Dora
Department of Regulatory Agencies

Office of Policy, Research and Regulatory Reform

2012 Sunset Review:

All-Payer Health Claims Database Advisory Committee

Dental Advisory Committee

Interagency Farm-to-School Coordination Task Force

Food Systems Advisory Council

Hearing in Newborn Infants Advisory Committee

Noxious Weed Advisory Committee

Wildlife Habitat Stamp Committee

Youth Advisory Council

October 15, 2012

Consumer Protection

Dora
Department of Regulatory Agencies

Executive Director's Office
Barbara J. Kelley
Executive Director

John W. Hickenlooper
Governor

October 15, 2012

Members of the Colorado General Assembly
c/o the Office of Legislative Legal Services
State Capitol Building
Denver, Colorado 80203

Dear Members of the General Assembly:

The mission of the Department of Regulatory Agencies (DORA) is consumer protection. As a part of the Executive Director's Office within DORA, the Office of Policy, Research and Regulatory Reform seeks to fulfill its statutorily mandated responsibility to conduct sunset reviews with a focus on protecting the health, safety and welfare of all Coloradans.

DORA has completed its evaluations of the All-Payer Health Claims Database Advisory Committee; Dental Advisory Committee; Interagency Farm-to-School Coordination Task Force; Food Systems Advisory Council; Hearing in Newborn Infants Advisory Committee; Noxious Weed Advisory Committee; Wildlife Habitat Stamp Committee and the Youth Advisory Council. I am pleased to submit this written report, which will be the basis for my office's oral testimony before the 2013 legislative committees of reference. The report is submitted pursuant to section 2-3-1203(2)(b)(III), Colorado Revised Statutes, which states in part:

> The department of regulatory agencies shall conduct an analysis of the performance of each division, board or agency or each function scheduled for termination under this section. The department of regulatory agencies shall submit a report to the office of legislative legal services by October 15 of the year preceding the date established for termination.

The report discusses the effectiveness of the committees in carrying out the intention of the statutes and makes recommendations as to whether the advisory committees should be continued.

Sincerely,

Barbara J. Kelley
Executive Director

1560 Broadway, Suite 1550 Denver, Colorado 80202 Phone 303.894.7855
Fax 303.894.7885 Toll Free 800.866.7675 www.dora.state.co.us V/TDD 711

Consumer Protection

Department of Regulatory Agencies

John W. Hickenlooper
Governor

Barbara J. Kelley
Executive Director

2012 Sunset Review:
All-Payer Health Claims Database Advisory Committee; Dental Advisory Committee; Interagency Farm-to-School Coordination Task Force; Food Systems Advisory Council; Hearing in Newborn Infants Advisory Committee; Noxious Weed Advisory Committee; Wildlife Habitat Stamp Committee and the Youth Advisory Council.

Key Recommendations

Sunset the All-Payer Health Claims Database Advisory Committee.
The All-Payer Health Claims Database Advisory Committee (APHCD Advisory Committee) has fulfilled its statutory mandate to make recommendations regarding the creation of the framework and implementation plan for the APHCD. APHCD Advisory Committee members have provided invaluable guidance, with the result that Colorado's APHCD is now funded, accepting data in agreed-upon formats from payers, and will begin generating its first public reports by the end of 2012. The APHCD can call upon APHCD Advisory Committee members in an informal capacity going forward without the need for statutory oversight.

Continue the Dental Advisory Committee.
Oral health is important to the overall well-being of senior citizens. The Dental Advisory Committee (DAC) plays a role in awarding grants and establishing allowable reimbursements for dental services and appliances under the Old Age Pension Dental Assistance Program, an alternative to Medicaid. The DAC has not met since 2009 due to a lack of funding. However, funding was restored for fiscal year 12-13, thereby renewing the need for the DAC.

Continue the Interagency Farm-to-School Coordination Task Force.
The Interagency Farm-to-School Coordination Task Force (Farm-to-School Task Force) is the only group in Colorado addressing farm-to-school issues, including the implementation of programs. The Farm-to-School Task Force was tasked with developing and recommending policies and methods to implement farm-to-school programs. In its inaugural year, the Farm-to-School Task Force successfully began work to implement farm-to-school programs in Colorado. Specifically, the Farm-to-School Task Force has convened meetings and set in motion a "road map" to address issues for the successful implementation of the program. However, before this program is fully operational, there is still a great deal of work for the Farm-to-School Task Force to complete.

Continue the Food Systems Advisory Council.
The Food Systems Advisory Council (Food Advisory Council) has established objectives to foster a healthy food supply available to all Colorado residents while enhancing the state's agricultural and natural resources, encouraging economic growth, expanding the viability of agriculture and improving the health of communities and residents. Although the Food Advisory Council has made progress, there is still work for it to do, including continuing to refine the work that has been completed by its various subcommittees.

Continue the Hearing in Newborn Infants Advisory Committee.
The Colorado Infant Hearing Advisory Committee (CIHAC) is comprised of experts who provide best practice recommendations and guidance to hospitals, audiologists, early interventionists and physicians on the care of infants for screening, diagnosis and the early intervention processes. Because there are no statutes or rules that regulate newborn hearing screening in Colorado, the CIHAC's, *Guidelines for Infant Hearing Screening, Audiologic Assessment, and Intervention* provides necessary standards. The CIHAC continues to update the guidelines periodically.

Continue the Noxious Weed Advisory Committee.
Noxious weeds impact agriculture, wildlife, tourism, recreation, and real estate. Noxious weeds are aggressive, so they spread rapidly. They may poison livestock, compete with crops, displace deer and elk, compete with native plants, threaten rare and endangered species, and sometimes displace water flow important to certain ecosystems. Noxious weeds may even decrease the appraised value of property. The Noxious Weed Advisory Committee provides an essential function linking the Colorado Department of Agriculture to the various interests and expertise involved in managing noxious weeds in the state.

Continue the Wildlife Habitat Stamp Committee.
The Wildlife Habitat Stamp Committee (Stamp Committee) was created to review proposals for the protection of wildlife habitat and to provide access to wildlife habitat. It successfully completes this task each year, and a significant number of the proposals selected by the Stamp Committee are approved by the Parks and Wildlife Commission.

Continue the Youth Advisory Council.
Although the Youth Advisory Council's (COYAC's) positions have not always prevailed at the General Assembly or other bodies COYAC has addressed, it is clear that COYAC is fulfilling its mission of providing an avenue for law makers and decision makers to hear the voices of Colorado's youth. As such, continued input should prove invaluable to policymakers well into the future.

Major Contacts Made During These Reviews

The Civic Canopy
Center for Improving Value in Health Care
Colorado Cattlemen's Association
Colorado Department of Agriculture
Colorado Department of Health Care Policy and Financing
Colorado Department of Natural Resources
Colorado Department of Public Health and Environment
Colorado Farm Bureau
Colorado Natural Heritage Program
Colorado Nursery and Greenhouse Association
The Nature Conservancy
Rocky Mountain Elk Foundation
Spark Policy Institute
WPM Consulting
Yuma County Pest Control District

What is a Sunset Review?

A sunset review is a periodic assessment of state boards, programs, and functions to determine whether or not they should be continued by the legislature. Sunset reviews focus on creating the least restrictive form of regulation consistent with protecting the public. In formulating recommendations, sunset reviews consider the public's right to consistent, high quality professional or occupational services and the ability of businesses to exist and thrive in a competitive market, free from unnecessary regulation.

Sunset Reviews are Prepared by:
Colorado Department of Regulatory Agencies
Office of Policy, Research and Regulatory Reform
1560 Broadway, Suite 1550, Denver, CO 80202
www.askdora.colorado.gov

Table of Contents

Background **1**
Introduction *1*
Sunset Process *1*

All-Payer Health Claims Database Advisory Committee **2**
Creation, Mission and Make-Up *2*
Responsibilities of the APHCD Advisory Committee *3*
Revenues and Expenditures *4*
Meetings of the APHCD Advisory Committee *4*
Proposals and Their Status *5*
Reasons to Sunset the APHCD Advisory Committee *11*
Analysis and Recommendation *11*

Dental Advisory Committee **12**
Creation and Make-Up *12*
Responsibilities of the DAC *12*
Revenues and Expenditures *13*
Meetings of the DAC *13*
Recommendations and Their Status *13*
Reasons to Continue the DAC *14*
Analysis and Recommendations *14*

Interagency Farm-to-School Coordination Task Force **16**
Creation, Mission and Make-Up *16*
Responsibilities of the Farm-to-School Task Force *17*
Revenues and Expenditures *17*
Meetings of the Farm-to-School Task Force *18*
Proposals and Their Status *18*
Reasons to Continue the Farm-to-School Task Force *20*
Analysis and Recommendation *20*

Food Systems Advisory Council **21**
Creation, Mission and Make-Up *21*
Responsibilities of the Food Advisory Council *21*
Revenues and Expenditures *22*
Meetings of the Food Advisory Council *23*
Proposals and Their Status *23*
Reasons to Continue the Food Advisory Council *25*
Analysis and Recommendation *25*
Hearing in Newborn Infants Advisory Committee **26**
Creation, Mission and Make-Up *26*
Responsibilities of the CIHAC *26*
Revenues and Expenditures *27*
Meetings of the CIHAC *27*
CIHAC Accomplishments *27*
Reasons to Continue the CIHAC *29*
Analysis and Recommendation *29*
Noxious Weed Advisory Committee **30**
Creation, Mission and Make-Up *30*
Responsibilities of the Committee *31*
Revenues and Expenditures *31*
Meetings of the Weed Advisory Committee *31*
Proposals and Their Status *32*
Reasons to Continue the Weed Advisory Committee *33*
Analysis and Recommendation *34*

Wildlife Habitat Stamp Committee **36**
Creation, Mission and Make-Up *36*
Responsibilities of the Stamp Committee *37*
Revenue and Expenditures *37*
Meetings of the Stamp Committee *37*
Proposals and Their Status *38*
Reasons to Continue the Stamp Committee *39*
Analysis and Recommendation *40*
Youth Advisory Council **41**
Creation, Mission and Make-Up *41*
Responsibilities of COYAC *42*
Revenues and Expenditures *43*
Meetings of COYAC *43*
Proposals and Their Status *44*
Reasons to Continue COYAC *45*
Analysis and Recommendation *46*

Background

Introduction

As part of the sunset review of an advisory committee, the advisory committee that is scheduled to repeal must submit to the Department of Regulatory Agencies (DORA), on or before July 1 of the year preceding the year in which the advisory committee is scheduled to repeal:[1]

- The names of current members of the advisory committee;
- All revenues and all expenditures, including advisory committee expenses, per diem paid to members, and any travel expenses;
- The dates all advisory committee meetings were held and the number of members attending the meetings;
- A listing of all advisory proposals made by the advisory committee, together with an indication as to whether each proposal was acted upon, implemented or enacted into statute; and
- The reasons why the advisory committee should be continued.

