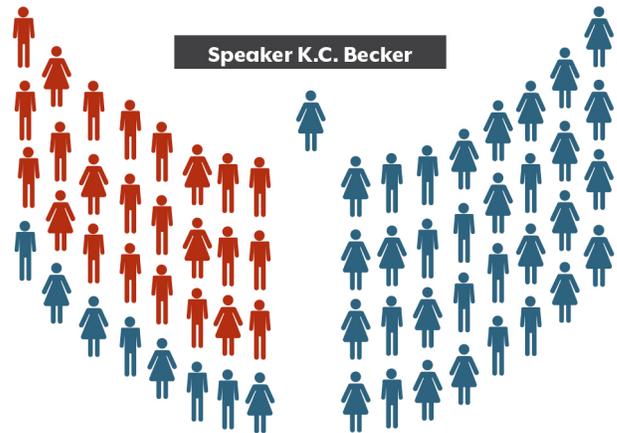
Votes Required to Pass a Bill: 18



House 2020

41 Democrats, 24 Republicans

Votes Required to Pass a Bill: 33



Health Committee Membership:

Senate Health and Human Services

Democrats

- Sen. Rhonda Fields, *chair*
- Sen. Faith Winter, *vice chair*
- Sen. Joann Ginal

Republicans

- Sen. Larry Crowder
- Sen. Jim Smallwood

House Health and Insurance

Democrats

- Rep. Susan Lontine, *chair*
- Rep. Yadira Caraveo, *vice chair*
- Rep. Janet P. Buckner
- Rep. Dominique Jackson
- Rep. Kyle Mullica
- Rep. Kerry Tipper
- Rep. Brianna Titone

Republicans

- Rep. Mark Baisley
- Rep. Susan Beckman
- Rep. Matt Soper
- Rep. Perry Will

House Public Health Care and Human Services

Democrats

- Rep. Jonathan Singer, *chair*
- Rep. Dafna Michaelson Jenet, *vice chair*
- Rep. Yadira Caraveo
- Rep. Lisa Cutter
- Rep. Serena Gonzales-Gutierrez
- Rep. Sonya Jaquez Lewis
- Rep. Kyle Mullica
- Rep. Mary Young

Republicans

- Rep. Richard Holtorf
- Rep. Lois Landgraf
- Rep. Colin Larson
- Rep. Larry Liston
- Rep. Rod Pelton

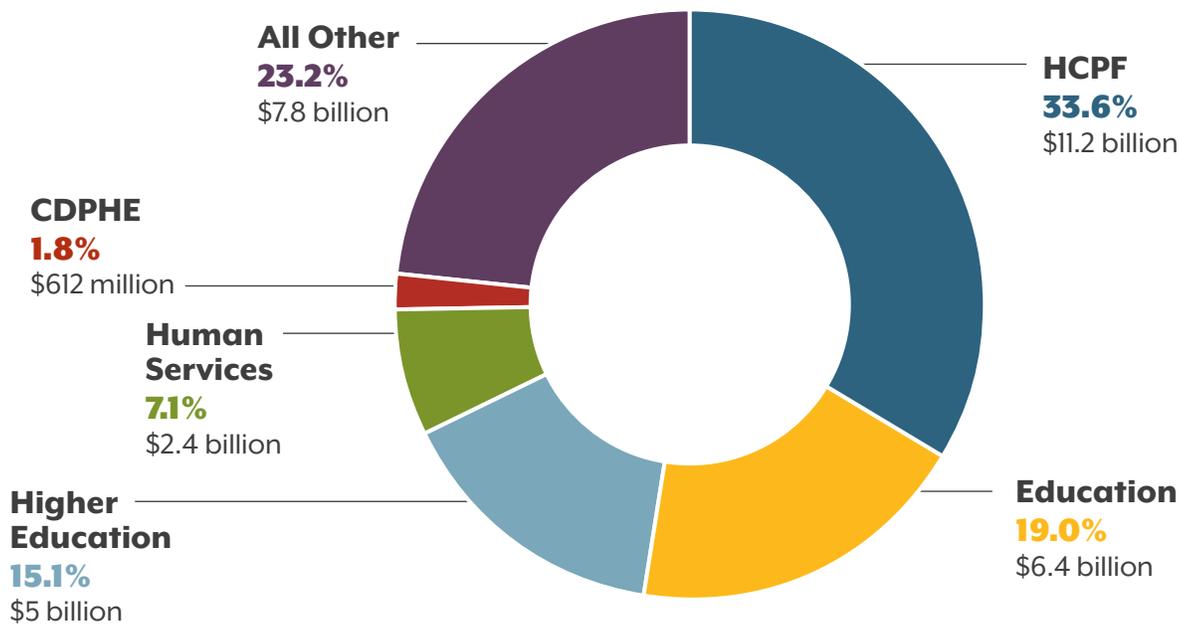
APPENDIX B:

