

# STATE OF COLORADO

---

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.  
Denver, Colorado 80246-1530  
Phone (303) 692-2000  
TDD Line (303) 691-7700  
Located in Glendale, Colorado

Laboratory Services Division  
8100 Lowry Blvd.  
Denver, Colorado 80230-6928  
(303) 692-3090

<http://www.cdphe.state.co.us>



Colorado Department  
of Public Health  
and Environment

## Presentation to the Joint Health and Human Services Committees January 13, 2011

### Introduction / Overview of Department

- \$446 million budget request for FY11-12 with approximately 1,230 FTE
  - about 6.2 percent (\$27.5 million) from the General Fund
  - about 57.6 percent (\$257 million) from federal funds
  - about 36.2 percent (\$161 million) from cash sources (CF and reappropriated)
- Department's share of the state General Fund is only 0.4%
- Eleven divisions
  - 6 health
  - 4 environmental
  - 1 administration
- Five Type I policy-making boards
  - Board of Health
  - Air Quality Control Commission
  - Water Quality Control Commission
  - Solid and Hazardous Waste Commission
  - Water and Wastewater Facility Operators Certification Board
- We work closely with the state's **54 local public health agencies**, passing through millions of dollars to provide public health, emergency preparedness and environmental services at the community level.

### Strategic Plan

- House Bill 10-1119 requires each department to develop a strategic plan. In October 2010, the department updated its strategic plan and focused efforts on reviewing its mission, vision, key objectives, strategic directions and performance measures.
- In subsequent years, all departments must review their plans with their committees of reference and discuss the progress the department has made toward implementing its plan. CDPHE will work with the legislature, the Office of State Planning and Budgeting, and stakeholders as laid

out in HB10-1119 over the next fiscal year to measure the department's progress in implementing its plan.

- The department's strategic plan identifies six key objectives:
  1. Building a strong public health system
  2. Having an effective climate change strategy
  3. Encouraging and leading Coloradans to healthier lifestyles from birth to old age
  4. Having an effective emergency response system to address communicable disease, epidemics and other public health and environmental emergencies
  5. Protecting and improving air and water quality across the state
  6. Eliminating health inequities

The department's strategic plan can be found at <http://www.cdphe.state.co.us/ic/2010-2011StrategicPlan.pdf>.

### **FY 2011-12 Budget Change Requests and Budget Balancing Proposals**

The department continues to face difficult decisions. We have attempted to balance maintenance of core public health and environmental services with necessary budget constraints.

The department submitted the following to the JBC for consideration for FY11-12:

- *Increased Spending Authority for the Medical Marijuana Registry (MMR)*  
\$710,911 cash fund request, 12.3 temporary staff (reduced from 17.9) and 1.0 FTE to ensure the department can continue to meet the demands of the MMR.
- *Medical Marijuana Registry Computer System*  
\$85,000 cash fund request for FY 10-11 and \$86,000 cash fund request for FY 11-12 to support the Medical Marijuana Registry with a new computer system to link to law enforcement and to hire a MMR Project Manager with OIT for all related IT projects.
- *Amendment 35 Tobacco Tax Transfers to Health Care Policy and Financing (HCPF)*  
FY 2011-12 - \$21,000,000 cash fund transfer of the department's three A35 (Health Disparities Fund, Tobacco Education Fund and Prevention, Early Detection and Treatment Fund) funds to HCPF for medical services premiums.
- *Newborn Screening Laboratory*  
\$396,637 cash fund request and 1.0 FTE to add testing for Severe Combined Immunodeficiency (Bubble Boy Disease) and \$20,000 cash fund request to add follow-up confirmatory testing for Alpha Thalassemia
- *Legal Services*  
\$132,066 reappropriated funds (indirect cost recoveries) for additional legal services for the department's environmental programs at the Department of Law; the Department has seen an increase in legal service needs for the Air and Water Quality programs
- *Nurse Home Visitor Fund*  
\$3,287,598 spending authority for federal funds to be received from the federal Affordable Care Act to enhance the Nurse Home Visitor fund as required by SB10-073
- *Two Percent Personal Services Reduction*  
\$239,180 Personal Services reduction for General Funded programs for FY11-12