Importantly, sunset reviews of advisory committees do not, generally, analyze the underlying program to which the committee is expected to render advice or recommendations. If an advisory committee is sunset, the underlying program will continue.

Sunset Process

As with sunset reviews of programs, agency officials and other stakeholders can submit input regarding an advisory committee through a variety of means, including at www.askdora.colorado.gov.

The All-Payer Health Claims Database Advisory Committee; Dental Advisory Committee; Food Systems Advisory Council; Hearing in Newborn Infants Advisory Committee; Noxious Weed Advisory Committee and the Youth Advisory Council shall terminate on July 1, 2013, and the Interagency Farm-to-School Coordination Task Force and Wildlife Habitat Stamp Committee shall terminate on December 31, 2013, unless continued by the General Assembly. It is the duty of DORA to conduct an analysis and evaluation of these advisory committees pursuant to section 2-3-1203, Colorado Revised Statutes.

The purpose of this review is to determine whether these committees should be continued for the protection of the public and to evaluate their performance. DORA's findings and recommendations are submitted via this report to the legislative committees of reference of the Colorado General Assembly.

[1] §§ 2-3-1203(2)(b)(I) and (II), C.R.S.

All-Payer Health Claims Database Advisory Committee

Creation, Mission and Make-Up

House Bill 10-1330 (HB 1330) created the All-Payer Health Claims Database (APHCD) and the APHCD Advisory Committee in the Colorado Department of Health Care Policy and Financing (HCPF) in order to better understand the underlying causes of variations in cost, quality and resource use in health care. The APHCD includes data derived from medical, eligibility, provider, pharmacy and dental files from private and public payers, including insurance carriers, health plans, third party administrators, pharmacy benefit managers, Medicaid and Medicare. The endeavor is designed to provide policymakers, employers, patients and providers with access to better cost and quality information that spans all care settings.

The APHCD Advisory Committee was created to make recommendations about the development and implementation of the APHCD for the purpose of providing transparent public reporting of health care information.

The APHCD Advisory Committee comprises 24 members, 18 of whom are appointed by the Executive Director HCPF:[2]

- A member of academia with experience in health care data and cost efficiency research;
- A representative of a statewide association of hospitals;
- A representative of an integrated, multi-specialty organization;
- A representative of physicians and surgeons;
- A representative of small employers that purchase group health insurance for employees, which representative is not a supplier or broker of health insurance;
- A representative of large employers that purchase group health insurance for employees, which representative is not a supplier or broker of health insurance;
- A representative of self-insured employers, which representative is not a supplier or broker of health insurance;
- A representative of an organization that processes insurance claims or certain aspects of employee benefit plans for a separate entity;
- A representative of a nonprofit organization that demonstrates experience working with employers to enhance value and affordability of health insurance;
- A person with a demonstrated record of advocating health care privacy issues on behalf of consumers;
- A person with a demonstrated record of advocating health care issues on behalf of consumers;
- Two representatives of health insurers -- one that represents nonprofit insurers and one that represents for-profit insurers;
- A representative of dental insurers;

[2] § 25.5-1-204(1)(b), C.R.S.

- A representative from a community mental health center that has experience in behavioral health data collection;
- A representative of pharmacists or an affiliate society;
- A representative of pharmacy benefit managers; and
- Two representatives of nonprofit organizations that facilitate health information exchange to improve health care for all Coloradans.

Additionally, the APHCD Advisory Committee comprises six ex officio members:[3]

- The Executive Director of HCPF, or the Executive Director's designee;
- A representative of the Colorado Department of Personnel and Administration;
- The Commissioner of Insurance, or the Commissioner's designee;
- The Director of the Office of Information Technology, or the Director's designee; and
- Two members of the General Assembly -- one from the majority party and one from the minority party.

Responsibilities of the APHCD Advisory Committee

The APHCD Advisory Committee is required to make recommendations to the APHCD Administrator, which is designated by the Executive Director of HCPF,[4] regarding the APHCD that:[5]

- Include specific strategies to measure and collect data related to health care safety and quality, utilization, health outcomes and cost;
- Focus on data elements that foster quality improvement and peer group comparisons;
- Facilitate value-based, cost-effective purchasing of health care services by public and private purchasers and consumers;
- Result in usable and comparable information that allows public and private health care purchasers, consumers, and data analysts to identify and compare health plans, health insurers, health care facilities, and health care providers regarding the provision of safe, cost-effective, high-quality health care services;
- Use and build upon existing data collection standards and methods to establish and maintain the database in a cost-effective manner;
- Are designed to measure the performance domains of: safety, timeliness, effectiveness, efficiency, equity and patient-centeredness;
- Incorporate and utilize claims, eligibility, and other publicly available data to the extent it is the most cost-effective method of collecting data to minimize the cost and administrative burden on data sources;
- Include recommendations about whether to include data on the uninsured;

[3] § 25.5-1-204(1)(c), C.R.S.
[4] The Executive Director designated the Center for Improving Value in Health Care (CIVHC) as the APCHD Administrator in 2010.
[5] § 25.5-1-204(2), C.R.S.

- Discuss the harmonization of a Colorado database with other states', regions' and federal efforts concerning all-payer claims databases;
- Discuss the harmonization of a Colorado database with federal legislation concerning an all-payer claims database;
- Discuss a limit on the number of times the APHCD Administrator may require submission of the required data elements;
- Discuss a limit on the number of times the APHCD Administrator may change the required data elements for submission in a calendar year considering administrative costs, resources and time required to fulfill the requests; and
- Discuss compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other proprietary information related to collection and release of data.

The APHCD Advisory Committee is also required to make recommendations to the Executive Director of HCPF to determine how the ongoing oversight of the operations of the APHCD should function, including where it should be housed.[6]

Revenues and Expenditures

As no state funds were appropriated to the APHCD, the APHCD Administrator is tasked with securing necessary funding.[7] As a result, the APHCD Administrator obtained two grants totaling $180,000: The Colorado Trust Planning Grant in the amount of $178,730 and The Colorado Health Foundation General Operating Grant in the amount of $1,270.

APHCD Advisory Committee-related expenditures totaled $8,162 for the following purposes: $7,925 for travel expenses (i.e., national experts/state leadership and reimbursements to APHCD Advisory Committee members) and $237 for meeting expenses (i.e., food and beverages).

Meetings of the APHCD Advisory Committee

The APHCD Advisory Committee met 10 times between September 2010 and February 2012. On average, 15 members attended each meeting.

[6] § 25.5-1-204(3), C.R.S.
[7] § 25.5-1-204(4), C.R.S.

Proposals and Their Status

The APHCD Advisory Committee made 14 recommendations. The recommendations and the results are as follows:

1. The APHCD Administrator should prepare and implement a reporting strategy that lays out the specific audiences and measurements for standard reports generated from the APHCD files. The reporting strategy should address diverse stakeholder needs, such as those of consumers, employers, policymakers, and public health analysts. The reporting strategy should also recognize the differences among these groups in terms of perspective, access, and explanations. The reporting strategy should identify how reports based on the APHCD will utilize information from related sources if the information is not directly available through analysis of claims and member data.

   Status: This recommendation is being implemented. The APHCD reporting cycle currently in development includes reports that address the data needs of a diverse array of health care providers, payers, consumers, policymakers and researchers.

2. The APHCD Administrator should pursue a collaborative strategy with the state's health information exchanges[8] (HIEs) – Quality Health Network[9] (QHN) and Colorado Regional Health Information Organization[10] (CORHIO) -- to develop a methodology that allows identification of providers and members in both the APHCD and in the HIE. Accurate provider identification is fundamental to creating accurate data to use in developing peer comparisons. Since clinicians may have multiple affiliations and practice sites with different numerical identifiers, the integrity of clinician-specific reporting is difficult to maintain. Colorado has a unique opportunity to leverage its work as a federal Beacon Community.[11] QHN and CORHIO have indicated that the APHCD may use their provider directories developed for the HIE efforts. This collaboration will significantly enhance the accuracy of the APHCD, expedite the development of comparison reports, and create long-term opportunities to develop reports that draw upon multiple information sources. The following principles should be incorporated into the reporting strategy:

   - Published cost and quality provider comparison data should be equitable and recognize differences in the severity of illness in a particular patient mix or panel.

[8] An HIE facilitates the electronic sharing of health care information across organizations or within a particular region, community or hospital system to facilitate more efficient coordination of patient care across different providers and settings.
[9] QHN is the HIE on the Western Slope.
[10] CORHIO is the HIE for all of Colorado, except for the Western Slope.
[11] Beacon is a program that is funded by the federal Centers for Medicare and Medicaid Services to enhance physicians' use of electronic health records.

- Comparisons among providers showing variation in performance should be meaningful and afford opportunity to show improvement.
- The APHCD Administrator should offer providers an opportunity to review data before public release of comparisons.
- Public reporting about comparisons should be accompanied by a description of how to interpret the measures.

  Status: The APHCD infrastructure includes the capacity to align with Colorado's HIEs. The reporting principles are incorporated into the reporting cycle, including data quality processes, alignment with metrics developed by broad-based health policy groups; and addressing how to engage consumers in data-driven health care decision making.

3. The APHCD Administrator's reporting strategy should include specific reports to assist health care purchasers. These reports should address employers' needs for informed health insurance purchasing, including information about premiums, actual spending and how to mitigate cost increases. Additionally, these reports should be based on data provided by a broad range of private and public payers.

   Status: This recommendation is incorporated into the reporting cycle currently in development.

4. APHCD reporting should occur through two major avenues. First, the APHCD should sponsor the development of certain types of reports that address key public policy issues. The APHCD should partner or contract with other entities to create the reports. In general, the reporting strategy should:

   - Begin with high level, state-wide reporting to develop a thorough data quality process, including benchmarking to other health care data sources.
   - Maximize access to reports through website interfaces that allow comparison of costs in multiple dimensions.
   - Build a dataset with three years of historical information, as well as developing a method to accept current information on an ongoing basis.

   Second, when the APHCD dataset is robust and matures, specialized analytic files should be created for use by qualified researchers for specific projects. Data users should be required to sign a contract stipulating how the data will be stored, protected, and used. A data release review committee should examine applications and make recommendations to the APHCD Administrator about whether the request should be approved. The data release review committee should include representatives from data suppliers, data users, consumers and providers. In all cases, reports must comply with HIPAA requirements and rules for protecting patient identity throughout the intake, analytic and reporting process.

