



COLORADO

Department of Public
Health & Environment

To: Members of the State Board of Health

From: Stephen Holloway, MPH
Branch Director, Health Access and
Director, Primary Care Office

Through: Carrie Cortiglio, MPH
Prevention Services Division Director

Date: December 18, 2024

Subject: Request for a rulemaking hearing concerning 6 CCR 1015-6 STATE-DESIGNATED
HEALTH PROFESSIONAL SHORTAGE AREA DESIGNATION

The Primary Care Office (PCO) in the Prevention Services Division of the Department of Public Health and Environment requests a rulemaking hearing to amend Rule 6 CCR 1015-6 to update the definition of "Oral Health Provider" to align with statute regarding the definition of dental hygienist. Specifically, the amendment replaces the reference to "registered dental hygienist" with "licensed dental hygienist."

**STATEMENT OF BASIS AND PURPOSE
AND SPECIFIC STATUTORY AUTHORITY
for Amendments to
6 CCR 1015-6**

STATE-DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREA DESIGNATION

Basis and Purpose

Background

The Primary Care Office (PCO) administers the Colorado Health Service Corps (CHSC) pursuant to section 25-1.5-501 *et seq.*, C.R.S.

State-Designated Health Professional Shortage Areas identify regions of Colorado with the greatest need for healthcare professionals, informing the PCO regarding the allocation of CHSC contracts with clinicians to areas where workforce shortages are most critical.

On October 25, 2024, the PCO received notice from the Office of Legislative Legal Services (OLLS) of the Colorado General Assembly that the Colorado Department of Regulatory Agencies revised its reference to the profession of Dental Hygiene, replacing the term "Registered" Dental Hygienist with "Licensed" Dental Hygienist.

6 CCR 1015-6 uses the term "Registered Dental Hygienist," when defining which health professionals are to be considered in creating State-Designated Health Professional Shortage Areas. Because this reference in rule is inconsistent with the definition in statute, the OLLS informed us that the rule will be proposed for invalidation by the Committee on Legal Services.

Failure to promptly address this inconsistency between rule and statute will cause administrative challenges that will hinder the PCO's ability to effectively administer the CHSC and implement strategies to improve access to oral health care in Colorado. Accordingly, the PCO requests a hearing to amend the rule to align it with statute as identified by the OLLS.

Specific Statutory Authority

These amendments are proposed pursuant to Sections 25-1.5-404 and 25-1.5-501 *et seq*, C.R.S.

Is this rulemaking due to a change in state statute?

_____ Yes, the bill number is _____. Rules are ____ authorized ____ required.

☒ No

Does this rulemaking include proposed rule language that incorporate materials by reference?

_____ Yes _____ URL

☐ No

Does this rulemaking include proposed rule language to create or modify fines or fees?

_____ Yes

☐ No

Does the proposed rule language create (or increase) a state mandate on local government?

☐ No

- The proposed rule does not require a local government to perform or increase a specific activity for which the local government will not be reimbursed;
- The proposed rule requires a local government to perform or increase a specific activity because the local government has opted to perform an activity, or;
- The proposed rule reduces or eliminates a state mandate on local government.

REGULATORY ANALYSIS
for Amendments to
6 CCR 1015-6
State-Designated Health Professional Shortage Area Designation

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

While all are stakeholders, groups of persons/entities connect to the rule and the problem being solved by the rule in different ways. To better understand those different relationships, please use this relationship categorization key:

- C = individuals/entities that implement or apply the rule.
- S = individuals/entities that do not implement or apply the rule but are interested in others applying the rule.
- B = the individuals that are ultimately served, including the customers of our customers. These individuals may benefit, be harmed by or be at-risk because of the standard communicated in the rule or the manner in which the rule is implemented.

More than one category may be appropriate for some stakeholders.

This rule is not anticipated to negatively impact any individual or group, and no private individual or entity will incur direct costs associated with its implementation or maintenance. The expenses related to implementing the rule will be covered by existing state appropriations, including funds from the General Fund, revenue generated by retail marijuana taxes, and the Master Tobacco Settlement Agreement.

