

## **CCDC BUDGET CUT ANALYSIS:**

### ***Cuts that affect persons with disabilities and analysis of impact:***

*Please see our website for accompanying documents outlining the budget process, fact sheets on the AND cuts and the personal care reductions.*

This document reflects the comments and questions of the Colorado Cross-Disability Coalition. CCDC encourages people to read the budget balancing documents on the Governor's web site and to review the programs discussed on the various state agency websites. CCDC encourages people to call your legislators and share your opinion and to call the governor. We do urge everyone to think of our entire community, not just about your own services. If you are one of group whose services are spared this time remember this poem written during the Holocaust:

*They came for the Communists, and I didn't object - For I wasn't a Communist;  
They came for the Socialists, and I didn't object - For I wasn't a Socialist;  
They came for the labor leaders, and I didn't object - For I wasn't a labor leader;  
They came for the Jews, and I didn't object - For I wasn't a Jew;  
Then they came for me - And there was no one left to object.*

- Martin Niemoller, German Protestant Pastor, 1892-1984

### **ACTION STEPS AT THE END OF THIS DOCUMENT**

The Colorado Cross-Disability Coalition realizes that there was no way to achieve the cuts needed without doing major damage. We understand that there were tough choices but given some of the choices made, compassion for our most vulnerable was a NOT a consideration. Programs for healthier and wealthier people were spared while programs that serve the poorest and most vulnerable in our state were cut or eliminated. The most egregious cut is the elimination of the Aid to Needy Disabled cash grant, and the outrageous claims that there is no evidence that this program “works” and comments that individuals are not using their monthly living allotment of \$200 properly. Claims that state and county workers are going to help people get on SSI quickly and divert clients to other resources are empty and show a lack of understanding of both the clientele and the systems.

While we would certainly choose other areas to cut, we do not believe that cutting those areas would be responsible or appropriate. What really needs to happen is that we need to address the lack of revenue or income for our state. Our Governor needs to be a leader and call the general assembly into session now to address this crisis. There are many choices to increase revenue such as eliminating tax breaks, securitizing the tobacco settlement money (this means taking all of the money from the lawsuit the state has against tobacco companies in a lump sum rather than getting some every year based on their profits), selling state buildings and selling the state owned workers compensation insurance giant Pinnacol—whose reserves are twice the amount of our recent cuts.

As horrible as these cuts are, the cuts for the next budget cycle will be worse if we do not address revenue. We cannot wait until January to start this process.

Below is our analysis of the cuts that we believe will most directly hurt people with disabilities.

Approximately \$472 million of the cuts are from human services and HCPF –this is 77% of the total cuts: Below please see our analysis of the reductions and what the state says they have preserved and our comments about what they say is preserved and our beliefs about the reality:

## **SUMMARY OF CUTS THAT AFFECT PEOPLE WITH DISABILITIES:**

- 1) Elimination of Aid to Needy Disabled Cash Benefit Program
- 2) Cap on combination of personal care/homemaker benefits in the HCBS program.
- 3) Medicaid provider rate cuts of 1.5% for all providers (this will hurt in areas we addressed previously particularly for low wage workers like personal care providers and DME providers who took a 9% cut from Medicare and 2% cut from Medicaid a few months ago)
- 4) Expansion of the preferred drug list (more prior authorization and limits on drugs)
- 5) Sending 32 people with DD to nursing homes from the Grand Junction regional center.
- 6) Cutting rates for community mental health (Medicaid) and eliminating some of the smaller youth corrections mental health programs and closing units at Fort Logan.
- 7) DD Provider rate cuts of 2.5% (this is on top of the SLS reductions that were recently made as a waiver redesign)
- 8) Cuts to CICP (these may be made up by other sources in the near future)

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## **Reductions:**

The reductions in GREEN are targeted at people with mental illness or will have a disproportionate affect on people with mental illness. CCDC comments are **bolded**, CCDC questions are underlined. These are not all of the cuts, but those we feel will most severely affect the disabled.