Status: These recommendations were incorporated into the APHCD rules issued by HCPF in August 2011.[12] *A data release review committee was created in the summer of 2012 in order to have a process in place when data is ready for release.*

5. The design of the APHCD data intake model should begin with the All Payer Claims Database Council's (APCD Council's)[13] national consensus list. The list should be viewed as the foundation for the development of the major components of the cost and appropriate quality information measures. Over time, the expansion of reporting capacity and development of new tools will likely drive an expansion of this initial data set. The advantages of the APCD Council's national consensus list include:

   - Clarity during conversations with carriers;
   - Standardized definitions, resulting in more accurate data submission; and
   - Potential to develop benchmarks with other states using this file structure.

   The model for the technical infrastructure of the APHCD is based on similar models currently in use for health care data in both the commercial and private sectors. The selected technical approach should be scalable and able to provide appropriate storage for historical information, incoming files awaiting processing, and development of specific, specialized files for reporting purposes. When information is not available to reliably populate a requested data element, the APHCD Administrator should implement increasing minimum standards over time. This strategy recognizes both the challenges of collecting certain types of information by payers as well as the need for such information to develop accurate reports.

   Additionally, the technical solution for the APHCD should include a variety of opportunities for approved data users to obtain and manipulate data within a secure environment. In the past, approved users were given a data set that was analyzed and securely stored on the researcher's system. Now, the speed and capacity of web portals allows researchers to develop data outputs without needing to download sensitive information. The APHCD technical solution should explore all opportunities to provide this capacity for creating analysis within the APHCD secure environment. This access would reduce the production of customized analytic files, freeing up resources to develop reports for public policy and research purposes.

   Status: These recommendations were followed, including extensive collaboration with the APCD Council and the payers that will be submitting data. Specific data requirements were agreed upon and incorporated into the rule adopted by HCPF in 2011.

[12] See 10 C.C.R. 2505-5, 1.200.
[13] The APCD Council is a non-profit policy group specializing in all payer claims databases.

6. The APHCD Administrator should identify or develop specific measures to compare the performance of health care providers. Analytic tools, such as those developed by the federal Agency for Healthcare Research and Quality, allow states to develop hospital-based patient safety scores based on the claims data in the APHCD. In some cases, developing a valid measure may require aligning the APHCD with other sources of information, such as hospital inpatient discharge data or an HIE. The development of measures should also consider whether the APHCD is the most accurate source of data to measure the performance or activity.

   Status: These recommendations are incorporated into the reporting cycle currently in development.

7. Carriers should be asked to prepare and submit historical files as well as developing a monthly submission process. Pursuant to legislative direction on this topic, the APHCD Advisory Committee considered whether accurate, external data sources could be identified for data elements that have not been typically collected by payers. For example, payers generally do not collect race and ethnicity data, but for policy and research purposes, it could be important. In such circumstances, such data could be pulled from other sources and aligned with the APHCD. The APHCD Administrator should continue to seek opportunities to use other data sources for data elements that may not be regularly collected by carriers. Since the accuracy of the information is a high priority, if a carrier does not currently have a mechanism to collect a particularly important data element, the APHCD Administrator should be authorized to engage in a collaborative effort to develop a source for such information.

   Status: This recommendation is being implemented. The carriers remain very engaged in working with the APHCD Administrator and will continue to be consulted on the most efficient and effective ways to incorporate data not regularly collected by the carriers.

8. Health care services provided to an uninsured individual represent care and utilization and, therefore, should be included in reporting about a particular provider or incidence of disease. However, the service is not reflected as a "paid" claim. Colorado does not have a reliable strategy for collecting specific claim detail information about the uninsured. Therefore, additional consideration should be given to the concept of issuing cards to the uninsured so that the value of services provided can be captured and analyzed.

   Status: Given the complexity of tracking utilization of the uninsured, the APHCD Administrator is waiting until 2014 to see what impact the federal Patient Protection and Affordable Care Act,[14] might have on the number of uninsured individuals.

[14] Although the Patient Protection and Affordable Care Act was enacted in 2010, many of its key provisions do not take effect until 2014.

9. The APCD Council's national consensus data list that was developed through collaboration among national agencies should be utilized. This list establishes the foundation for future collaborative efforts with other states that decide whether to also use the national consensus dataset. The national consensus dataset is not intended to limit the data that states can request and states are free to add data elements that meet unique local reporting needs. To meet Colorado's reporting needs, the Colorado APCD Technical Submission Guide should include requirements for:

   - Information supporting geocoding;[15]
   - Member information to support creation of a strong, unique master patient identifier;
   - Premium information and employer name to provide employers with improved purchasing support; and
   - Information about a member's enrollment in a patient-centered medical home or receiving care through a clinician who is reimbursed in an alternative payment model.

   The APHCD Administrator, in collaboration with carriers, should provide a plan for submission of this information in the data submission guide, including content, format and frequency.

   Status: The APCD Technical Submission Guide was incorporated into the rule HCPF promulgated in 2011.

10. The APHCD data intake process should be managed by a contractor with appropriate expertise in secure data transmission, data storage, file management, data quality tools, as well as experience working with payers. The data intake contractor should provide a set of protocols describing how carriers must submit data and the criteria that will be used to evaluate the validity of the information. The data intake protocols should be incorporated into a Technical Submission Guide that will inform payers about when updated information about a record must be submitted.

    Status: This recommendation has been implemented and incorporated into the APCD Technical Submission Guide that was issued in conjunction with the rule HCPF promulgated in 2011.

[15] Geocoding technology facilitates the mapping of addresses to latitude and longitude coordinates. The APHCD Administrator will utilize this technology to map claims data to show, among other things, the prevalence of certain diagnoses and the utilization of certain services.

11. Since cost pressures exist on both data providers and data recipients, the APHCD Administrator should limit any changes to required data elements to one time per year and consult with carriers about the most effective time of year to communicate these changes.

    Status: This recommendation was incorporated into the rule HCPF promulgated in 2011, and any changes to data elements require HCPF rulemaking which will serve as an additional resource for ensuring that any changes do not overburden the carriers.

12. The APHCD should comply with all components of HIPAA in both data intake and data use. Patient privacy should not be compromised at any point in the APHCD's process of intake, storage and use of data. For the dataset itself, the APHCD data manager vendor should be required to provide role-based database security framework, appropriately limiting access to APHCD data and logging all activity based on users' credentials. The APHCD data manager vendor should ensure that there is encryption of data both in motion and at rest, incorporating HIPAA-compliant security measures. Access to the processing environment should be strictly limited. When datasets are created for the purpose of developing reports both within the APHCD organization or through a formal data application process, file formats, access, and transmission standards should be consistent with all HIPAA standards.

    Status: This recommendation has been implemented and incorporated into the APHCD data manager vendor contract.

13. The Executive Director of HCPF should designate the APHCD Administrator as the entity responsible for ongoing oversight of the operations of the APHCD. The APHCD will be either a hosted solution residing in the vendor's datacenter or hosted locally in Colorado in a co-location facility. In either case, the data center hosting the APHCD should have the following characteristics:

    - Role-based database security framework, appropriately limiting access to APHCD data and logging all activity based on users credentials;
    - Encryption of data both in motion and at rest, incorporating HIPAA-compliant security measures;
    - Firewall protection and intrusion prevention/detection, including logging of unauthorized access attempts;
    - Daily backup of all data and datasets and storage of that data in encrypted form;
    - Third-party data security audits;
    - Secure data center facility characterized by 100 percent redundancy, secure/controlled access, and fault tolerance; and

- Mandatory sign-in/sign-out and escorting of all visitors at all times.

  Status: The Executive Director of HCPF appointed the Center for Improving Value in Health Care to provide ongoing oversight to the APHCD. In regard to the APHCD operations and data hosting, the decision was made to contract with a vendor which would host the APHCD in its own datacenter. Requirements of the vendor and data center comply with the characteristics outlined above.

14. Since sufficient funding was received through gifts, grants and donations on or before January 1, 2012,[16] the APHCD should be created and made operational no later than January 1, 2013.

    Status: Grant funding was obtained from The Colorado Trust and The Colorado Health Foundation. The Executive Director of HCPF gave the final approval to create the database on November 22, 2011. The APHCD will be fully operational by no later than fall 2012.

Reasons to Sunset the APHCD Advisory Committee

The APHCD Advisory Committee has fulfilled its statutory mandate to make recommendations regarding the creation of the framework and implementation plan for the APHCD. APHCD Advisory Committee members have provided invaluable guidance, with the result that Colorado's APHCD is now funded, accepting data in agreed-upon formats from payers, and will begin generating its first public reports by the end of 2012. The APHCD can call upon APHCD Advisory Committee members in an informal capacity going forward without the need for statutory oversight.

Analysis and Recommendation

Since the APHCD Advisory Committee has completed the tasks originally established for it, and since there is no need for a standing, statutorily-created advisory committee going forward, the General Assembly should sunset the APHCD Advisory Committee.

[16] § 25.5-1-204(10), C.R.S., mandates the repeal of the APHCD authorizing legislation unless funding was secured by January 1, 2012.

Dental Advisory Committee

Creation and Make-Up

The Dental Advisory Committee (DAC) was created by the General Assembly in 2003 and amended into the Colorado Dental Care Act of 1977 (Dental Act).

The purpose of the Dental Act is to provide an alternative to Medicaid and provide dental appliances and services to individuals 60 years of age or older whose income and resources are insufficient to meet the costs of such appliances and services.[17]

The Old Age Pension Dental Assistance Program operations are subject to available appropriations.[18] When funds are available, the Colorado Department of Public Health and Environment (CDPHE) awards service grants to entities that provide comprehensive dental and oral health services. Grants may also go to entities that administer funds for such services through sub-grants, awards, or reimbursement processes as long as they comply with the federal Health Insurance Portability and Accountability Act of 1996.

The DAC is comprised of 10 members appointed by the Governor. It includes:[19]

- One nonvoting member representing CDPHE;
- One member representing the Colorado Department of Human Services (DHS);
- Two dentists providing dental care to the senior population;
- One dental hygienist;
- One representative of an agency that coordinates services for low-income seniors;
- One private practice dentist representing the professional dental association;
- One representative from a dental school; and
- Two eligible seniors.

Responsibilities of the DAC

The DAC is tasked with three things;[20]

- Advise CDPHE on Dental Assistance Program operations;
- Review grant requests and make recommendations to CDPHE concerning awards; and
- Make recommendations to the State Board of Health (BOH) concerning allowable dental procedures and provider reimbursement fees for those procedures to maximize the number of participating providers and the number of eligible seniors receiving services.