Other classes of or persons affected by this proposed rule amendment include:

Primary Care Office: Implementation of this rule.
Relationship: C
Size: Four staff are assigned to various aspects of designation analysis.

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.

There are no anticipated impacts of the proposed rule changes on affected classes of persons.

Economic outcomes

Summarize the financial costs and benefits, include a description of costs that must be incurred, costs that may be incurred, any Department measures taken to reduce or eliminate these costs, any financial benefits.

The proposed changes to the rule are not expected to change the costs of participation or administration of the program. There are no expected changes to state revenue resulting from changes to this rule.

The proposed rule changes are not intended to modify the primary purpose of the rule or the implementation of the program at the department. There are no expected new costs imposed on participants resulting from the proposed changes. The proposed changes are made for the purpose of improving the clarity of the rule.

Non-economic outcomes

Summarize the anticipated favorable and non-favorable non-economic outcomes (short-term and long-term), and, if known, the likelihood of the outcomes for each affected class of persons by the relationship category.

The proposed rule changes are not intended to modify the primary purpose of the rule or the implementation of the program at the department.

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.

A. Anticipated CDPHE personal services, operating costs or other expenditures:

The proposed rule change is a net neutral, language only change. There are no costs for the purpose of achieving the purpose of this rule change.

Anticipated CDPHE Revenues: N/A

The proposed change for the rule will not generate any CDPHE revenue.

B. Anticipated personal services, operating costs or other expenditures by another state agency: N/A

Anticipated Revenues for another state agency: N/A

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

Along with the costs and benefits discussed above, the proposed rules:

- ☐ Comply with a statutory mandate to promulgate rules.
- ☐ Comply with federal or state statutory mandates, federal or state regulations, and department funding obligations.
- ☐ Maintain alignment with other states or national standards.
- ☐ Implement a Regulatory Efficiency Review (rule review) result
- ☐ Improve public and environmental health practice.
- ☐ Implement stakeholder feedback.

Advance the following CDPHE Strategic Plan priorities (select all that apply):

- ___ Goal 1, Implement public health and environmental priorities
- ___ Goal 2, Increase Efficiency, Effectiveness and Elegance
- ___ Goal 3, Improve Employee Engagement
- ✓ ___ Goal 4, Promote health equity and environmental justice
- ___ Goal 5, Prepare and respond to emerging issues, and
- ___ Comply with statutory mandates and funding obligations

Strategies to support these goals:

- ___ Substance Abuse (Goal 1)
- ___ Mental Health (Goal 1, 2, 3 and 4)
- ___ Obesity (Goal 1)
- ___ Immunization (Goal 1)
- ___ Air Quality (Goal 1)
- ___ Water Quality (Goal 1)
- ☐ ___ Data collection and dissemination (Goal 1, 2, 3, 4, 5)
- ___ Implement quality improvement/a quality improvement project (Goal 1, 2, 3, 5)
- ___ Employee Engagement (Goal 1, 2, 3)
- ☐ ___ Decisions incorporate health equity and environmental justice (Goal 1, 3, 4)
- ___ Detect, prepare and respond to emerging issues (Goal 1, 2, 3, 4, 5)
- ___ Advance CDPHE Division-level strategic priorities.

The costs and benefits of the proposed rule would not be incurred if inaction was chosen. Costs and benefits of inaction not previously discussed include:

None

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

Rulemaking is proposed as the least costly and only statutorily allowable means to fulfill the purpose of assessing dentist health professional shortage analysis, without undue intrusiveness to affected individuals or groups. The specific revisions proposed in this rulemaking were developed in conjunction with stakeholders. These proposed rules ensure compliance with statutory requirements.

6. Alternative Rules or Alternatives to Rulemaking Considered and Why Rejected.

There were no alternative viewpoints or dissenting opinions expressed by stakeholders during the engagement period regarding the promulgation of these rule amendments.

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.