**Parole Wrap Around Services - \$1.8 million General Fund reduction associated with the elimination of this pilot program. This reduction will prevent 200 parolees with high mental health and substance abuse needs from receiving comprehensive services through this pilot delivery model.**

**Yet one more place where people with mental illness are losing services.**

- **Transportation in Home and Community-Based (HCBS) Waivers** - \$250,000 General Fund (\$500,000 total funds) reduction associated with the implementation of a cap on non-medical transportation services at 2 trips per week from the current average of 3.3 trips per week.

The department said that they will not cut trips to adult day care but apparently will cut other trips. Trips to adult day care are the most prevalent trips so the savings they anticipate is unlikely to materialize. Moreover, they should distinguish between urban and rural—in the urban areas people have options, if they are in RTD area they have Access a Ride or Special Transit. Rural people have no options.

- **Personal Care and Homemaker Rates** - \$550,000 General Fund (\$1.1 million total funds) reduction associated with limiting personal care expenditures to \$72.05, which is 150% of the rate for these services for a client living in an alternative care facility.

See our fact sheet on this for details but this is one of the worst cuts—it is inappropriate to compare HCBS clients to alternative care facility clients as many of the HCBS clients would not be able to get into ACF as ACF often will not take people who have extensive needs for support, are incontinent, have unstable medical conditions or have difficult behaviors. The general fund saved will be eliminated with just one pressure sore? The department cannot possibly say that they want to improve the health of clients and make this kind of cut. The reduction of hours will mean that clients will have to choose between a clean house and clean body, will have no ability to be in the community if they need support and will not be able to do projects such as bed bug management causing public health issues. Has the department done a cost benefit analysis considering the increased emergency room, fire department and mental health these clients will require? Has the department considered the increased homelessness from evictions due to filthy apartments and failure to comply with pest control?

- **Pharmacy Reimbursement Rates** - \$1.7 million General Fund (\$3.5 million total funds) reduction associated with a reduction to pharmacy rates to average wholesale price (AWP) minus 14.5% for brand-name medications and AWP minus 45% for generic medications from the current rates of AWP minus 14% and 40%.

- **Expand the Preferred Drug List** - \$650,000 General Fund (\$1.3 million total funds) reduction associated with adding an additional drug class to the Preferred Drug List.

When the PDL went into effect we were told this was about best practice medical care and using the most effective drugs—not about pure cost saving. We already know of a few cases where a denial or change of a drug caused dramatic upsets—for example

in one case a pharmacy changing an allergy medication of teenager with multiple disabilities caused everything to destabilize and resulted in about a month of hospitalization and months of need for intensive services. HCPF said that they will rely on the pharmacy and therapeutics committee for classes and specific recommendations but they have not always taken the advice of their experts in the past. If the department plans to begin to eliminate psychiatric medications this is one more area where we are cutting services to people with mental illness.

- **Out-stationing Payments** - \$600,000 General Fund reduction associated with eliminating state support for Medicaid recruitment and enrollment activities for providers who are public entities.

**All outreach and activities to increase the clientele should be eliminated while we are making these draconian cuts.**

- **Mental Health Capitation Rates** - \$2.0 million General Fund (\$4.5 million total funds) reduction associated with a 2.5% rate decrease paid to Behavioral Health Organizations to provide Medicaid mental health services. Rates will be set at the bottom of the actuarial acceptable range.

**What will the expectations be for the BHO in terms of service delivery? Will the same level of care and benefits be required? If not what reductions will be made and will this be in terms of covered diagnoses, covered services or amount duration and scope? How can we assure that the clients have some say in any reductions and that any reductions are public and transparent?**

We cannot leave it up the BHOs to do this on an individual basis; otherwise there is a risk of random denial of services to difficult clients based on “budget cuts.” Will clients who face current reductions be given notice and appeal rights? Clients whose personal care is cut will likely require significantly more mental health services particularly day programming and partial hospitalization and some will need to transition into residential. How are we accounting for this? Will there be changes in the waiver or RFP obligations?

