

**02/05/2026 HEALTH SERVICE DISTRICT PLAN**

**A Proposal to  
The Board of County Commissioners of Park County, Colorado**

**For the Organization of  
A Health Service District to Serve the Northeast Region of Park County,  
Colorado**

**To Be Known As:**

**PLATTE CANYON HEALTH SERVICE DISTRICT**

**Submitted by:**

**Platte Canyon Health District Committee**

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# Service Plan for the Platte Canyon Health Service District

## I. INTRODUCTION

This Service Plan is prepared and submitted by the Platte Canyon Health District Committee; a Colorado Issue Committee dedicated to meeting the health care needs of Park County residents.

The purpose and mission of the proposed Platte Canyon Health Service District (the “District”) is to assist in funding essential health services in the Northeast region of Park County (known as the Platte Canyon area).

A broad range of citizens, interested parties, and local community leaders have worked for three years to address an identified and critical health care need for the Platte Canyon area. The submission of this Service Plan is the continuation of that effort.

A lack of healthcare in rural America is not just an aging problem. It affects entire populations. A USDA study published March 29, 2024, states, “The mortality rate of prime, working-age population (ages 25-54) living in rural America was 43% higher than in urban areas...people living in rural areas are more likely to die from heart disease, cancer, chronic lower respiratory disease, and stroke than those in urban areas...the report points to poor access to quality health care as a primary cause of the shortened lifespans ([www.healthpolicyohio.org/health-policy-news/2024/03/29](http://www.healthpolicyohio.org/health-policy-news/2024/03/29)).

Recognizing the great importance healthcare access has on our nation, the US Government has just released **\$50 Billion dollars for the Rural Health Transformation Program**. This huge investment demonstrates not only an acknowledgement of the importance of healthcare access, but also that rural healthcare needs help in meeting the needs of our populations.

There are currently no medical providers in the Platte Canyon area. The most recent healthcare provider left the district in 2011 due to a lack of funding. It is important to note that they closed due to funding, not due to a lack of patients as the Platte Canyon area population has grown to more than 10,000 people. Sufficient funding for rural healthcare across the state and country is a consistent and problematic issue.

The closest primary care providers for the Platte Canyon area are in Conifer, Evergreen or the Denver Metro area. This plan provides descriptions of the services and access to these facilities as well as discussion of why they are inadequate for the needs of Platte Canyon District residents.

Formation of the District will benefit *all* citizens of the proposed District, as the District will be focused on returning quality health care services and facilities to the Platte Canyon area. Primary healthcare includes the full spectrum of life from prenatal through pediatrics, adolescent, adult and geriatric care. Once a full time primary care clinic is accomplished, the District will have the authority to address other health care needs within its boundaries including dental, pharmaceutical and other health services.

C.R.S. § 32-1-102(1) declares that the organization of special districts serves a public interest and promotes the health, safety, prosperity, security and general welfare of the inhabitants of such districts.

C.R.S. § 32-1-1003 and C.R.S. § 32-19-101 provide for the creation of health services districts. *The Colorado General Assembly has declared that access to health care services is an increasing problem in*

*Colorado and that health service districts may be created to provide health care services and facilities.* This Service Plan represents the first formal stage in the formation of the District. It contains the information required by C.R.S. § 32-19-106(2) including a preliminary financial plan, and provides a general framework within which the health care services and facilities are to be provided within its boundaries.

Subject to voter approval at the November 2026 election, the District would be partially funded through a uniform one percent (1%) sales tax upon every transaction, with respect to which a sales tax is levied by the state as allowed by C.R.S. § 32-11003(5).