## **Legislative Priorities for 2010**

The department has three legislative initiatives:

- *Regional Haze Statewide Implementation Plan (SIP)*

The Colorado Air Quality Control Commission recently adopted revisions to the state's Regional Haze SIP. The SIP is a comprehensive, federally required planning document that details how a state will meet national requirements under the federal Clean Air Act. The Regional Haze Program is designed to achieve visibility improvements in designated areas that are of great scenic importance such as national parks and wilderness areas. There are 12 such areas in Colorado, including Rocky Mountain National Park, Mesa Verde National Park, and the Weminuche wilderness area. Under the Clean Air Act, states are required to develop and periodically update a Regional Haze SIP to achieve gradual improvement of visibility in these Class I areas. Colorado is one of 36 states that has failed to submit a complete Regional Haze SIP that EPA would approve, and therefore it is required to submit an approvable SIP by January 15, 2011. The Regional Haze SIP was recently approved by the Air Quality Control Commission after an extensive public hearing. It contains strategies that include installing emission controls on large emission sources such as coal-fired power plants and cement plants, switching fuel at coal fired power plants from coal to natural gas, and retiring some older power plants. The SIP is expected to reduce NOx emissions by approximately 34,300 tons per year and SO2 emissions by 33,340 tons per year. Both NOx and SO2 are the primary contributors to visibility impairment in the Class I areas.

- *Primary Care Office*

The Primary Care Office addresses shortages of health care professionals in Colorado by providing loan repayment funding for providers who work in medically underserved communities across the state. The program's two administrative funding sources and loan forgiveness funds will expire over the next two years. Legislation is needed to provide a reliable funding source for both, which is vital to receive federal and private grant funds. The department is looking to provide this funding from the Tobacco Master Settlement Fund. The department also is exploring transferring the nursing faculty loan repayment program from CollegeInvest to the department to increase the effectiveness of funding available for health professional faculty loan repayments.

Accomplishments of the program to date include:

- Increased funding for health professional loan repayment from \$220,000 in 2009, to \$1,679,000 in 2010 to \$3,809,000 in 2011, primarily through private and federal funds. The state appropriation allowed the department to leverage private and federal funds at the ratio of 33 to 1.
- Facilitated increase of practicing National Health Service Corp designated sites in Colorado from 110 sites in 2009 to 213 in 2010 for individual National Health Service Corps providers practicing in Colorado.
- Supported international medical graduate waivers, 13 in 2009 and five additional in 2010. (Total of 62 waivers reviewed and approved by the PCO since 2001)
- Developed or renewed 92 Health Professional Shortage Area designations
- Estimated economic benefit to communities of health professionals under contract with the Primary Care Office in FY 09-10 of \$95 million.

- *Colorado Water and Wastewater Facility Operators Certification Board*

The Colorado Water and Wastewater Facility Operators Certification Board maintains a program for the certification of operators of water treatment plants, municipal and industrial wastewater treatment plants, water distribution systems and wastewater collection systems to ensure protection of public health and the environment. This board comprises hard-to-find, extremely technical members, which makes filling vacant seats difficult. Members are limited to two, three-year terms. This legislation would eliminate that restriction and allow a member to serve more than two terms, if reappointed by the governor, allowing the department to utilize board member expertise as long as possible.

