

POLICY AGENDA 2024

Welcome to the Health District of Northern Larimer County (the Health District), where community well-being takes center stage. Committed to fostering the vitality of the community, our mission is to enhance the health of our community. At the heart of our vision lies a commitment to excellence in health assessment, access, and promotion, striving to create a healthy and thriving community.

Embracing a comprehensive approach, this agenda is a framework built in alignment with the focus areas that have been identified by the Health District's Board of Directors. This agenda is based on the foundational pillars of the Health District. These pillars encompass behavioral health, oral health, increasing access through coverage, and streamlined operational efficiency. The vision for this work extends far beyond the 2024 legislative session, resonating with a future where the Health District remains a catalyst for positive change in the health care system and in the health of our community by championing policies that resonate with the diverse needs of Northern Larimer County.

PRIORITIES

The following are strategies for prioritizing and addressing bills or policy issues. The priorities outlined represent a tiered approach that can help allocate internal resources effectively and focus efforts on the most critical issues, ensuring that the most critical matters receive increased analysis and active involvement, while others may only require monitoring or minimal intervention.

In addition, equity will be a consistent evaluation component in determining if a piece of legislation fits within a priority. Health District

staff will assess proposed bills and policies with a lens focused on promoting fairness and justice in health outcomes.

Priority 1:

Bills or policy issues with substantial implications for community health and services, encompassing the targeted areas of focus: operations, behavioral health, oral health, and access to care through coverage. An active or passive position for these priorities may require testimony, sharing analysis with policymakers or collaborators, and/or advocacy.

Priority 2:

Bills or policy issues that may affect the health of the community outside of the areas of focus within this policy agenda for 2024. Bills or issues that are identified by the Policy Strategy Team or the Board will be monitored for the need to reprioritize.

BEHAVIORAL HEALTH

Behavioral health has a pivotal role in shaping the overall well-being of the community and is a cornerstone of our mission. The Health District is committed to fostering a supportive environment that offers affordable, accessible, and high-quality services to individuals experiencing behavioral health conditions or substance use disorders.

The 2023 Youth Behavioral Health Assessment recommended that services, resources, and initiatives within the behavioral health system should undergo regular evaluation to ensure accessibility for everyone, regardless of income, language, literacy, or geography.¹ Care coordinators are a part of the solution by

helping people navigate the system and the options of benefits and resources that will resolve access barriers. Program staff at the Health District recognize how crucial care coordinators are when working with children and families to find the wraparound services needed and to navigate the continuum of care.

ANALYSIS

The Health District has steadfastly prioritized behavioral health in its programs and policy initiatives over the years. Looking ahead to the 2024 legislative session, one of the priorities will be to further develop a comprehensive and coordinated continuum of behavioral health services and supports which is crucial for providing effective and accessible interventions.

The 2022 Community Health Survey of Larimer County, conducted by the Health District, sheds light on the prevalent behavioral health challenges of residents within the community.² Approximately 37.3% of respondents reported having a diagnosed behavioral health condition, while 40.6% expressed feeling anxious, stressed, or depressed about half the time in the past three months. Poor behavioral health affects specific demographic groups more than others. This is seen particularly young adults (ages 18-24) and those living in households at or below 250% of the federal poverty level.

Access to behavioral health care emerges as a critical component of the policy strategy, with 24.8% of Larimer County residents indicating a need for care but going without due to affordability concerns. Particularly with older adults, as the 2022 American Community Survey showed that about 21% of the population in Larimer County is 62 years old or older and it is forecasted to continue to grow through 2030.³

Direct service staff at the Health District have identified issues with older adults reporting lack of support navigating coverage, lack of providers that accept Medicare plans, and lack of access to care due to other barriers.

The behavioral health system serving youth has a unique infrastructure and distinct systems of care involved in child- and family-based interventions. Recognizing the unique needs of children and youth, many policy efforts will be focused on addressing systemic gaps in behavioral health care for this population.

According to the 2023 Youth Behavioral Health Assessment, conducted by the Health District, Larimer County has experienced a decline in youth behavioral health status. This decline has manifested in a notable uptick in youth receiving diagnoses for behavioral health disorders and self-reporting the need for counseling or treatment. This report also identified critical gaps including specialized training needs, the demand for more a diverse workforce, increasing services available to younger age groups (0-12), increasing awareness and education of behavioral health, and the need for acute services. Other key recommendations include increasing resources supporting a comprehensive school behavioral health system, supporting peer support services, expanding wraparound services, and expansion of successful models for home-based services.