[17] § 25-21-102(1), C.R.S.
[18] § 25-21-104(1), C.R.S.
[19] § 25-21-107.5(1), C.R.S.
[20] § 25-21-107.5(2), C.R.S.

The final task, making recommendations to the BOH concerning provider reimbursement fees and allowable procedures, was given to the DAC in August of 2008. It was at that time the fee schedule was removed from statute.

Revenues and Expenditures

There are no records of expenditures other than $40 for lunch at the April 2009 meeting.

Meetings of the DAC

The DAC met annually from 2003 through 2009. Because program funding was cut effective fiscal year 09-10, it has not been active since 2009:

- November 13, 2003 – 9 attendees
- August 31, 2004 – 6 attendees
- May 2, 2005 – 8 attendees
- June 2, 2006 – 6 attendees
- August 1, 2007 – 7 attendees
- March 24, 2008 – 5 attendees
- April 14, 2009 – 7 attendees

Recommendations and Their Status

As per its directive, the DAC met annually, subject to appropriations, to make recommendations concerning grants awarded and fees to be paid for allowable procedures to dental service providers. CDPHE indicated that it has followed 100 percent of the recommendations of the DAC.

The table below lists the number of grants recommended by the DAC to CDPHE for each fiscal year. No appropriation was made for either fiscal year 10-11 or 11-12.

Table 1
DAC Grant
Recommendations

Fiscal Year	Available for Grants	Recommendations	Grant Totals
11-12	$0	0	$0
10-11	$0	0	$0
09-10	$577,668	31	$177,910
08-09	$519,689	24	$326,793
07-08	$520,011	18	$479,579
06-07	$506,025	22	$503,769

During fiscal year 09-10, less than two months into the fiscal year, $350,000, or 68 percent, of the spending authority appropriated for the program was suspended by Executive Order D 017 09. The money was restored in April, but little of it was expended because there was not sufficient time to initiate new contracts and perform treatments.

Reasons to Continue the DAC

The DAC has not held a meeting since 2009 due to a lack of funding. However, during 2012, the General Assembly passed and the Governor signed House Bill 12-1326, which included funding for the Colorado Old Age Pension (OAP). Included in the OAP funding was a $3,022,800 General Fund appropriation for implementation of the Dental Assistance Program.[21]

Because program funding was restored for fiscal year 12-13, the need is again present for the DAC to meet and make recommendations to the CDPHE concerning grants, procedures, and provider reimbursement fees.

Analysis and Recommendations

Oral health is important to the overall well-being of senior citizens. Preventive dental care can prevent more expensive dental work, help prevent severe diseases, and help manage chronic diseases. When financially strapped, seniors may choose to do without this added expense. This decision can have serious consequences because the elderly suffer a disproportionate and debilitating amount of oral disease. Close to 25 percent of seniors suffer from periodontal disease which is associated with several other health issues such as:[22]

- Diabetes;
- Heart disease;
- Stroke; and
- Respiratory disease such as pneumonia.

[21] Joint Budget Committee. *JBC Staff Analysis House Appropriations Committee; HB12-1326.* Retrieved June 11, 2012 from http://www.leg.state.co.us/clics/clics2012a/csl.nsf/fsbillcont3/A5254F84F6BCA712872579B900667D3A?Open&file=HB1326_r3.pdf

[22] Alliance for Aging Research. *Senior's Oral Health Care: Nothing to Smile About.* Retrieved June 11, 2012 from http://www.agingresearch.org/content/article/detail/2320

Seniors also have to deal with the "chewing dysfunction cascade" more often than younger people. A lack of good oral hygiene and routine dental care can cause pain, tooth loss, and difficultly chewing. One-third of the elderly have difficulty chewing or biting some foods. Difficulty eating can be a cause of malnutrition in seniors. Malnutrition leads to a plethora of health issues including higher risks of infection and hospital stays up to three times longer compared to others.[23]

Because the consequences of doing nothing are high and the grants recommended by the DAC are expected to serve at least 4,000 seniors in fiscal year 12-13, the General Assembly should continue the DAC.[24]

Notwithstanding, even though the DAC provides a valuable service to CDPHE and the operation of the Dental Assistance Program, it is not easy to fill all of the seats specified in statute. A full 10 member DAC has never been seated at a meeting.

The DAC membership could change from 10 to seven members without hurting operations or eliminating perspectives. The DAC, when all positions are filled, is currently supposed to seat two dentists, two seniors, a member from DHS, and a member from an agency that coordinates services for low-income seniors. Changing the membership to one dentist, one senior who is OAP eligible, and one member from either DHS or an agency that coordinates services for low-income seniors, will make it easier to fill all DAC positions and still present all the viewpoints desired in the original authorization.

[23] Douglas Berkey, DMD. *Medical Considerations in the Oral Health of Older Adults and Persons with Disabilities*. Retrieved June 11, 2012, from http://www.ada.org/sections/newsAndEvents/pdfs/ada_nccc_presentation_berkey.pdf
[24] Colorado Legislative Council. *Colorado Legislative Council Staff Fiscal Note; HB12-1326.* Retrieved June 11, 2012 from http://www.leg.state.co.us/clics/clics2012a/csl.nsf/fsbillcont3/A5254F84F6BCA712872579B900667D3A?Open&file=HB1326_r3.pdf

Interagency Farm-to-School Coordination Task Force

Creation, Mission and Make-Up

The General Assembly created the Interagency Farm-to-School Coordination Task Force (Farm-to-School Task Force) in Senate Bill 10-81 (SB 81), as part of the Farm-to-School Healthy Kids Act. The Farm-to-School Task Force is housed in the Colorado Department of Education.

The overall mission of the Farm-to-School Task Force is to increase the use of local farm and ranch products in school food service programs (farm-to-school programs) to improve child nutrition and strengthen local and regional farming communities.[25] More specifically, the Farm-to-School Task Force provides outreach and technical assistance, upon request, to schools, producers and communities interested in starting or expanding farm-to-school efforts.

In order to fulfill its mission, the Farm-to-School Task Force is statutorily required to be comprised of no more than 13 members, which include:[26]

- The Commissioner of Education or the Commissioner's designee, and the Commissioner also appoints:
  - Four directors of school food services; and
  - A representative of parent organizations;
- The Commissioner of Agriculture or the Commissioner's designee, and the Commissioner also appoints:
  - A representative of fruit and vegetable organizations;
  - A representative of cattle ranching organizations;
  - A representative of the Western Dairy Association; and
  - A representative of a food distribution association;
- The Executive Director of the Department of Public Health and Environment or the Executive Director's designee; and
- The Executive Director of the Colorado Commission on Higher Education or the Executive Director's designee.

At the time of this writing, there are 11 members on the Farm-to-School Task Force. The two vacant positions include a director of a school food service and a representative of food distribution associations.

[25] Farm to School Task Force. *Background Information* p.2.
[26] § 22-82.6-104(2)(a), C.R.S.

Responsibilities of the Farm-to-School Task Force

The Farm-to-School Task Force is required to develop and recommend policies and methods on how to implement a farm-to-school program, including:[27]

- Creating farm-to-school pilot programs or expanding food focus education pilot programs;
- Offering assistance in identifying funding sources and grants to allow school districts to cover the costs associated with purchasing locally grown food products;
- Identifying, designing or making training programs available to enable local farmers and ranchers to market their products to school districts;
- Advising school districts on methods by which they may improve their facilities to allow for the purchase and use of minimally processed and fresh and locally produced foods in school meals; and
- Providing assistance to school food services to establish procedures, recipes, menu rotation, proper handling, preparing, storing and other internal processes that accommodate the use of locally grown foods in public schools.

On or before February 1, 2013, the Farm-to-School Task Force is required to report its progress, findings and recommendations to the House of Representatives Agriculture, Livestock and Natural Resources Committee and the Senate Agriculture, Natural Resources and Energy Committee.[28]

Revenues and Expenditures

In 2011, the Farm-to-School Task Force received a $50,000 federal American Recovery and Reinvestment Act (ARRA) grant. The ARRA grant was for one year and covered February 23, 2011 through February 4, 2012. The grant was used to secure a consulting firm to provide administrative staffing for the Farm-to-School Task Force.

The Farm-to-School Task Force received funding for the period of March 1, 2012 to February 28, 2013 via a grant from the Colorado Health Foundation for $105,370. The funds were spent on items including, but not limited to, consultant staffing from a contract vendor, supplies, travel, meals, and conference expenses.

[27] § 22-82.6-104(3), C.R.S.
[28] § 22-82.6-104(4), C.R.S.

Meetings of the Farm-to-School Task Force

Beginning December 8, 2010 through April 4, 2012, the Farm-to-School Task Force met 19 times. During this timeframe, there were a variety of meetings that members of the Farm-to-School Task Force attended, such as quarterly meetings (attended by all members of the Farm-to-School Task Force), Core Team meetings (compromised of five Farm-to-School Task Force members) and various working groups (established to address specific issues related to the farm-to-school program).

The meetings have been held in various locations throughout the state, including Denver, Pueblo, Longmont and Yuma.

Proposals and Their Status

In order to effectively implement a farm-to-school program in Colorado, the Farm-to-School Task Force identified several "gap" or "focus" areas to address. In order to effectively coordinate and track the work being completed, the Farm-to-School Task Force created a "road map." The areas highlighted in the "road map" are:

- Outreach and technical assistance;
- Pilot projects;
- Policy and regulatory guidance;
- School facility and equipment grants; and
- Clearinghouse of farm-to-school information.

Outreach and technical assistance includes individuals and sub-groups within the Farm-to-School Task Force educating stakeholders such as schools, producers and other members of the community about farm-to-school programs.

Status: To date, Farm-to-School Task Force members have given several presentations to a variety of stakeholders, including, but not limited to:

- *Colorado Farm Bureau;*
- *Western Dairy Association;*
- *Central Peaks Council of the El Pomar Foundation; and*
- *Colorado Correctional Industries at Cañon City.*

In order to implement **pilot farm-to-school projects**, the Farm-to-School Task Force has worked with various groups to address specific infrastructure and information needs to support the farm-to-school programs.

Status: The Farm-to-School Task Force successfully promoted, with funders, several projects, including but not limited to:

- *Conferences that provided hands-on technical assistance to schools and producers;*
- *Durango Farm-to-School Conference that brought together five school districts and 22 local producers to develop agreed upon processes and food safety plans; and*
- *Connecting Local Farms to Schools Conference which brought more than 200 participants, including school representatives, producers, and state agency personnel to discuss how to implement a farm-to-school program.*

Policy and regulatory guidance relates to Farm-to-School Task Force members providing information to stakeholders such as schools and state agencies on potential barriers to implementing a farm-to-school program. Barriers may include federal, state and local policies concerning competitive bidding, local preference and food safety.