## CDPHE Hot Issues

**The 2008 Public Health Act (SB08-194) and Implementation:** The primary purpose of the 2008 Public Health Act is to assure that public health services are available to every person in Colorado with a consistent standard of quality. As required in the Act, a statewide public health improvement plan was completed at the close of 2009 with input from local, state and other public health system stakeholders. One recommendation in this plan was to develop a statewide planning system to better measure health outcomes and priorities for improvement in Colorado. CDPHE is developing a systematic method, templates and technical assistance for local public health agencies to reduce the burden to them, encourage regional planning, and provide consistent information that can be used for the next statewide public health improvement plan due in five years. To better understand health status and develop programs based on community need, a standard set of indicators will be made available to enable community health assessment and planning at the state and local levels. These indicators include health status, behavioral risk, mental health, environmental health, oral health, health disparities and social determinants of health.

The department continues to work with local public health agencies and counties on the following:

- Providing technical assistance to local public health agencies to complete their community health assessments and develop local improvement plans
- Encouraging regional planning and organizational structures to provide services more efficiently across the state
- Aligning public health standards and performance assessments with the national accreditation program
- Assessing state public health funding and distributions to ensure delivery of services

While all the counties have established local public health agencies by resolution, the operational transition of the former nursing services to include an expanded scope of services will continue to occur over the next few years. CDPHE is gathering accurate baseline capacity assessment data from the local public health agencies to catalog Colorado's current public health capacity and determine the current delivery of core public health services across the state. This process will assist smaller and economically challenged counties to consider shared services through regional core public health services.

**Water Quality Control Division (WQCD) Resources:** The WQCD has been experiencing a growing resource gap over the last few years. The workload has substantially increased due to population growth; more demands on a static or declining water supply; new EPA drinking water and clean water rules and policies; a U.S. Appeals Court ruling on pesticide permitting; and aging and failing water and

- The number of permitted facilities that are not inspected is growing.

- Approximately 200 wastewater facilities are discharging domestic waste to groundwater without a permit.
- A significant percentage of identified drinking water and wastewater violations including infrastructure deficiencies are not resolved.
- Lack of oversight of drinking water supplied from non-community groundwater systems;
- The backlog of priority permits not issued will exceed EPA's 30 percent threshold requirement.
- There is a reduced level of data collection and analysis of streams, lakes/reservoirs, wetlands, and aquatic life conditions.

There is an increased risk of public health disease outbreaks, an increased risk of chronic health impacts from drinking water containing elevated levels of contaminants such as radionuclides, an increased risk of delayed responses to spills into state waters, and an increased risk to the state's water quality.

In 2004, and at the request of the General Assembly, the department issued its first report on projected additional resource needs. An updated report on projected division resource needs has been required by the General Assembly annually. Based on the most recent Legislative Request for Information Report (2010-2011) submitted to the General Assembly this past fall, the WQCD has identified an immediate need of 31.8 FTE.

**APCD Resources for Oil and Gas Permitting:** Over the last several years the volume of air permits required for oil and gas operations has steadily and significantly increased, which has resulted in a growing backlog in permits due to limited permitting staff resources. In an effort to address this problem, the Air Pollution Control Division (APCD) worked with the oil and gas industry in 2008 to complete a Kaizen "lean management" event which substantially improved the permit process by eliminating a number of unnecessary steps involved in reviewing and issuing an oil and gas permit by 51 percent. In addition, the department received one additional FTE in 2008 for oil and gas permitting as part of a fee increase to assist in processing the volume of air permits and the related backlog. Nevertheless, the backlog in oil and gas permits has continued to increase due to:

1. The average number of oil and gas permit applications received by the department each month has increased from 164 in 2008 to 280 in 2010, a 71 percent increase per month in just two years. There is no evidence that this trend will reverse in the near future.
2. Because of a significant increase in the number and complexity of federal requirements, the complexity of air permits has increased. This complexity can be demonstrated by the size of air permits today: ten years ago permits averaged on the order of 5 pages, while today they average on the order of 30 pages. The increase in the number of more complex oil and gas permit applications have increased the time an individual permit engineer needs to review and process a permit.
3. The number of the more complex oil and gas permit applications (e.g. covering either sources of a significant quantity of emissions or facilities with multiple emission sources) has increased to 1416 in 2010 compared to 684 in fiscal year 2008-09, a 107 percent increase.