Because the proposed changes are only to align the rule with statute, no data was used in the analysis of the proposed changes to the rule.

STAKEHOLDER ENGAGEMENT
for Amendments to
6 CCR 1015-6
State-Designated Health Professional Shortage Area Designation

State law requires agencies to establish a representative group of participants when considering to adopt or modify new and existing rules. This is commonly referred to as a stakeholder group.

Early Stakeholder Engagement:

The following individuals and/or entities were invited to provide input and included in the development of these proposed rules:

Organization	Representative Name and Title (if known)
State Dental Director, CDPHE, Oral Health Unit	Maryam Mahmood, DMD, MPH
Oral Health Unit Manager, CDPHE, Oral Health Unit	Ashleigh Kirk, MSW
Child and School Oral Health Coordinator, CDPHE, Oral Health Unit	Robyn Maestas, RDH, BAS

Ad hoc stakeholder meetings were held with interested parties.

Stakeholder Group Notification

The stakeholder group was provided notice of the rulemaking hearing and provided a copy of the proposed rules or the internet location where the rules may be viewed. Notice was provided prior to the date the notice of rulemaking was published in the Colorado Register (typically, the 10th of the month following the Request for Rulemaking).

- ☒ Not applicable. This is a Request for Rulemaking Packet. Notification will occur if the Board of Health sets this matter for rulemaking.
- ☐ Yes.

Summarize major factual and policy issues encountered and the stakeholder feedback received. If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.

No major factual and policy issues were encountered through the process of stakeholder feedback.

Please identify the determinants of health or other health equity and environmental justice considerations, values or outcomes related to this rulemaking.

There are no health equity or environmental justice impacts of the proposed rule change. The effect of the program is, however, intended to improve health equity for those who have poor access to dental care.

Overall, after considering the benefits, risks and costs, the proposed rule:

Select all that apply.

- ☐ Improves behavioral health and mental health; or, reduces substance abuse or suicide risk.
- ☒ Reduces or eliminates health care costs, improves access to health care or the system of care; stabilizes individual participation; or, improves the quality of care for unserved or underserved populations.
- ☐ Improves housing, land use, neighborhoods, local infrastructure, community services, built environment, safe physical spaces or transportation.
- ☐ Reduces occupational hazards; improves an individual's ability to secure or maintain employment; or, increases stability in an employer's workforce.
- ☐ Improves access to food and healthy food options.
- ☐ Reduces exposure to toxins, pollutants, contaminants or hazardous substances; or ensures the safe application of radioactive material or chemicals.
- ☐ Improves access to public and environmental health information; improves the readability of the rule; or, increases the shared understanding of roles and responsibilities, or what occurs under a rule.
- ☐ Supports community partnerships; community planning efforts; community needs for data to inform decisions; community needs to evaluate the effectiveness of its efforts and outcomes.
- ☐ Increases a child's ability to participate in early education and educational opportunities through prevention efforts that increase protective factors and decrease risk factors, or stabilizes individual participation in the opportunity.
- ☐ Considers the value of different lived experiences and the increased opportunity to be effective when services are culturally responsive.
- ☐ Monitors, diagnoses and investigates health problems, and health or environmental hazards in the community.
- ☐ Ensures a competent public and environmental health workforce or health care workforce.

1 **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

2
3 **Prevention Services Division**

4
5 **STATE-DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREA DESIGNATION**

6
7 **6 CCR 1015-6**

8
9
10
11 Adopted by the Board of Health on _____; effective _____.
12

13 *****

14 **1.3 Definitions**

15 *****

16
17
18 10) "Oral Health Provider," means the following health care professionals as defined in
19 Section 25-1.5-502(5), C.R.S., who provide primary oral health care services within their scope of
20 practice:

21
22 a) a Doctor of Dental Surgery (DDS) or Doctor of Medicine in Dentistry (DMD) who is
23 practicing in general dentistry and/or pediatric dentistry; or

24
25 b) a ~~registered licensed~~ dental hygienist (~~R~~DH).
26

27 *****