PRIORITIES

- ❖ Support bills that address substance use disorders and mental health along the continuum of care in a manner that is person-centered and utilize a harm reduction framework.

- ❖ Support legislative initiatives that increase access to services, including those that expand the behavioral health workforce.
- ❖ Support legislation that eases access to medications for substance use disorders, overdose prevention tools, and recovery support.
- ❖ Oppose policies that may increase administrative burden.
- ❖ Oppose any bills that cause or reinforce stigma regarding behavioral health or substance use disorder care.
- ❖ Oppose measures that create new behavioral health programs without adequate funding.

EXAMPLES OF ENGAGEMENT

- Legislation recommended by the Opioid and Other Substance Use Disorders Study Committee.
- Joint Budget Committee (JBC), Department of Health Care Policy and Financing (HCPF), and Medicaid Provider Rate Review Advisory Committee (MPRRAC) action regarding Medicaid reimbursement rates for behavioral health services.
- Department of Regulatory Affairs (DORA) oversight of behavioral health professions.
- Clarification and streamlining Medicaid credentialing process.
- Interstate compacts related to behavioral health professions.
- Access to wraparound, peer support, and home-based services.
- Development of the Behavioral Health Administrative Services Organizations (BHASOs).

- Mental health and substance use insurance coverage and benefit parity implementation and enforcement.
- Establishing a Universal Medical record Release Authorization Form that is both HIPAA and 42 CFR 2 compliant.
- Workgroup for centralized digital consent repository.
- Family and friends ability to legally communicate to providers about loved ones within HIPAA.

ORAL HEALTH

Maintaining good oral health is crucial for overall health. Through targeted policies and programs, the Health District strives to enhance access to accessible, affordable, high-quality dental care. The well-established link between oral health and overall health extends to pregnancy, diabetes, heart disease, Alzheimer’s disease and respiratory complications related to periodontal disease. According to the U.S. Centers for Disease Control and Prevention (2018), over 34% of adults in Colorado reported tooth loss due to decay or periodontal disease.⁴

ANALYSIS

The Health District is dedicated to advancing its mission through a robust family dental clinic and by providing access to high-quality, comprehensive oral health care. Oral health care should be integrated rather than a separate component of health, emphasizing provider payment and patient affordability to support access to high-quality oral health care.

The 2022 Community Health Survey revealed that 20.2% of respondents in Larimer County who needed dental care couldn’t afford it. Additionally, 12.9% had someone in their household in need of dental health services but

didn't access low or no-cost services in the last year. In Larimer County, a third of individuals reported not having a dentist, hygienist, or dental practice as their regular source of oral health services.

Approximately 3 in 10 children experience tooth decay by kindergarten and nearly half of Colorado children have cavities by third grade, making cavities the leading chronic disease in children with potential developmental, economic, and social consequences.⁴

PRIORITIES

- ❖ Support legislative initiatives that increase access to dental care services.
- ❖ Support initiatives that improve the affordability and accessibility of dental coverage.
- ❖ Oppose proposed legislation that increases the administrative burden.
- ❖ Oppose bills that negatively affect ability to staff the dental clinic.
- ❖ Oppose legislation that prevents appropriate financing of oral health benefits.

EXAMPLES OF ENGAGEMENT

- Colorado Dental Health Care Program for Low-Income Seniors (Senior Dental Program).
- Public and private insurance coverage of dental benefits.
- Interstate compacts for dental professionals.
- Dental Practice Act Sunset Review.
- Screenings in school spaces and school-based oral health programs.

- JBC, HCPF, and MPRRAC action regarding Medicaid reimbursement rates for dental services.
- Funding for Area Agencies on Aging for health services for older adults.

ACCESS TO CARE THROUGH COVERAGE

The Health District is committed to dismantling barriers that hinder access to affordable health care coverage in order to ensure that every member of our community has equitable access to the resources necessary for a healthy life.

Recognizing the disparities in health care access, programs and the policy agenda place a special emphasis on promoting accessibility to health services through coverage.

ANALYSIS

After more than a three-year pause, HCPF has resumed the standard eligibility renewal process for those enrolled in Medicaid. The Health District's priority is to connect Larimer County residents to affordable health coverage.

The 2022 Community Health Survey revealed insights into access to care through coverage in Larimer County. While only 5.2% reported having no insurance of any kind, more than half (51.0%) expressed concern about health insurance becoming unaffordable. Additionally, 40.3% of respondents worried about affording necessary medical care. Importantly, 5.8% needed assistance understanding health insurance options and signing up.