Status: The Farm-to-School Task Force has produced the following policy and regulatory guidance documents:

- *A legal analysis of the new United States Department of Agriculture "geographic preference" option;*
- *A 50-state legislative analysis concerning farm-to-school programs and healthy food legislation introduced in 2010-2011; and*
- *A state food procurement report, the basis of which stems from an analysis of all 50 states.*

The **school facility and equipment grants** "focus" area addresses issues where schools lack equipment to store, handle and prepare fresh foods. To address the challenges previously mentioned, there are public and private grants available. However, many school districts do not have professional grant writers on staff.

Status: The Farm-to-School Task Force created a farm-to-school grant template to assist in the facilitation of grants for schools.

Clearinghouse of farm-to-school information seeks to provide information to schools about the farm-to-school program. Specifically, the information is contained in a website that connects many different farm-to-school related resources in one centralized forum.

Status: The information website launched in the spring of 2012.

Reasons to Continue the Farm-to-School Task Force

The Farm-to-School Task Force is the only group in Colorado addressing farm-to-school issues, including the implementation of programs. The Farm-to-School Task Force was tasked with developing and recommending policies and methods to implement farm-to-school programs. In its inaugural year, the Farm-to-School Task Force, as highlighted in this sunset review, has begun work to successfully implement farm-to-school programs in Colorado. Specifically, the Farm-to-School Task Force has convened meetings and set in motion a "road map" to address issues for the successful implementation of the program. However, before this program is fully operational, there is still a great deal of work for the Farm-to-School Task Force to complete.

Analysis and Recommendation

The Farm-to-School Task Force has been active in attempting to establish farm-to-school programs in Colorado. The creation of farm-to-school programs, at least in part, is based on the Child Nutrition Reauthorization Act of 2010 (CNRA). The CNRA requires changes in the foods served in schools, moving from processed foods to whole fresh foods. To meet this requirement, the Farm-to-School Task Force is working to implement farm-to-school programs via a comprehensive "road map" that addresses the required statutory requirements in SB 81. Therefore, the General Assembly should continue the Farm-to-School Task Force.

Food Systems Advisory Council

Creation, Mission and Make-Up

The General Assembly created the Food Systems Advisory Council (Food Advisory Council) in Senate Bill 10-106 (SB 106), which is codified in section 24-37.3-101, *et seq.*, Colorado Revised Statutes. The Food Advisory Council is housed in the Colorado Department of Agriculture (CDA).

The mission of the Food Advisory Council is to foster a healthy food supply available to all Colorado residents while enhancing the state's agricultural and natural resources, encouraging economic growth, expanding the viability of agriculture and improving the health of communities and residents.[29]

The Food Advisory Council consists of the following 13 members (the first nine members are appointed by the Governor):[30]

- Two members representing nutrition and health;
- Three members representing agricultural production;
- Two members representing food wholesalers;
- One member representing anti-hunger and food assistance programs;
- One member who is knowledgeable about a local, state or federal agency and who has expertise in rural community and regional development programs or community and economic development programs;
- The Executive Director of the Colorado Department of Public Health and Environment, or the Executive Director's designee;
- The Commissioner of Agriculture, or the Commissioner's designee;
- The Executive Director of the Colorado Department of Human Services, or the Executive Director's designee; and
- The Commissioner of Education, or the Commissioner's designee.

Responsibilities of the Food Advisory Council

The Food Advisory Council is charged with the following:[31]

- Identifying and using existing studies of the food system and examples of best practices, whenever possible;
- Working with other task forces, committees or organizations that are pursuing initiatives or studies similar to the purposes and duties of the Food Advisory Council;

[29] § 24-37.3-102(1), C.R.S.
[30] §§ 24-37.3-102(2)(a)(I-IV) and (b)(I-V), C.R.S.
[31] §§ 24-37.3-103(1)(a-g), C.R.S.

- Developing local food recommendations that promote the building of robust, resilient and long-term local food economies;
- Developing recommendations related to hunger and food access;
- Collaborating with local and regional food policy councils in Colorado;
- Collaborating with the CDA in promoting the marketing program known as "Colorado Proud," which helps consumers, restaurants and retailers identify and purchase Colorado-produced food and agricultural products; and
- Developing recommendations for action that state and local governments, businesses, agriculturists and consumers can take to build robust, resilient and long-term food economies.

On or before October 2011, and on or before October 1 every year thereafter, the Food Advisory Council is required to report its findings and recommendations, including legislative proposals or proposals for administrative action, to the General Assembly, the Governor and the Commissioner of Agriculture.[32] The Food Advisory Council has complied with this requirement.

Additionally, on or before January 31, 2012, and every January thereafter, the Food Advisory Council is required to report its findings and recommendations, including legislative proposals, to the House of Representatives Health and Environment Committee and the Senate Health and Human Services Committee.[33] The Food Advisory Council is also required to report its findings to the House of Representatives Agriculture, Livestock and Natural Resources Committee and the Senate Agriculture, Natural Resources and Energy Committee.[34] The Food Advisory Council has complied with this requirement.

Revenues and Expenditures

In 2011 and 2012, the Food Advisory Council received a total of $133,772. Most of the revenue ($82,080) came from a donation from the LiveWell Colorado non-profit organization. Other funds received by the Food Advisory Council came from CDA ($3,258), member contributions ($420) and sponsorships ($950).

The remaining funds received by the Food Advisory Council were from in-kind donations, totaling $47,064.

The Food Advisory Council used these funds for a variety of purposes, including labor (part-time staff) for a contract vendor, printing/office supplies, meals, meeting space and event registrations.

[32] § 24-37.3-106, C.R.S.
[33] § 24-37.3-106, C.R.S.
[34] § 24-37.3-106, C.R.S.

Meetings of the Food Advisory Council

Beginning December 14, 2010 through March 22, 2012, the Food Advisory Council (including sub-committees of the Food Advisory Council) met 24 times.

Proposals and Their Status

In order to successfully implement a healthy food supply to all residents while enhancing the state's agricultural and natural resources, encouraging economic growth, expanding the viability of agriculture and improving the health of communities and residents, the Food Advisory Council established three subcommittees: Economic Development, Healthy Food Access and Communications.

Economic Development Subcommittee

The Economic Development subcommittee has two objectives: understand the existing and needed infrastructure for Colorado producers and advance access to financial and technical assistance resources in Colorado.

- The Economic Development subcommittee embarked on a tour of the state to understand the existing and needed infrastructure for Colorado producers.

  Status: Subcommittee members visited more than six communities and met with a variety of stakeholders, including: producers, local food policy councils, elected officials, public health professionals and anti-hunger advocates.

- In order to advance access to financial and technical assistance resources, the subcommittee has initiated the initial phases of a feasibility study to develop a funding source guide, which was funded by the Rocky Mountain Farmers Union at the request of the Colorado Farmers Market Association. The intent of the feasibility study is to build capacity among Colorado producers, producer support groups, food system industries, retailers, community coalitions and funding organizations.

  To further advance access to financial and technical assistance, such as food safety competency as it relates to being a potential barrier to market development by producers, the subcommittee worked with its fiscal agent to support funding for a county-level food safety manual.

  Status: The food manual will be used in conjunction with food safety workshops for small to mid-sized producers across the state in 2012.

Healthy Food Access Subcommittee

The Healthy Food Access subcommittee has two objectives: develop a vision for healthy food access in Colorado and connect federal food assistance programs to local food systems.

- To better understand the State of Colorado's food assistance programs, issues of hunger and food security and issues of access to healthy foods, the Healthy Food Access subcommittee convened a series of "orientation" meetings. The subcommittee utilized several organizations in the orientation sessions.

  Status: The orientation sessions led to the development of a vision for healthy food access in Colorado.

- In order to address the second objective of the subcommittee (connect federal food assistance programs to local food systems), a funding partnership was developed between members of the subcommittee, Share Our Strength Colorado and the Colorado Department of Human Services.

  Status: The partnership led to a $23,000-grant for Share Our Strength to improve education, outreach and programs to increase access to farmers markets by people with limited resources and collaboration between a variety of stakeholders, including, but not limited to the Colorado Department of Public Health and Environment, United States Department of Agriculture (USDA) Food and Nutrition Services and No Kid Hungry Colorado.

- The Healthy Food Access subcommittee was also instrumental in facilitating a relationship with stakeholders for the creation of a nutrition program for seniors in Colorado.

  Status: The final project plan is currently undergoing USDA review and revisions. Project planning will continue into 2013.

Communications Subcommittee

The Communications subcommittee has two objectives: engage Coloradans in the work of the Food Advisory Council and build capacity and coordination with local food systems groups.

- In order to promote the work of the Food Advisory Council as well as the subcommittees, the Communications subcommittee has created a variety of communication tools and processes, including, but not limited to, a logo contest, promotional flyer and quarterly updates.

  Status: The Communications subcommittee distributes information about the overall work of the Food Advisory Council at a variety of events.

- Building capacity and coordination with local systems groups related to access to healthy food is a common desire among stakeholders. The Food Advisory Council has supported this desire by creating an inventory of existing groups and organizations in Colorado that are addressing food systems issues.

  Status: The inventory is currently available and can be downloaded as an email list of all the registered groups.

Reasons to Continue the Food Advisory Council

The Food Advisory Council has established objectives to foster a healthy food supply available to all Colorado residents while enhancing the state's agricultural and natural resources, encouraging economic growth, expanding the viability of agriculture and improving the health of communities and residents.[35]

Although the Food Advisory Council has made progress, there is still work for it to do, including continuing to refine the work that has been completed by the various subcommittees.

Also, the Food Advisory Council, which is poised to build on its momentum and address priority issues, is in the process of scheduling a variety of activities to achieve the overall goal of fostering a healthy food supply available to all Colorado residents while enhancing the state's agricultural and natural resources, encouraging economic growth, expanding the viability of agriculture and improving the health of communities and residents.

Activities include, but are not limited to: Food Advisory Council members hosting a break-out session during the Governor's Agricultural Forum to present its mission and charge and the creation of a resource page on the Food Advisory Council's webpage to inform stakeholders of its charge and mission.

Analysis and Recommendation

Since the creation of the Food Advisory Council by the General Assembly through SB 106, a solid foundation of objectives has been established to improve Coloradans access to healthy foods. However, there is still work to be done, and the statutorily created Food Advisory Council is committed to continuing its work. Therefore, the General Assembly should continue the Food Advisory Council.

[35] § 24-37.3-102(1), C.R.S.

Hearing in Newborn Infants Advisory Committee

Creation, Mission and Make-Up

In 1981, the General Assembly adopted the Newborn Screening and Genetic Counseling and Education Act. In 1997 it added a framework for newborn hearing screening. At that time it created the Colorado Infant Hearing Advisory Committee (CIHAC).