- **Behavioral Health Organization (BHO) Reconciliation Payments** - \$2.0 million General Fund (\$4.0 million total funds) reduction associated with implementing a new methodology to more accurately track and recover payments made to BHOs for ineligible Medicaid clients.

**Are these payments that are made retroactively? How would a BHO know if the client was ineligible? What if the BHO provided services? Would they be allowed to come after the client?**

- **Department Administrative Adjustments** - \$2.2 million General Fund (\$2.8 million total funds) reduction from the following adjustments:

- **Legal Services** - \$50,000 General Fund (\$150,000 total funds) reduction associated with reduced fees to outside legal counsel achieved through the use of an internal Legal Director.
- **Operating Expenses Efficiencies** - \$20,000 General Fund (\$40,000 total funds) reduction associated with efficiencies in areas such as improved telephone utilization controls, limiting travel, and reducing conference and training expenses.

**Conferences and training should be completely eliminated due to the severity of the budget crisis. If staff work at home as a convenience no payment should be made for extra phone or internet access and staff should provide their own computers if they do not already do so. If the state is paying for cellular phones for staff that should be limited to staff whose jobs are more than 50% outside of the office. Travel should be reduced to what they pay Medicaid clients and all shift differentials should be eliminated.**

- **Medicaid Management Information System (MMIS) Contract** - \$130,000 General Fund (\$510,000 total funds) reduction associated with reducing call center hours, elimination of regional provider trainings, a reduction in system development hours, and utilizing an all electronic communications policy.

**While this is generally OK, there are some small providers that serve niches in the system that do not have electronic access. There needs to be a work around for these providers but elimination of the wasteful mailings is a great idea. The provider training they have done is not terribly effective but there must be a way for providers to get accurate information in a timely manner.**

- **Reduce Funding for Colorado Indigent Care Programs (CICP)** - \$22.2 million General Fund (\$50.2 million total funds) reduction from the following adjustments:
  - **Private Hospital Reimbursement in the CICP** - \$7.8 million General Fund (\$15.6 million total funds) reduction associated with the elimination of the reimbursement to private hospitals through the CICP for the costs of uncompensated care. Request legislation to provide this funding through the hospital provider fee established in HB 09-1293.

**We were told at a meeting on Friday that the 1293 funds will in a way make up for this and that HCPF does not anticipate any private providers dropping out of the program. They cannot know for sure or make a promise but they did not anticipate this being an action that would not affect client access.**

- **Health Care Services Fund** - \$11.9 million (\$30.0 million total funds) reduction associated with the elimination of this Fund one year early, which is used to partially offset provider's costs of expanding income eligibility in CICP.

**Is HCPF going to reduce the CICIP income eligibility? If not, then this is going to further stress the already stressed CICIP system, causing more denials of care to people who have the most difficult service needs –people with disabilities.**

- **Reduction to the Commission on Family Medicine - \$100,000 General Fund (\$200,000 total funds) reduction associated with a 10% reduction to state reimbursement for the Commission's expenses associated with the training of family physicians.**

**The few disabled people that can find primary care physicians generally are using the family medicine residency programs. We are not sure if this reduction will reduce the already scant availability of residents.**

- **Eliminate the Enhanced Mental Health Pilot Services for Detained Youth Program –\$600,000 General Fund reduction associated with the elimination of the Enhanced Mental Health Pilot Services for Detained Youth Program, which provides mental health services to juvenile offenders in the Division of Youth Corrections and the community. An evaluation of this program in 2008 indicated that there is no significant difference in recidivism for youth who receive services from this program.**

**If this is accurate this is an appropriate cut but we have to wonder why this was funded in the most recent budget cycle if the evidence showed that it was not working at all.**

- **Close 59 Beds at the Colorado Mental Health Institute at Ft. Logan - \$1.0 million General Fund (\$3.1 million Total Funds) reduction associated with the closure of 59 beds. This includes closure of the Children's, Adolescents and Geriatric units on the Fort Logan campus. This will result in a reduction of 48 FTE in FY (fiscal year) 2009-10. Funding is included to ensure appropriate placement in the community.**