Prescription drug affordability remains a pressing issue. The 2022 Community Health Survey indicated that 10.9% of respondents

experienced times when they needed prescription medicines but went without due to affordability concerns. Only 87.1% confirmed having insurance that covers at least part of the cost for prescription medications.

PRIORITIES

- ❖ Support initiatives that aim to improve affordability of health coverage.
- ❖ Support policies that make health care coverage more accessible for people regardless of background or circumstance.
- ❖ Support initiatives that improve the affordability and accessibility of dental coverage.
- ❖ Support the increased accessibility and simplification of the Medicaid enrollment application process.
- ❖ Support proposed policies for prescription drug accessibility and affordability.
- ❖ Oppose policies that create increased administrative burden for clients or insurance enrollment sites.

EXAMPLES OF ENGAGEMENT

- Coverage eligibility and enrollment accessibility.
- OmniSalud eligibility and enrollment.
- Coverage of telehealth services, especially for those in rural or underserved areas.
- Third iteration of the Medicaid Accountable Care Collaborative (ACC 3.0) through HCPF.
- Mental health and substance use parity implementation and enforcement.
- PEAK application technical issues.

OPERATIONS AND LOGISTICS

In tandem with community-focused policy priorities, the Health District is dedicated to fortifying the foundations of health services provided in the community through internal operations. Strengthening the efficiency and efficacy of crosscutting functions and operations enables direct service programs to deliver care successfully, maximizing the positive impact on the community.

ANALYSIS

During the special legislative session of 2023, the advocacy efforts of Health District policy staff aimed to protect the integrity of the programs and services provided. Staff worked to ensure that property tax relief included provisions to prioritize the ‘backfill’ of health service districts and adjusting statutory budgetary deadlines for special districts. Property tax policy is expected to continue to be a central debate by the General Assembly.

There are significant challenges across the state in preparing and developing a health care workforce to meet the growing demand for behavioral health, dental, and other health services. Recognizing the unique factors and solutions required to address workforce needs, there are various approaches to bolster capacity and quality.

PRIORITIES

- ❖ Support potential legislation that increases workforce support and development.
- ❖ Support legislation exempting new property tax revenue originating from expiring Tax Increment Financing (TIF)

districts from counting toward any state mandated revenue caps.

- ❖ Support unified standards for web and online accessibility requirements and reasonable timelines to comply after standards and rules are made known.
- ❖ Support clear definitions for public meetings requiring online accessibility.
- ❖ Oppose changes that increase (and support changes that lessen) the undue burdens and limits on special districts associated with public records, public meetings, establishment of ethics standards, and other matters of district authority.
- ❖ Oppose statewide limits on property tax revenue growth, especially those that create a cap on revenue growth, or that require the reduction of property values or assessment rates. If there are sweeping changes to property tax, encourage the legislature to retain the ability of governing bodies to exceed any revenue increase cap, like what was included in SB23-303 and allow local governments to reduce property taxes based on their local conditions in their community.
- ❖ Oppose property tax measures that do not adequately account for budgetary timelines for local governments.
- ❖ Oppose changes that increase the burdens and limits for health care providers related to billing and credentialing.
- ❖ Monitor any proposed changes to human resources policy that alters the Health District's ability and authority to make decisions on employment issues.

EXAMPLES OF ENGAGEMENT

- Commission on Property Taxes.
- Interstate compacts for behavioral health and dental professions.
- Third iteration of the Medicaid Accountable Care Collaborative (ACC 3.0) through HCPF.
- Clarification and streamlining Medicaid credentialing process.
- JBC, HCPF, and MPRRAC action regarding Medicaid reimbursement rates for Health District provided services.

REFERENCES

- ¹ Health District of Northern Larimer County (2023). *Youth Behavioral Health Assessment*. <https://www.healthdistrict.org/youth-behavioral-health-assessment>
- ² Health District of Northern Larimer County (2022). *Community Health Assessment*. <https://www.healthdistrict.org/community-health-assessment>
- ³United States Census Bureau (2022). ACS (American Community Survey) Demographic and Housing

- Estimates. <https://data.census.gov/table/ACSDP1Y2022.DP05?q=DP05&g=050XX00US08069>
- ⁴ Colorado Department of Public Health & Environment (June 2023). *A Framework to Advance Oral Health Equity in Colorado, 2023-2028*. <https://coloradooralhealth.org/wp-content/uploads/2023/06/A-Framework-to-Advance-Oral-Health-Equity-in-Colorado-2023.pdf>