CIHAC was established because the General Assembly found that hearing loss occurs in newborn infants more frequently than any other health condition for which newborn infant screening is required.[36] Among other reasons, it determined that testing and identification of newborn infants with hearing loss will facilitate early intervention and treatment, promote healthy development, and reduce public spending.[37]

The CIHAC must have at least seven members that have training, experience, or interest in hearing conditions in children. The CIHAC is housed in the Colorado Department of Public Health and Environment (CDPHE) and its members are appointed by the Executive Director.[38]

Responsibilities of the CIHAC

The CIHAC was directed to collect data and make recommendations to CDPHE, hospitals and other health care facilities, and the public concerning but not necessarily limited to:[39]

- Methodologies, which are objective and physiologically-based, for hearing screening of newborn infants. The methodologies cannot include a requirement that an audiologist perform the initial newborn hearing screening;
- Number of births sufficient to qualify a hospital or other health facility to arrange for hearing screenings; and
- Guidelines for reporting, and the means to assure, that children identified for follow-up services receive an appropriate referral.

In addition to making recommendations, the CIHAC was directed to determine which hospitals and other health care facilities administer hearing screenings on a volunteer basis and the number of infants screened.[40]

[36] § 25-4-1004.7(1)(a)(I), C.R.S.
[37] § 25-4-1004.7(1)(a)(V), C.R.S.
[38] § 25-4-1004.7(2)(a)(II), C.R.S.
[39] § 25-4-1004.7(2)(a)(I), C.R.S.
[40] § 25-4-1004.7(3)(b), C.R.S.

A sunset review of the CIHAC, performed in 2004, found that it had accomplished its initial tasks and had evolved into a group that continued to make recommendations on the guidelines for newborn infant hearing screening. It also noted that the CIHAC had set a goal of ensuring that 95 percent of newborns would be screened by the end of fiscal year 2005. The goal of 95 percent screenings was subsequently adopted by the General Assembly, but no target date was affixed to the goal.[41]

Revenues and Expenditures

There are no revenues or expenditures associated with the CIHAC.

Meetings of the CIHAC

The CIHAC met 26 times during the period under review, generally three times per year. Though statute directs that there need be only 7 members on the committee, meeting records indicate that an average of 16 members attended the meetings.

CIHAC Accomplishments

The CIHAC provides ongoing input into several facets of infant and childhood hearing concerns and best practices. It revises the guidelines for Infant Hearing Screening, Audiologic Assessment, and Early Intervention based on new information. It also makes recommendations to CDPHE and other state agencies for policy changes it believes will benefit the case for early diagnosis and treatment of hearing problems.

Among several CIHAC accomplishments are:

- The Guidelines for Infant Hearing Screening, Audiologic Assessment, and Early Intervention (Guidelines), initially developed by the CIHAC, were completely revised in 2004 and 2011 and disseminated to appropriate stakeholders such as birthing hospitals, audiologists, early interventionists and physicians.

- CIHAC worked with the Department of Regulatory Agencies (DORA), the agency that regulates audiologists, to decrease the incidence of malpractice in the diagnosis of hearing loss in children. DORA, in the past, did not have the capacity to monitor the practice of audiologists other than those activities related to hearing aid dispensing. In 2011, DORA investigated an audiologist who allegedly misdiagnosed an infant as a result of not following the best practice guidelines. He has retired and relinquished his license.

[41] § 25-4-1004.7(3)(a), C.R.S.

- In 2004, CDPHE implemented an automated follow-up process of sending letters to parents whose infants missed or failed either the inpatient or outpatient rescreen, including homebirths. This was a recommendation of the CIHAC and has become the standard of care to improve follow-up.

- The CIHAC supported the state infant hearing staff to become involved with Early Head Start Programs and the Colorado Department of Education's Child Find Program to increase the use of standardized objective hearing screening using otoacoustic emissions in young children. The CIHAC continues to identify opportunities for improving early identification for all children from birth through age seven.

- In 2007, the Colorado Immunization Information System (CIIS) moved from the University of Colorado Health Sciences Center to CDPHE. Subsequently, legislation was introduced adding newborn screening results to the CIIS and allowing a child's primary care provider to view the results online. However, the legislation did not include newborn hearing screening results. The CIHAC encouraged the addition. Consequently, in 2012, both newborn metabolic screening and newborn hearing screening results will be added to CIIS.

- In 2008, the Colorado General Assembly passed Senate Bill 08-057 requiring insurance companies to cover hearing aids. Members of the CIHAC were active in this campaign.

- In 2008, CDPHE helped develop local Early Hearing Detection and Intervention (EHDI) teams. These teams are comprised of a hospital coordinator, physician, Audiology Regional Coordinator, Early Intervention Coordinator, Parent Coordinator and other stakeholders. The local EHDI teams identify barriers that hinder families in receiving timely and appropriate follow-up. This information is shared with the CIHAC and the CIHAC makes recommendations to improve follow-up.

- In 2009, the CIHAC addressed concerns regarding over-sedation of young infants for testing. Revised Guidelines recommend that infants below the age of six months should not be sedated for audiological assessments.

- In 2011, the CIHAC continued to provide recommendations for improving the EHDI Integrated Data System (IDS). Over the past 12 years there has been an ongoing effort to eliminate manual, paper-based systems where records are mailed back and forth in favor of having hospitals, audiologists and early interventionists directly enter child-specific data into the EHDI IDS, thereby facilitating timely and appropriate follow-up.

- In August 2011, the federal Centers for Disease Control and Prevention (CDC) held a special meeting in Denver to recognize the work of the Colorado Infant Hearing Program as a national leader and model.

Reasons to Continue the CIHAC

The CIHAC is comprised of state and national experts that provide best practice recommendations/guidance to hospitals, audiologists, early interventionists and physicians on the care of infants from screening, diagnosis and the early intervention processes.

Because there are no statutes or rules that regulate newborn hearing screening in Colorado, the CIHAC's, *Guidelines for Infant Hearing Screening, Audiologic Assessment, and Intervention* provides necessary standards. A copy of it is available at http://www.cdphe.state.co.us/ps/hcp/hearing/audiologyguide.pdf. The CIHAC updates the guidelines periodically.

Analysis and Recommendation

Though the original mission of the CIHAC has been fulfilled, the CIHAC and the CDPHE both believe it should be continued.

Because its membership is widely respected in its field, the CIHAC is able to provide important guidance to the EHDI program and to healthcare providers throughout Colorado.

CIHAC has been nationally recognized by the CDC for its collaborative expertise on policy issues related to newborn hearing.

In a state as diverse as Colorado, it is the CIHAC that ensures Colorado's systems related to newborn hearing are coordinated and that efforts provide the broadest coverage possible.

Therefore, the General Assembly should continue the CIHAC.

Noxious Weed Advisory Committee

Creation, Mission and Make-Up

The State Noxious Weed Advisory Committee (Weed Advisory Committee) was created in 2003 by the Colorado Noxious Weed Act, as part of an organized and coordinated effort to stop the spread of noxious weeds.[42,43]

Housed in the Colorado Department of Agriculture (CDA), the Weed Advisory Committee consists of 15 members appointed by the Commissioner of Agriculture, including:[44]

- At least one who represents private and public land owners or land managers;
- At least two who represent weed management professionals from the federal, state, or local levels;
- At least one who represents public or private weed scientists;
- At least two who represent local governing bodies;
- Four who are agricultural producers; and
- At least three who represent knowledgeable resource specialists or industries, including, but not limited to, environmental organizations.

To the extent possible, the membership should equally represent the different geographic areas of the state. Each member must solicit input from and communicate with their respective stakeholders and regions.[45]

The Weed Advisory Committee has created three subcommittees in order to tackle specific topics within smaller groups. The subcommittees are:

- Weed Science and Management;
- Partnerships and Funding; and
- Policy and Enforcement.

The Weed Advisory Committee is funded by the noxious weed management fund, consisting of any civil penalties for violating the Colorado Noxious Weed Act; gifts, donations, and grants; and General Fund dollars.[46]

[42] Noxious weeds: Invasive species of plants that are harmful to crops, wildlife, livestock, or humans.
[43] §§ 35-5.5-102 and 35-5.5-108.7(1)(a), C.R.S.
[44] § 35-5.5-108.7(1)(a), C.R.S.
[45] § 35-5.5-108.7(1)(a), C.R.S.
[46] § 35-5.5-116(1), C.R.S.

Responsibilities of the Committee

The Weed Advisory Committee is charged with making recommendations to the Commissioner of Agriculture regarding the:[47]

- Designation of noxious weeds;
- Classification of noxious weeds;
- Development and implementation of weed management plans; and
- Eradication, containment, and suppression of noxious weeds.

Additionally, the Weed Advisory Committee is required to:[48]

- Periodically assess the progress of the state to implement a program to manage noxious weeds;
- Measure the results and effectiveness of efforts to contain, suppress, and eradicate noxious weeds; and
- Make recommendations to the Commissioner of Agriculture on how to improve efforts to stop the spread of noxious weeds.

Revenues and Expenditures

The Weed Advisory Committee is funded through the Noxious Weed Management Fund.

Weed Advisory Committee members are not allocated a per diem, but the CDA pays for lunches on meeting days and some travel expenses related to attending meetings.

In fiscal year 10-11, the Weed Advisory Committee spent $1,194. Of this, $1,134 paid for meals, and $60 paid for travel reimbursement to Weed Advisory Committee members.

As of February 29, 2012, the Weed Advisory Committee had spent $887 to pay for meals in fiscal year 11-12.

Meetings of the Weed Advisory Committee

The Weed Advisory Committee is required to meet at least quarterly.[49] In fiscal years 10-11 and 11-12, the Weed Advisory Committee complied with this requirement.

On average, 11 of the 15 members attended each meeting.

[47] § 35-5.5-108.7(2), C.R.S.
[48] § 35-5.5-108.7(4), C.R.S.
[49] § 35-5.5-108.7(1)(g), C.R.S.

Proposals and Their Status

The Weed Advisory Committee made three recommendations in fiscal year 10-11 and three recommendations in fiscal year 11-12. The recommendations and the results are summarized below:

Fiscal Year 10-11 Recommendations

- A letter drafted by the Weed Advisory Committee should be sent to interested parties cautioning the use of white and yellow sweetclover in reclamation settings where native species predominate since sweetclover may be invasive in these settings.

  Status: The letter was sent. The Weed Advisory Committee received numerous comments that expressed appreciation for the letter and proposed changes to minimize the use of this plant in wild, native settings.