**CCDC always supports community placements in lieu of institutional care, however we are hearing different reports of what hospitalization is available for children with multiple disabilities who need a psychiatric hospitalization. We have had calls from members who were sitting in emergency rooms with seriously ill children with developmental disabilities and mental illness in psychiatric crisis. Mental illness is no less real than any other illness and if someone needs to be in a hospital short term to resolve a problem this cannot be denied under federal Medicaid regulations. If it is true that there is capacity in private hospitals, that is terrific but we need answers as to why that information has been kept so quiet and why even the most sophisticated doctors, facilities, advocates and parents have been unable to find this information. If Fort Logan's children's unit has truly been at half capacity why have these children been denied medically necessary hospital care? This is a case where the experience of people differs**

dramatically from the state's data. We are also concerned about the idea of sending teens that need a hospital level of care to RTCs (residential treatment centers), which are not hospitals, but longer term facilities. Teens at Fort Logan have often been sent there from RTC's. We do think that it is more appropriate for mental health hospitalization to occur at a full service hospital than at a stand alone facility. Unfortunately the majority of psychiatric units at regular hospitals have closed in the past two years so there is a serious capacity issue.

- **Developmental Disability (DD) Provider Rates** – \$2.9 million General Fund (\$5.9 million total funds) reduction associated with a 2.5% provider rate decrease for the Medicaid Developmental Disabilities Waiver programs which include: Adult Comprehensive Services, Adult Supported Living Services, Children's Extensive Support, and Case Management Services.

**This is on top of dramatic reductions in the Supported Living Services program that is already creating issues of provider shortages. While in some areas the DD rates are significantly higher than other rates, in other areas they have already taken dramatic cuts and are currently undergoing major program changes. Why are DD providers getting a 2.5 rate cut instead of a 1.5% rate cut that supposedly applies to all providers? Is there a reason that the Community Centered Boards (CCBs) are not taking any cuts for case management and administrative services, or does the 2.5% cut include the CCB's.**

It is important to note that there is \$38 million that *might* be available to serve this population. Until 2006 mil levy funds were used to achieve federal match. CMS (the federal government) told the state that they could continue to draw a federal match on these funds, but they would have to do it differently—they would have to make sure that the funds were more public, and set up a different administrative structure. CCDC and other organizations have been asking the state what specifically would they have to do and why this option was rejected out of hand without public debate.

- **Closure of 32 Bed Nursing Facility at Grand Junction Regional Center** – Reduction of \$1.3 million General Fund (\$2.8 million total funds) and 57 FTE (full time employees) associated with transitioning 32 medically fragile individuals from the State operated Grand Junction Regional Center to community nursing facilities. One hundred twenty-five beds remain in Grand Junction.

**Closing the beds at the regional center would be OK if the placements were going to be in the community. Our Mesa County**

Leader does not think local nursing facilities can handle this clientele. We are concerned about appropriate discharge particularly in light of federal requirements that require certain assurances of specialized treatment and programming for people with disabilities who are admitted to nursing facilities. Facilities will need to be staffed to serve the clients in the most integrated setting appropriate to the needs of the individual. This might mean 1:1 staffing to take people into the community. Since facilities are reimbursed on a case mix individualized basis, and since these clients are extremely needy and have multiple disabling conditions, do we know that this is going to be cost effective? Has a full assessment been done on each client to know what the ACTUAL cost of skilled nursing home placement (versus average nursing facility cost) will be? The average cost per client in the regional center is \$87,500 (divide 32 by \$2.8 million. Why do we think that once we do appropriate or even semi appropriate rates for facilities that it will be less? Some of the clients in this facility are not from Mesa County and could not be placed in their community which is why they were sent to the Regional Center. What has changed to let us think that they can be placed today with the deterioration of the DD system capacity?