Budget Overview

Gov. Jared Polis' Budget Request, Submitted Nov. 1, 2019

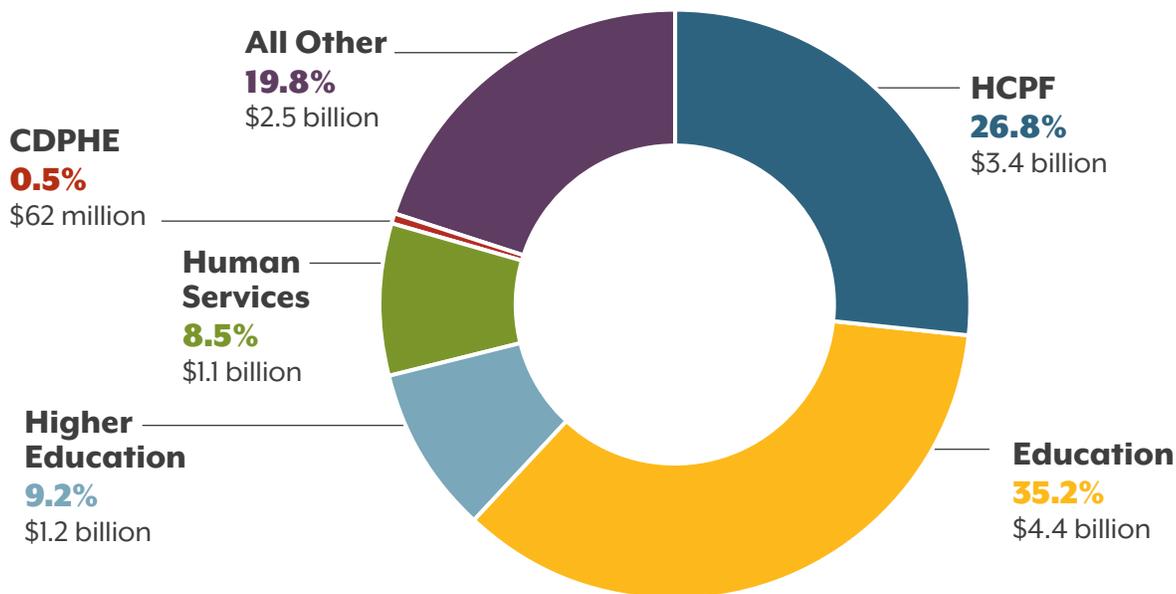
FY 2020-21 Total Funds

Total: \$33.3 billion



FY 2020-21 General Fund

Total: \$12.6 billion



APPENDIX C:

Health-Related State Departments

Health Care Policy and Financing (HCPF)

\$10.7B

Total appropriation 2019-20
(\$3.2 billion from the
General Fund)

25.8%

Percentage of
state General Fund

- **Proposed Request 2020-21:** \$11.2 billion
 - **Total Increase:** \$528 million
 - **Percentage Increase:** 4.9 percent
- **Full-Time Equivalent (FTE) Employees 2019-20:** 544.6
- **Proposed FTE Employees 2020-21:** 578.8
 - **Total Increase:** 34.2 FTEs
 - **Percentage Increase:** 6.3 percent

What to Watch

HCPF runs Medicaid and Child Health Plan *Plus* and accounts for more than a quarter of the General Fund. Improved operational performance, new cost control initiatives, and better care management are priorities for the department. HCPF is beginning to cover substance use disorder treatment services and is tackling drug prices.

Public Health and Environment (CDPHE)

\$616M

Total appropriation 2019-20
(\$59 million from the
General Fund)

0.5%

Percentage of
state General Fund

- **Proposed Request 2020-21:** \$612 million
 - **Total Decrease:** \$4 million
 - **Percentage Decrease:** 0.6 percent
- **FTE Employees 2019-20:** 1,382.3
- **Proposed FTE Employees 2020-21:** 1,399.4
 - **Total Increase:** 17.1 FTEs
 - **Percentage Increase:** 1.2 percent

What to Watch

CDPHE is responsible for ensuring the quality and safety of Colorado's environment and oversees its public health programs. The department anticipates more funding for water quality monitoring, oil and gas enforcement and permitting, and increased outreach to improve vaccination rates.

Human Services (CDHS)

\$2.3B

Total appropriation 2019-20
(\$1.0 billion from the
General Fund)

8.6%

Percentage of
state General Fund

- **Proposed Request 2020-21:** \$2.4 billion
 - **Total Increase:** \$37 million
 - **Percentage Increase:** 1.6 percent
- **FTE Employees 2019-20:** 5,130.9
- **Proposed FTE Employees 2020-21:** 5,203.0
 - **Total Increase:** 72.1 FTEs
 - **Percentage Increase:** 1.4 percent

What to Watch

CDHS provides funding and support for social and behavioral health programs. It is asking for funds to increase child welfare staffing, offer community provider rate increases, support child care assistance services, and provide scholarships for early childhood educators around the state.

Regulatory Agencies (DORA)

\$119M

Total appropriation 2019-20
(\$2 million from the
General Fund)

<0.1%

Percentage of
state General Fund

- **Proposed Request 2020-21:** \$121 million
 - **Total Increase:** \$2 million
 - **Percentage Increase:** 2.0 percent
- **FTE Employees 2019-20:** 591.8
- **Proposed FTE Employees 2020-21:** 599.8
 - **Total Increase:** 8.0 FTEs
 - **Percentage Increase:** 1.4 percent

What to Watch

The department provides consumer protection through regulatory programs for a variety of professions and sectors, including insurance. DOI has taken on more of an activist role, working closely with HCPF on new insurance initiatives, and is wading into regulation of health care sharing ministries.



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