The department is continuing to identify and to implement steps to improve this backlog, including developing emissions unit-specific permit application materials to facilitate accurate reporting of information necessary for processing permit applications, assigning permit engineers from other work units to assist with oil and gas permit reviews, and asking oil and gas companies to identify their most important permit priorities so the department may move those applications to the front of the companies' list of applications to review. In addition, the department is discussing possible funding options with industry representatives to address the permit backlog. However, because of the steady increase in oil and gas permit applications and the complexity of the permit review, without additional resources it is unlikely that the department will be able to eliminate the oil and gas permit backlog.

**Uranium Processing:** Interest has increased in uranium recovery facilities in Colorado.

Energy Fuels Resources Corp. applied for a radioactive materials license for a conventional uranium mill in the Paradox Valley in western Montrose County in November 2009. The Radiation Program within the department approved a radioactive materials license (with conditions) for the Piñon Ridge Uranium Mill in early January, 2011. Many of the conditions were imposed to protect public health and the environment, and require Energy Fuels to:

- Obtain all applicable permits and other authorizations of local, state and federal agencies with authority over health, safety and environmental protection.
- Obtain department's approval of final design and construction plans, including plans for quality assurance and quality control before the mill can receive any radioactive material.
- Assure that radiation and worker protection procedures and equipment are in place; along with personnel trained in using them.
- Conduct at least two emergency response exercises involving two different incident scenarios, involving off-site response agencies in one or both of the drills.
- Assure that environmental monitoring procedures and equipment are in place, along with personnel trained in using them.
- Assure that routine operations require worker training and monitoring, environmental monitoring, site security, documentation and reporting, facility maintenance, material control, and emergency or spill response.

This license is required before Energy Fuels can construct a 500-tons-per-day uranium/vanadium mill. The facility will be the first new conventional uranium mill built in the United States in more than 25 years.

PowerTech is proposing to submit an application for a radioactive materials license for an in situ uranium recovery project in western Weld County, most likely by summer 2011. In situ recovery uses a process that injects a solution into a uranium-bearing formation and then pumps out the uranium-rich liquid for recovery. There is significant local opposition to this project, and in addition to the license, a Mine Reclamation Permit is needed from DNR DRMS and an Underground Injection Control permit from the U.S. EPA.

The Cotter Cañon City mill is in the process of decommissioning, and local activists are pressing Cotter and the department on a variety of issues. Mill decommissioning may take several years, closure of the impoundments will likely take a decade, and legacy groundwater remediation could take several decades. Studies by both the USEPA in 2007 and 2009 and the Agency for Toxic Substances Disease

Registry in 2010 conclude that the Cotter site presents no current threat to human health or the environment.

**Rabies in Colorado:** Rabies in skunks has been primarily found in extreme eastern Colorado for the past 20 years. Since 2007 however, rabies has been spreading in skunks toward the Front Range. In 2009, a total of 103 animals tested positive for rabies, including a horse and mountain lion in El Paso County, which breaks the previous record of 70 rabid animals in a year. In 2010, 138 animals tested positive for rabies including 62 skunks, a horse, a cat and a deer. As skunk rabies spreads into the eastern portion of the Front Range, the risk of rabies infection in domestic animals is increasing, along with the threat to human health. CDPHE has implemented enhanced surveillance for skunk rabies through outreach to animal control agencies, wildlife professionals, veterinarians and local public health agencies to encourage submissions of skunks and other wildlife for rabies testing at the CDPHE laboratory. The enhanced surveillance testing facilitates identification of new areas where skunk rabies has spread to help target outreach and education. In addition, the department formed the Colorado Rabies Task Force, which includes representatives from sister agencies, local public health and associations of professionals involved with rabies outbreak response. This task force is developing the Colorado Rabies Resource Guide as a reference for a more coordinated response to rabies.