- **Old Age Pension Program** – \$6.1 million cash funds reduction associated with decreased caseload projections and a revision to the cost of living adjustment. Reduction of these cash funds will allow additional state revenues to flow into the General Fund thus reducing shortfalls in the General Fund.

Again, this is impacting one of the most vulnerable populations in the state.

- **IMPACT Contract** – \$275,000 General Fund reduction associated with a contract reduction for the Boulder County Integrated Managed Partnership for Adolescent Community Treatment Project (IMPACT), which provides services to delinquent youth who are in or at risk of out-of-home placement.

The state has been touting this as one of the great evidence based practices. Clearly this is not accurate as they are now saying that they are cutting programs that do not have evidence backing up effectiveness. We are not convinced that this program does have results but this cut shows inconsistencies in what the administration is saying.

- **Increase State Placements at State Commitment Facilities** – \$3.8 million General Fund reduction (\$3.9 million total funds) associated with a reduced number of placements in contract beds for the Division of Youth Corrections. To achieve this, the Department will increase placement in state commitment facilities. We have no idea what this means—if there were available state facilities and if these state facilities are less costly than contract

**facilities why where we not doing this already? While not all children in youth corrections are disabled, many are and this is concerning particularly given cuts elsewhere and the longstanding lack of appropriate treatment for children with mental illness.**

- **Aid to Needy and Disabled, State Only Program – \$4.5 million General Fund (\$7.1 million Total Funds) reduction resulting from the suspension of the AND-SO program effective January 1, 2010. This program provides interim financial assistance to persons awaiting an eligibility decision for federally funded Supplemental Security Income (SSI) benefits**

**This is the cruelest cut and will hurt the most vulnerable in our community. The governor seems to think that they are misusing their meager \$200 a month---spending it on drugs and alcohol (you can't even buy that much for \$200) and that there is no evidence to show this program works. As John Parvensky of the Colorado Coalition for the Homeless said in a meeting “What more evidence do you need to show that giving money to people who have none to survive is effective?” The state says that they are doing to have AND eligibility workers do “case management” and help these folks complete their SSI applications. This shows a complete lack of understanding of what it takes to help someone do a SSI application. The state also claims that they are going to help direct people to local resources. However the local resources are completely tapped out and there are no advocates to assist these clients with accessing local resources, or getting waivers from housing authorities to exempt them from minimum payments, etc. If these clients could negotiate systems they would not be on AND, at least not long term. Many of the clients are on AND for years.**

- **Tony Gramscas Youth Services Grant Program - \$1,000,000 General Fund reduction which represents all state funding for this Program. The program will still continue to receive approximately \$4 million from the Tobacco Master Settlement Agreement for service grants.**

**This is another program that serves at least some youth with mental illness**

- **Dental Care Act Funding. \$520,000 General Fund reduction associated with the elimination of this program which offers financial reimbursement to dental providers who serve eligible seniors that qualify under the Old Age Pension Program. This will cause seniors to have dramatically increased health care costs and nutritional needs. Many of these are people with disabilities.**

## **CCDC HAS CONCERNS ABOUT SOME OF THE STATEMENTS MADE ABOUT WHAT WAS PRESERVED**

- **Developmental Disabilities** – Community based DD services were mostly protected. There will be no reduction in the number of people served at the community level. Cuts at the regional centers were also minimized.

**CCDC believes that the SLS cuts alone are devastating and will cause people to lose skills and need higher levels of care, these are not figured in here.** We support people being transitioned out of the regional center but not to nursing facilities. Our Mesa County Advocates tell us there are not facilities in that area capable of appropriate care for this population

- **Mental Health** - Community based mental health services were largely protected. There will be no reduction in the number of medically indigent individuals served. Cuts at the mental health institutes were also minimized.

