

**REGULATORY ANALYSIS**  
for  
6 CCR 1014-9  
**Colorado Minimum Quality Standards for Public Health Services**

**Adopted by the Board of Health on January 16, 2013**

- 1. A description of the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.**

The classes of persons who are affected by the proposed rule concerning minimum quality standards for public health services include the local public health agencies throughout Colorado, their respective boards of health, as well as all residents and visitors to Colorado. The cost of compliance with this proposed rule will be shared by federal, state, and local governments. Those that benefit from the proposed rule include all residents and visitors to Colorado directly and indirectly, as quality, core public health services will be available statewide.

- 2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.**

The proposed rule was drafted to foster a culture of ongoing improvement in delivering quality services for all local public health agencies in Colorado. Regardless of where an agency starts in terms of meeting the standards, over time they should strive to improve with the goal of achieving or surpassing the minimum standards. Accordingly, the implementation of the proposed standards provides a means for a local public health agency to identify performance improvement opportunities, to improve core public health service provision, to develop leadership, and to improve relationships with the community. Furthermore, different measures may be used to recognize the variety of ways in which the standards are met by local public health agencies with different capacities, governance structures, and differences in the health status of the population served. For the residents and visitors in Colorado, the long term impact of the proposed rule will be the availability of core public health services provided at a minimum quality standard regardless of where they live or visit in Colorado. The expected impact is improved public health services and thus improved public health outcomes.

- 3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.**

The cost of compliance with this rule will be shared by federal, state, and local governments, though it is expected that the cost will be minimal. There will be no anticipated effect on state revenues. Local agencies will determine the amount of

financial investment they will put toward the effort of meeting the standards. Many agencies are already performing core services at the level of or above the minimum standards, and local public health agencies can leverage existing resources towards providing quality, core public health services. Continuous quality improvement processes can be customized to align with community need, agency priorities and available resources. The rule does not lay out any reporting requirements that would cause increased administrative costs.

**4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.**

**Cost Comparison—**

The costs of implementing the rule – The cost of compliance with this rule will be shared by federal, state, and local governments, though it is expected that the cost will be minimal and left to the discretion of local agencies.

The costs of inaction – The standards represent a minimum level of quality in public health management, governance, activities, services provided by local public health agencies. Agencies that do not meet these minimum standards may perform less effective and less efficient core public health services. Implementation of this rule will help prepare agencies for voluntary, national accreditation. If, in the future, voluntary, national accreditation is used in decision-making for grant-funding, agencies that choose not to meet standards and attain voluntary, national accreditation may not be competitive in securing certain funding opportunities.

**Benefit Comparison—the benefits of implementing the rule include:**

- Increased consistency in the delivery of core public health services across the state.
- Increased consistency in the quality of core public health services across the state.
- Increased ability to track and measure core public health service provision across the state.
- Establishment of a culture of continuous quality improvement as agencies work to meet or exceed the proposed standards.
- State Board of Health compliance with the Public Health Act requirements.
- Preparation of local public health agencies to achieve voluntary, national accreditation if they choose to seek it.
- Improved public health services and thus improved public health outcomes.

The benefits of inaction include:

- Local public health agencies would be able to maintain the status quo regarding the services provided and would not be encouraged, nor supported, to evaluate or improve those services over time.

**5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.**

The proposed rule minimizes costs and intrusiveness. Impact to local public health agencies is reduced by establishing minimum standards that align with the voluntary national accreditation movement through the Public Health Accreditation Board (PHAB). These standards were developed by experts at the local, state and national level (including Colorado representatives), and have gone through years of testing, public comment, and revision. Thus, it is not anticipated that these standards will change significantly in the near future. Furthermore, the rule does not specify measurement criteria for these standards. Different measures may be used to recognize the variety of ways in which the standards are met by local public health agencies with different capacities, governance structures, and differences in the health status of the population served. Impacts could be further minimized by allowing local public health agencies to prioritize certain standards based on their local public health improvement plan. This would allow local public health agencies to direct resources towards a potentially smaller number of areas for quality improvement.

**6. A description of any alternative methods for achieving the purpose of the proposed rule that were seriously considered by the agency and the reasons why they were rejected in favor of the proposed rule.**

There are no alternative methods for achieving the purpose of the proposed rule. C.R.S. §25-1-503(1)(b) requires the State Board of Health to establish, by rule, minimum quality standards for core public health services.

Several other states across the country have developed quality standards, or minimum quality standards, over the past twenty years. Most of these standards were developed in conjunction with a voluntary or mandatory, statewide, local public health accreditation program. These state level programs exist in states such as North Carolina, Michigan and Illinois.

The Colorado Standards Workgroup considered creating a separate set of Colorado-specific standards. However, with the national movement toward PHAB standards, the several years of investment and broad stakeholder process used to develop the national standards, the fact that many states with existing standards are moving toward the PHAB standards, and the expected time and cost to create new, different standards, the group decided against this option.

The Colorado Standards Workgroup also considered proposing that the entire PHAB standards, measures and documentation be adopted as the Colorado standards. It was determined that the full PHAB standards, while setting a clear view of what public health agencies across the country should be doing, had a level of specificity that does not meet “minimum quality standards” as required in C.R.S. §25-1-503(1)(b).

**7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.**

Documents used in this analysis included: 1) State statutes – Part 5 of Article 1 of Title 25 of the C.R.S.; 2) PHAB Standards and Measures 1.0; 3) Exploring Public Health Experience with Standards and Accreditation - Is it time to stop talking about how every health department is unique? Lee Thielen, October 2004; 4) Can Accreditation Work in Public Health? Lessons From Other Service Industries. Glen P. Mays, Ph.D., M.P.H., November, 2004; 5) Guidebook for Performance Measurement. Patricia Lichiello and Bernard J. Turnock; 6) From Silos to Systems. Using Performance Management to Improve the Public's Health. Prepared by Public Health Foundation; 7) 2010-2011 Standards for Public Health in Washington State Local Public Health Agencies; 8) “Basic Set” Summary Washington Standards, Measures and Guidance November 2010; 9) Commentary Defining Quality Improvement in Public Health William J. Riley et al. J Public Health Management Practice, 2010, 16(1), 5–7.