**Medical Marijuana:** Colorado Amendment 20 (Medical Use of Marijuana) was passed by voters in 2000. It allows the medical use of marijuana for people suffering from debilitating medical conditions such as cancer, glaucoma, cachexia, and seizures. There are almost 120,000 patients in the medical marijuana registry (the total number was under 2,000 for the first seven years of the program.) Because of the explosion in recommendations, the department received additional resources to process applications and is subsequently meeting the 35-day application requirement. Approximately 1,200 physicians have recommended medical marijuana; 15 are responsible for about 50 percent of total registrations. The department has voluntarily created a Medical Marijuana Advisory Committee to provide input on implementing regulations pursuant to HB10-1284 and SB10-194 to ensure physicians have a bona fide relationship with patients, define duties of a caregiver and create a standard for indigence, among others.

**Ozone:** Exposure to ozone can aggravate lung and heart disease, leading to increased hospitalizations. Since the summer of 2007, Denver and the rest of the other nine Upper Front Range counties have been out of attainment with the federal Clean Air Act ozone standard. Plans to get back into attainment have included measures to reduce ozone-forming pollutants from motor vehicles, industrial stationary sources (such as power plants), and the oil and gas sector. However, EPA has reduced the ozone standard since that time and has announced plans to further reduce it in 2011. A revised EPA standard will be more difficult for Colorado to attain and has the potential to affect El Paso County, the Four Corners area, Garfield and Mesa counties, and larger areas of the Front Range. With the implementation of HB 10-1365, the Clean Air/Clean Jobs Act, we expect there will be a significant reduction in ozone emissions with the retirement or refueling of several Front Range coal-fired electric generating units, however, depending on EPA's future standard, additional ozone reduction strategies and air emissions control measures will likely be needed.

**Raw Milk:** Since 2005, when legislation authorized the distribution of raw milk to herd-share owners, the Disease Control and Environmental Epidemiology Division has seen a fourfold increase in the number of outbreaks due to consumption of raw milk, most recently in June 2010. These outbreaks have caused illness among at least 133 individuals, including three people who were hospitalized. In two of these cases, the individuals were children who were hospitalized for more than two weeks and required

kidney dialysis. These outbreak investigations have revealed that raw milk in Colorado is disseminated more widely than among registered shareholder lists. In addition, the investigation and control activities have required significant investments in time and resources from local public health agencies and three divisions of CDPHE (Laboratory, Disease Control and Environmental Epidemiology, and Consumer Protection).

**Meningococcal Disease:** Working together with Larimer County Public Health, Health District of Northern Larimer County, Colorado State University and U.S. Centers for Disease Control and Prevention officials, the department played a vital role in helping Colorado State University vaccinate more than 10,000 students, staff and family members on Nov. 5 and Nov. 11, 2010. The effort was in response to an outbreak of meningococcal disease that has sickened eight people in the area, resulting in five deaths.

The Emergency Preparedness and Response Division used federal preparedness money to provide vaccines free of charge to those participating in the vaccination clinic. The division also provided syringes and medical supplies for the clinic. Also, the division was instrumental in leading the effort that turned out more than 300 volunteers from 22 counties to assist with the clinic.

The epidemiology and immunization sections of the Disease Control and Environmental Epidemiology Division played a key role in the vaccine procurement, distribution and clinic planning. In addition, about 40 volunteers from various divisions at the department volunteered for the vaccination events.