**It is disingenuous to state that mental health was preserved; most of the people using the Aid to Needy Disabled program are people with mental health needs. Moreover, the draconian limits on the personal care/homemaking services in the Medicaid HCBS waivers will have a disproportionate effect on people whose need for personal assistance is based on mental or cognitive disabilities as these services are inappropriately considered unskilled. While we support community treatment, our experience of availability of psychiatric hospital beds for children under 14 with multiple disabilities is not what has been presented by the state. These children often stay in emergency rooms for days due to lack of placements. We are aware of children who have become involved in the criminal justice system because there was no inpatient placement and they were released despite professionals knowing that they were not stable or safe.**

- **Alcohol and Drug Treatment** – Services that result in cost savings to the health care and corrections system were mostly protected.
- **Child Welfare** – Reductions to child welfare were minimized in order to ensure child protection services are not significantly impacted.

**As far as we know, there has been no cost/benefit analysis done about the impact on the Adult Protective Services system.** The cuts will drive huge caseload increases.

- **County Eligibility Determination Services** – Funding to ensure counties can quickly process request for food stamps, TANF and Medicaid during this time of significant increases in caseloads was protected. **There are already severe shortages in this area.**

- **Senior Services** - These services include congregate nutrition, meals-on-wheels, transportation, in-home care, ombudsman representatives, legal support and elder abuse prevention.

**This is great for seniors and will create more of a disparity between seniors and people with disabilities whose needs and functional capacity are identical. With no increase in OAP but continued increase in costs for every day services seniors will fall further into poverty creating a greater need for these services.**

- **CHP+ Program** – This critical optional program provides services to 67,000 children whose families have low incomes and was protected from freezes in enrollment.
- **Medicaid Pharmacy Benefit** – Pharmacy reimbursement was reduced, but not the benefit coverage. Although it is an optional benefit, its elimination would have a significant impact on the ability of individuals to recover and remain healthy. Elimination would certainly result in huge costs across many different components of Medicaid.

**While this is great we are concerned with the statement of adding to the PDL as cost savings as this program was originally touted as a quality control. The statement has been that the department will rely on the pharmacy and therapeutics committee for the specifics. However the department has not always acted on the advice of this committee, what assurance is there that this committee's recommendations will be honored.**

- **Health Care Provider Rates** – While the plan does include rate reductions, they were minimized. The Medicaid provider network is being stretched thin with double digit caseload growth and a 2% rate cut already implemented on July 1, 2009.

**It appears that the nursing facilities did not get the original 2% rate cut due to the perception of the provider fee contribution.** They also got a raise, so the new 1.5% cut for the nursing facilities is really a reduction of their raise. For some of the direct care workers the cuts are getting close to violating minimum wage. If the state workers get shift differentials and paid time off, the contract workers and direct care workers should also get these considerations. Has the state considered reducing the generous benefit package for state employees? If they took away dental and life insurance from state employees what would that save?

- **Breast and Cervical Cancer Program** - This program provides critical services that keep some clients from reaching Medicaid with worse conditions.
- **Emergency Preparedness and Response** - This program was protected to ensure Colorado can quickly and effectively respond to a public health emergency and is the lead office in the state's H1N1 Flu response efforts.
- **Local Public Health Support** - This funding represents state support for core local public health services and is critical to the overall funding structure for local public health agencies.
- **Disease Control and Environmental Epidemiology** - Reducing these funds would have resulted in a significant reduction of Colorado's TB Program core activities at the state and local level.
- **Poison Control Program** – The program provides free information about poisoning treatment and care to the general public and medical providers throughout Colorado.

## WHAT TO DO—ACTION STEPS

If your local CCDC affiliate group wants to have a local forum with your local legislators and representatives from the Governor's office we can help set that up. In the meantime EVERYONE WHO CARES ABOUT PEOPLE WITH DISABILITIES AND ANYONE ELSE WHO IS POOR AND VULNERABLE NEEDS TO BE CALLING THE GOVERNOR, LEGISLATIVE LEADERSHIP AND YOUR LEGISLATORS TO DEMAND A SPECIAL SESSION. Our state constitution allows our governor or 2/3 of the legislature to call for a special session:

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You can also send letters to the editor about how these cuts will hurt you or someone you care about—if you want help writing a letter let us know.

Respectfully submitted

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