- CDA should contact the Division of Real Estate (DRE) in the Department of Regulatory Agencies regarding proposed amendments to the real estate disclosure forms pertaining to noxious weed presence and management.

  Status: CDA staff spoke with DRE staff and discussed the recommended language, which was approved by the Real Estate Commission in 2011.

- Myrtle spurge should be moved from noxious weed List A[50] to List B,[51] and a management plan should be prepared for Myrtle spurge and included in the 2012 rule amendments.

  Status: This recommendation was withdrawn in a subsequent meeting.

Fiscal Year 11-12 Recommendations

- A letter should be drafted by CDA and sent to interested parties on behalf of the Weed Advisory Committee regarding yellow nutsedge (a List B noxious weed) varieties that have been used in other states as forage for wild turkeys. The letter would remind recipients that this plant cannot be cultivated in Colorado.

  Status: As of this writing, the letter is being reviewed by the Weed Advisory Committee chair and will be distributed soon.

[50] List A species are designated for eradication.
[51] List B species are designated for containment.

- A letter should be drafted by CDA and sent to interested parties on behalf of the Weed Advisory Committee regarding the invasiveness of spurge species and suggesting that importation and promotion of non-native spurges should be evaluated as they often escape cultivation and can become invasive.

  Status: As of this writing, the letter has been approved by the Weed Science and Management Subcommittee and will be distributed soon.

- Myrtle spurge should remain on List A.

  Status: This recommendation was adopted by CDA.

Reasons to Continue the Weed Advisory Committee

Noxious weeds impact agriculture, wildlife, tourism, recreation, and real estate. Noxious weeds are aggressive, so they spread rapidly. They may poison livestock, compete with crops, displace deer and elk, compete with native plants, threaten rare and endangered species, and sometimes displace water flow important to certain ecosystems. Noxious weeds may even decrease the appraised value of property.[52]

The Weed Advisory Committee provides an essential function linking CDA to the various interests and expertise involved in managing noxious weeds in the state.

It represents the following interested parties:

- Agricultural producers;
- Weed scientists;
- Local governing bodies;
- Professional weed managers; and
- Landowners.

It also represents different geographic areas of the state. Current members represent the:

- Front Range;
- Eastern Plains;
- Upper and Lower Arkansas basins; and
- Northern and southern parts of the Western Slope.

[52] Montana State University. Impacts of Noxious Weeds. Retrieved June 28, 2012, from http://www.weedawareness.org/impacts.html

In particular, the Weed Advisory Committee provides expertise and practical experience in:

- Weed science and management;
- Agricultural production; and
- Private land ownership.

The Weed Advisory Committee is important to CDA's decision-making process, and it also helps to build consensus among the various interested parties.

Analysis and Recommendation

The Weed Advisory Committee was created to perform the following basic duties:

- Make recommendations to the Commissioner of Agriculture regarding the management and eradication of noxious weeds;
- Periodically assess the progress of the state to implement a program to manage noxious weeds; and
- Measure the results and effectiveness of efforts to contain, suppress, and eradicate noxious weeds.

The Weed Advisory Committee has been successful in making recommendations to the Commissioner of Agriculture and to interested parties regarding the management and eradication of invasive species of plants. The Commissioner of Agriculture relies on its expertise and the practical experience of its members in order to set statewide noxious weed policy.

At each meeting, the Weed Advisory Committee assesses the progress of the state weed management program.

The Weed Advisory Committee is also charged with measuring the results and effectiveness of efforts to contain, suppress, and eradicate noxious weeds. The Weed Advisory Committee indirectly carries out this function in collaboration with CDA's noxious weed program staff.

CDA performs this function by collecting weed distribution information for mapping purposes. It also administers a grant program to provide resources to counties, conservation districts, and municipalities, with federal and state funding sources, in order to conduct, monitor and evaluate weed management efforts.

The Weed Advisory Committee performs this function through its meetings, which are largely focused on the exchange of information and discussion of the progress being made, issues confronted, and the scope of work that lies ahead.

The Weed Advisory Committee has been successful in the duties assigned to it by the General Assembly, and it plays a valuable role in the decision-making process at CDA and in building consensus around statewide noxious weed policy.

The cost of the Weed Advisory Committee to the state is minimal since the members are not allocated per diem and are paid minimal travel expenses.

Therefore, the General Assembly should continue the Weed Advisory Committee.

Wildlife Habitat Stamp Committee

Creation, Mission and Make-Up

The Colorado Wildlife Habitat Stamp Committee (Stamp Committee) was created in House Bill 05-1266, which concerned, among other things, establishing a stamp to create a revenue source for projects that provide wildlife protection and access to wildlife recreation.

Anyone between the ages of 18 and 65 is required to purchase a Colorado Wildlife Habitat Stamp or a Lifetime Colorado Wildlife Habitat Stamp when obtaining a hunting or fishing license.[53]

In 2009, Senate Bill 235 (SB 235) reauthorized the Wildlife Habitat Stamp program. It also authorized $500,000 of the funds to be available annually to the Colorado Water Conservation Board to acquire water rights related to the protection of wildlife.

Housed in the Colorado Division of Parks and Wildlife (CPW), the Stamp Committee consists of 11 members appointed by the Governor and confirmed by the Senate, including:[54]

- Four sports persons, representing the four quadrants of the state;
- Two representatives of national or regionally recognized conservation organizations whose missions are focused on nongame wildlife and whose membership is composed primarily of nongame wildlife users;
- Two landowners actively engaged in agriculture;
- One citizen at large; and
- Two CPW representatives as ex officio members, at least one of whom must be a wildlife biologist.

The Wildlife Habitat Stamp and the Stamp Committee repeal December 31, 2013. Prior to this repeal date, the Department of Regulatory Agencies (DORA) is directed by statute to review only the Stamp Committee.[55] DORA did not review the Wildlife Habitat Stamp or the program surrounding it. As such, no recommendation as to whether to continue them is offered here.

[53] § 33-4-102.7(1.5), C.R.S.
[54] § 33-4-102.7(5), C.R.S.
[55] § 33-4-102.7(8), C.R.S.

Responsibilities of the Stamp Committee

The Stamp Committee is charged with making annual recommendations to the Director of CPW and the Parks and Wildlife Commission regarding proposed projects for distribution of the Wildlife Habitat Stamp fund.[56]

In consultation with the Stamp Committee, the Parks and Wildlife Commission is required to ensure that sufficient priority is given to improving access for anglers and to conserving and protecting the habitats of deer, elk, and other big game.[57]

Revenue and Expenditures

The Wildlife Habitat Stamp program collected approximately:

- $3.6 million in fiscal year 09-10;
- $5.5 million in fiscal year 10-11; and
- $6.6 million in fiscal year 11-12.

The Stamp Committee is funded through the Parks and Wildlife Game cash fund that does not include Wildlife Habitat Stamp funds.

In 2010, the Stamp Committee spent $1,745. Of this $846 paid for meals, $599 paid for travel reimbursements to the members, and $300 paid for meeting room facilities.

In 2011, the Stamp Committee spent $2,897. Of this $1,285 paid for meals, $1,072 paid for travel reimbursements to the members, and $540 paid for meeting room facilities.

Meetings of the Stamp Committee

The Stamp Committee does not have any requirement to meet a certain number of times each year. In 2010, it met twice, and in 2011, it met three times.

All Stamp Committee members attended each meeting.

[56] § 33-4-102.7(4)(a)(I), C.R.S.
[57] § 33-4-102.7(4)(a)(I),C.R.S.

Proposals and Their Status

In 2010, the Stamp Committee reviewed 67 project proposals received by CPW. It recommended that the Parks and Wildlife Commission fund the following 15 projects:

- Lazy V Quarter Circle;
- Richard Ranch;
- Dowen;
- Wakara Ranch;
- Miller Creek Ranch;
- Matheson;
- Parson Ranch;
- Sheephorn Ranch;
- Toupal Ranch – South Fork;
- Shaw Ranch;
- Tuttle;
- Smith Rancho;
- Wolf Mountain Phase 4;
- Mountain Shadow Falls Ranch; and
- Horse Creek Farms.

Status: The Parks and Wildlife Commission approved a total of 17 proposals, nine of which were recommended by the Stamp Committee. In 2011, CPW spent $5.1 million of the Wildlife Habitat Stamp fund on projects to protect wildlife and provide access to wildlife.

In 2011, the Stamp Committee reviewed 45 project proposals received by CPW. It recommended that the Parks and Wildlife Commission fund the following 20 projects:

First Priority

- Campbell Ranch;
- Crooked Wash Ranch;
- Lazy V Quarter Circle;
- Richard Ranch;
- Sikes Ranch;
- Sundown Farm;
- Ute Trail Ranch;
- Wakara Ranch;
- Westbank Boat Ramp; and
- Wolf Mountain.

Second Priority

- Bayless Ranch;
- Beatty Canyon Ranch;
- Buffalo Horn Ranch;
- Flagg Creek Homestead;
- Parsons Ranch;
- Renegade Ranch;
- Schirard Ranch;
- Spanish Peaks.
- Trophy Mountain Ranch; and
- Wapiti Hideaway/Rowe Ranch.

Status: The Parks and Wildlife Commission approved a total of 11 proposals, nine of which were recommended by the Stamp Committee. In 2012, CPW spent $5 million of the Wildlife Habitat Stamp fund on projects to protect wildlife and provide access to wildlife.

Reasons to Continue the Stamp Committee

In creating the Wildlife Habitat Stamp and the Stamp Committee, the Colorado General Assembly declared that protecting wildlife habitat and access to wildlife habitat is important to preserving wildlife and wildlife-related recreational activities in Colorado. Specifically, it recognized that hundreds of thousands of residents and visitors enjoy big game hunting in Colorado, and this activity contributes significantly to state and local economies.[58]

Each year, CPW receives numerous proposals connected to the protection of wildlife habitat and wildlife-related recreational opportunities. The Stamp Committee reviews these proposals and makes recommendations to the Director of CPW.

During the selection process, CPW staff also develops a list of proposals. After the Stamp Committee develops a list of proposals, CPW staff and the Stamp Committee compare the two lists and discuss why certain proposals may be on one list and not the other. CPW staff provides both CPW's recommendations and the Stamp Committee's recommendations to the Parks and Wildlife Commission for approval.

Once the Parks and Wildlife Commission approves projects, CPW staff is granted permission to negotiate the acquisition of real estate interests through outright ownership, conservation easement,[59] and public access easement.[60]

[58] §§ 33-4-102.7(1)(a) and (b), C.R.S.
[59] Conservation easement: An agreement for conservation purposes between a landowner and a government agency or land trust.
[60] Public access easement: An agreement for public access purposes between a landowner and a government agency or land trust.