## **Other Issues**

**Tobacco Prevention and Control Programs:** For FY11-12, the executive branch recommended a \$21M transfer of the department's three A35 funded grant programs (Health Disparities; Tobacco Prevention and Cessation; and Cancer, Cardiovascular and Pulmonary Disease) – an approximate 38.6 percent decrease in funding. These programs are some of the department's most effective but have suffered negative impacts from several years of significant reductions. Program accomplishments include:

- In the last eight years, the prevalence of adult current smokers in Colorado decreased from 22.3 percent in 2001 to 17.1 percent in 2009. Additionally, annual cigarette consumption significantly decreased over the same time period, from 67 packs per capita in 2001 to 42.2 in 2009.
- A 2007-2009 analysis of the causes of low-weight births in Colorado demonstrated that one in 14 low-birth-weight births for those years could be attributed to smoking. *This represents a significant drop from the one in eight low-birth-weight births attributable to smoking observed a decade ago.* During the same period, the prevalence of smoking during pregnancy declined from 11.6 percent to 8.7 percent, a drop of 25 percent. These reductions in maternal smoking and related low-weight births may represent considerable cost savings. In one study, the American Academy of Pediatrics found mean hospital costs for preterm/low-birth-weight infants to be 25 times higher than those for uncomplicated births. Another study found that each normal birth that occurs instead of a very low birthweight birth saves \$59,700 in the first year of care.

- In January 2010, CDPHE formed a private-public partnership with nine of the major health plans to cover QuitLine costs for counseling and nicotine replacement therapy, for their fully insured members. This partnership has helped offset the QuitLine costs to CDPHE by approximately 12 percent, allowing the QuitLine to focus on providing services to the uninsured, prenatal and Medicaid populations.
- CDPHE was awarded \$759,976 in ARRA funds for the 24-month period from February 2010 to February 2012 to offer QuitLine services to low-income, pregnant women, Medicaid participants and uninsured tobacco users. Since the onset of the ARRA project to the present, the QuitLine participant distribution has shifted, serving more smokers with the highest risks. The percentage of pregnant women increased from 2.9 percent to 4.6 percent of callers. Medicaid participation increased from approximately 15 percent of callers to 19 percent of all callers and 38 percent of callers reporting no insurance remained constant.
- The department was awarded \$230,000 in ARRA funds for the 24 month period from February 2010 through February 2012, to advance effective policies designed to reduce youth initiation to tobacco use. In Colorado, 60 percent of smokers under 18 years who tried to buy tobacco report they were successful. CDPHE is convening stakeholders and compiling data and information to prioritize recommendations on state-level policy change to reduce illegal tobacco sales to minors.

**Physical Activity, Nutrition and Food Policy:** The department provides strategic leadership on federal and state initiatives and funding opportunities to support healthy eating and active living. The department was awarded two ARRA grants in 2009 in addition to continuing federal funding. The purpose of these grants is to develop a state-level childhood obesity prevention strategic plan, implement model food policies in schools, reduce consumption of sugar-sweetened drinks and increase awareness of the health implications of excess dietary sodium. The total amount of federal funding is \$2.4 million. CDPHE also received a grant from The Colorado Health Foundation to encourage healthy menu selections in restaurants through the Smart Meal program.

The department also has a robust, public-private partnership with Live Well Colorado, in collaboration with Kaiser Permanente and the Colorado Health Foundation. In this partnership, CDPHE is leading the efforts in the state to improve school nutrition. As part of these efforts, training for public school food service directors was implemented in the form of four “Culinary Boot Camps,” staff for the new Food Systems Advisory Council (established by Senate Bill 106 in 2010) was provided, and “best practices” guides on healthy eating/active living policy issues will be developed and published.

**Food Recall Activities:** Ensuring a safe food supply for all Coloradans remains a priority for the department. During a prior legislative session, a registration fee for wholesale food manufacturers was passed that maintained the Consumer Protection Division’s level of response to recalled food products and coordination efforts to remove those products from the market. In calendar year 2010 there were a total of 63 food recalls that involved products distributed in Colorado. They included 17 recalls associated with Daniele International Inc. (pepper spices), 29 associated with Basic Food Flavors (hydrolyzed vegetable protein), a national recall of gorgonzola cheese from Costco associated with E. coli illnesses and a recall of do-it-yourself gingerbread houses. These recalls resulted in the department

issuing 15 press releases and related field activities to ensure products were removed from the market. An additional 84 food recalls issued in this same period were investigated and determined to not implicate Colorado consumers. These activities likely minimized or eliminated illness to consumers in Colorado.