CPW finds the Stamp Committee recommendations to be a valuable way for interested and knowledgeable members of the public to participate in the selection process, and the Stamp Committee's recommendations are substantially reflected in the proposals approved by the Parks and Wildlife Commission.

Analysis and Recommendation

The Stamp Committee was created to review proposals for the protection of wildlife habitat and to provide access to wildlife habitat. It successfully completes this task each year, and a significant number of the proposals selected by the Stamp Committee are approved by the Parks and Wildlife Commission.

Considering the Stamp Committee only meets two or three times a year to assist the state in allocating millions of dollars in funds, the Stamp Committee expenses are nominal.

Therefore, the General Assembly should continue the Stamp Committee.

Youth Advisory Council

Creation, Mission and Make-Up

The Colorado Youth Advisory Council (COYAC) was created in 2008 as part of the Youth Advisory Act in House Bill 08-1157 (HB 1157) in order to facilitate the expression of the voice of Colorado's youth to the state's elected leaders. The mission of COYAC is to:

> examine, evaluate, and discuss the issues, interests, and needs affecting Colorado youth . . . and to formally advise and make recommendations to elected officials regarding those issues.[61]

The types of issues upon which the General Assembly envisioned COYAC providing input include education, employment and economic opportunity, access to state and local government services, the environment, behavioral and physical health, safe environments for youth, substance abuse, driver's license requirements, poverty and increased youth participation in state and local government.[62]

COYAC comprises 44 members, four of whom are also members of the Colorado General Assembly.[63] The Speaker and minority leader of the House of Representatives, each appoint one member to COYAC,[64] and the President and minority leader of the Senate each appoint one member to COYAC.[65] These four legislators are nonvoting members of COYAC[66] and serve two-year terms.[67]

The remaining 40 members of COYAC must be between 14 and 19 years old[68] and be enrolled in and attending a Colorado junior high, middle or high school, including an on-line school; participating in a nonpublic, home-based educational program; participating in a general equivalency degree program; or have obtained a high school or general equivalency diploma.[69]

These 40 youth members are broken into two groups. The first 35-member group represents each of Colorado's state senatorial districts.[70] The second, five-member group is an at-large group which is to help ensure diversity on COYAC with an express concern for adequate rural representation.[71]

---

[61] § 2-2-1302, C.R.S.
[62] § 2-2-1302, C.R.S.
[63] § 2-2-1303(1)(a), C.R.S.
[64] § 2-2-1303(2)(b)(I), C.R.S.
[65] § 2-2-1303(2)(b)(II), C.R.S.
[66] § 2-2-1303(1)(a), C.R.S.
[67] § 2-2-1303(2)(b), C.R.S.
[68] § 2-2-1303(1)(b)(I), C.R.S.
[69] § 2-2-1303(1)(b)(II), C.R.S.
[70] § 2-2-1303(1)(b), C.R.S.
[71] § 2-2-1303(2)(a)(II), C.R.S.

Initially, each state Senator appointed one member of COYAC from his or her district,[72] and the Speaker of the House of Representatives appointed the five at-large members.[73] Half of the initial appointments were for one-year terms. All other appointments are for two-year terms, though members can apply for a second, two-year term.[74]

Following the initial appointments, youth who are eligible for COYAC membership may apply to COYAC, and COYAC, by a majority vote, approves the applications.[75]

Every effort is to be made to ensure that COYAC represents the racial, ethnic, geographical, socioeconomic, cultural, religious, physical and educational diversity of the state.[76]

Each year, COYAC elects two co-chairs, one of whom must be a legislative member, and two vice chairs, one of whom must be a legislative member.[77]

Responsibilities of COYAC

COYAC is tasked with:[78]

- Consulting with any existing local-level youth advisory councils for input and potential solutions on issues related to youth;
- Setting priorities and establishing any committees that may be necessary to achieve the goals of COYAC; and
- Working with any existing and appropriate local and state youth groups to:
    - Identify the concerns and needs of Colorado's youth and to advise and make recommendations to the General Assembly on proposed or pending legislation; and
    - Collect, analyze and provide information on issues related to youth to legislative committees, commissions, task forces and state agencies and departments, as appropriate.

Additionally, beginning in January 2009, and on or before each January 30 each year thereafter, COYAC is to report to the General Assembly a summary of COYAC's recommendations concerning key issues for youth for the current legislative session and a summary of COYAC's work during the previous legislative session and interim.[79]

[72] § 2-2-1303(2)(a)(I), C.R.S.
[73] § 2-2-1303(2)(a)(II), C.R.S.
[74] § 2-2-1303(3), C.R.S.
[75] § 2-2-1303(2)(a)(III)(A), C.R.S.
[76] § 2-2-1303(2)(a)(IV), C.R.S.
[77] § 2-2-1303(4), C.R.S.
[78] § 2-2-1304(1), C.R.S.
[79] § 2-2-1305, C.R.S.

These reports have been submitted, though not always on this statutorily defined schedule.

Revenues and Expenditures

Every two years, the four legislative members of COYAC designate a nonprofit or private organization as custodian of any funds donated to COYAC. This designated entity is authorized to expend the money it receives as is necessary for the operation of COYAC and may solicit and accept monetary and in-kind gifts, grants and donations.[80]

Additionally, COYAC is authorized to accept and solicit gifts, grants and donations. All such funds are credited to the Youth Advisory Cash Fund, which is subject to continuous appropriation.[81]

Table 2 illustrates for calendar years 2009 through 2011, COYAC's revenues and expenditures.

Table 2
Revenues and Expenditures by Calendar Year

	2009	2010	2011
Revenues	$43,279	$14,104	$9,949
Expenditures	$44,229	$22,343	$19,514
Shortfalls	$950	$8,329	$9,565

Revenues have mostly been comprised of donations from outside organizations. Since inception, COYAC has received donations from 11 different organizations.

Additionally, the General Assembly appropriated approximately $8,600 in fiscal year 09-10 and approximately $8,300 in fiscal year 10-11.

Any shortfalls have been covered by the designated entity, which also provides all administrative support.

Expenditures are mostly attributed to personal services and operating costs at the designated entity, plus the direct costs of COYAC meetings, such as travel and meals.

Meetings of COYAC

COYAC is required to meet four times each year, with two meetings occurring during the legislative session and two occurring at other times.[82] All meetings are open to the public.[83]

[80] § 2-2-1304(4)(a), C.R.S.
[81] § 2-2-1306, C.R.S.

Since its first meeting in October 2008, COYAC has met a total of 16 times, as of this writing. Most meetings are held in the Denver area, although COYAC has met in Colorado Springs once and Granby twice. On average, 29 members attend each meeting.

Proposals and Their Status

The purpose of COYAC is not so much to make proposals, as it is to provide the General Assembly with the thoughts and viewpoints of Colorado's youth. While this effort does not always result in tangible results, the efforts are worth highlighting here:

2009

House Bill 09-1099 - Based on lessons learned during COYAC's first year of existence, COYAC members provided testimony in both the Senate and House of Representatives on some procedural changes they saw as necessary to help COYAC better achieve its mission. House Bill 09-1099 became law.

Senate Resolution 09-016 - COYAC members testified in support of this resolution that encouraged Colorado's public schools to implement recycling programs and urged students to set tangible and attainable goals for those recycling programs. Senate Resolution 09-016 was adopted by the Senate.

Senate Joint Resolution 09-049 - COYAC members testified in support of this resolution acknowledging April 22, 2009 as Earth Day and encouraging teachers and parents to emphasize environmental awareness among the state's youth. Senate Joint Resolution 09-049 was adopted by the Senate and the House of Representatives.

2010

House Bill 10-1147 – COYAC members offered testimony on this bill regarding the use of non-motorized wheeled transportation by minors. House Bill 10-1147 became law.

Senate Bill 10-191 -- COYAC members testified in support of this bill on educator effectiveness. Senate Bill 10-191 became law.

[82] § 2-2-1304(2)(b), C.R.S.
[83] § 2-3-1304(2)(c), C.R.S.

Youth Survey – COYAC conducted a survey of Colorado youth and received 750 responses. This survey indicated that suicide was a top concern of the state's young people. This finding led to the effort to draft and pass House Joint Resolution 12-1004.

2011

House Bill 11-1270 – COYAC members testified in opposition to this bill that would have allowed a public school to convert to a charter school, if 50 percent of the parents of children at the school agreed to do so. House Bill 11-1270 did not become law.

Senate Bill 11-040 – COYAC members testified in support of this bill addressing the issue of concussions in high school sports. Senate Bill 11-040 became law.

Colorado Commission on Higher Education – A member of COYAC addressed the Colorado Commission on Higher Education inquiring as to the possibility of raising money to provide financial assistance to Colorado youth from economically disadvantaged backgrounds so that they could attend institutions of higher education. This proposal was not acted upon.

2012

Senate Bill 12-015 – COYAC members testified in support of this bill on creating a new tuition structure at Colorado's public institutions of higher education for students who cannot document their legal status. Senate Bill 12-015 did not become law.

House Joint Resolution 12-1004 – COYAC members were actively engaged in the drafting of House Joint Resolution 12-1004 (HJR 1004), which was the direct result of the youth survey conducted by COYAC in 2010. In addressing the issue of teen suicide, HJR 1004 encouraged schools to participate in National Suicide Prevention Week and to provide training to educators to recognize the warning signs of suicide among students. As a result of HJR 1004, the Colorado Department of Education developed three modules addressing teen suicide prevention, for which educators may receive continuing education credit towards license renewal. Additionally, HJR 1004 resulted in Governor Hickenlooper proclaiming September 2-8, 2012 as Teen Suicide Prevention Week.

Reasons to Continue COYAC

Although COYAC's positions have not always prevailed at the General Assembly or other bodies COYAC has addressed, it is clear that COYAC is fulfilling its mission of providing an avenue for lawmakers and decision makers to hear the voices of Colorado's youth. As such, continued input should prove invaluable to policymakers well into the future.

Towards this end, COYAC plans to increase member contact with legislators. One proposal for accomplishing this task is for COYAC members to sponsor town halls for youth.

Additionally, as of this writing, COYAC is in the preliminary stages of conducting another survey of Colorado's youth.

Analysis and Recommendation

COYAC continues to fulfill its statutory mission of providing the insights and opinions of Colorado's youth to the General Assembly. These experiences serve to expose COYAC members to the law and policymaking processes, thereby serving to improve their own civic awareness.

COYAC was created because the demographic of which COYAC is comprised is not, generally, old enough to vote. Yet, the General Assembly, necessarily, passes laws that directly impact this group, either immediately or in the future. So long as there are youth in Colorado, this situation will persist.

Since the need for COYAC will continue, the General Assembly should continue COYAC.