**Disease Control and Environmental Epidemiology Division (DCEED) ARRA Funding Update:**

DCEED received more than \$4 million in ARRA funding. The Immunization Program is implementing four new ARRA funded grants. The first grant includes infrastructure and vaccine support to vaccinate more children and adults; the second grant is focused on developing innovative strategies to increase the capacity for local public health agencies to bill insurance plans for vaccination; the third grant is focused on the expansion of the Colorado Immunization Information System; and the final grant will support the development of an innovative strategy to assess school vaccination rates. The total funding for these projects is \$2,589,701. The Communicable Disease Program also received ARRA funding to conduct special studies to better understand the source and spread of hospital-acquired infections in Colorado and to assess the effectiveness of a new vaccine for children with expanded strain coverage against invasive pneumococcal disease. The total funding for these additional communicable disease projects is \$1,581,715 and includes funding to enhance the department's Health Facilities Acquired Infections program.

**Drinking Water and Wastewater Infrastructure:** The estimated drinking water and wastewater infrastructure need for Colorado exceeds \$4.4 billion and is growing. This is due to aging and failing infrastructure of existing drinking water and wastewater treatment facilities; failing distribution and collection lines; new, more stringent drinking water and water quality protection standards; and statewide population increases.

In 2009-2010 the American Recovery and Reinvestment Act (ARRA) provided \$62 million to Colorado communities to assist with addressing these needs. Colorado was first in the national to allocate 100 percent of its ARRA funds. Funding from ARRA was provided to 23 communities for the construction of new drinking water infrastructure and 12 communities received funding for wastewater treatment and collection system improvements. Most of these communities are small and would not have been able to construct badly needed drinking water or sewer systems without these resources. To date, 84 percent of the drinking water and 73 percent of the wastewater ARRA funds made available have been paid out to projects under construction. There are 19 ARRA projects that have completed construction. It is anticipated that the remaining projects will complete construction by the end of calendar year 2011.

The department anticipates receiving its annual allocation of \$24 million in drinking water funds and \$16 million in wastewater infrastructure funds for the Drinking Water and Water Pollution Control Revolving Loan Programs administered by the Division. This amount, while important, is not sufficient to address the \$4.4 billion need.

**Safe Drinking Water:** A top priority for the Water Quality Control Division is to prevent waterborne disease outbreaks at public drinking water systems. Responding promptly to drinking water acute situations is one of the most important functions performed by the division. The division responds to 40 to 60 drinking water acute situations each year, where a public water system's delivery of safe drinking water to its citizens has possibly been compromised.

In August 2010, the Water Quality Control Commission strengthened rules covering public water systems waivers from the disinfection requirement. The division has been reviewing public drinking

water systems that have such waivers and are allowed to supply public drinking water that has not been disinfected, and the division has withdrawn this waiver, and required systems to disinfect when deemed appropriate to protect public health.

**Chemical Demilitarization at the Pueblo Chemical Depot:** The Pueblo Chemical Agent Destruction Pilot Project, or PCAPP, is a \$3.5 billion facility being built by the U.S. Department of Defense (DoD) to safely destroy the 780,000 chemical weapons stored at the Pueblo Chemical Depot. The project is now about 60% completed. Bechtel, the Army's contractor on the project, is moving into systemization in anticipation of treatment start-up in 2014. Nationally, to date all chemical weapons throughout the DoD complex have been destroyed by incineration. Significantly, PCAPP will destroy the mustard agent via neutralization followed by biotreatment. Treatment of the weapons is predicted to take about three years, after which it will take about another three years to fully decommission the facility. The Hazardous Materials and Waste Management Division has permitted this facility, but ongoing permit modifications, construction oversight, and inspections of the weapons still in storage are big and continuing efforts for staff.