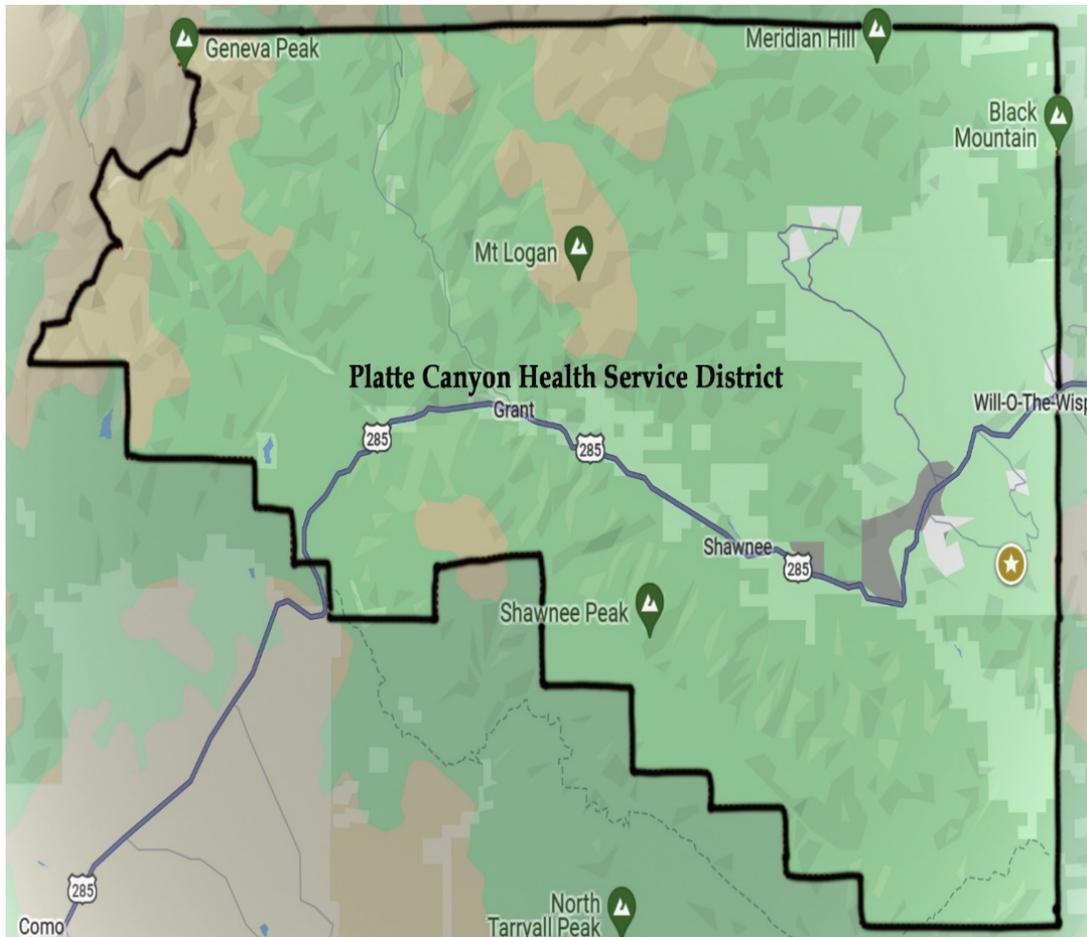
***The District does not intend to seek voter approval to impose an ad valorem property tax in this Service Plan.***

The District may receive revenues from other sources including insurance reimbursement, fees paid by patients, as well as donations and grants.

During the District's first year of operation, the Board of Directors is expected to direct its initial efforts on securing space, necessary equipment, space renovations, and contracting with healthcare providers for a full time primary health care clinic which will be located in the greater Bailey area.

## II. PROPOSED SERVICE AREA

In accordance with C.R.S. § 32-19-106(2)(e) a map of the proposed District boundaries is attached hereto as **Exhibit A**. It includes what is generally referred to as the “Platte Canyon” area of Park County. The proposed boundaries align with the current Platte Canyon School District boundaries, and closely align with the current Platte Canyon Fire Protection District. The proposed boundaries are aligned with what Park County lists as “the Platte Canyon area” in their official documents and reports.

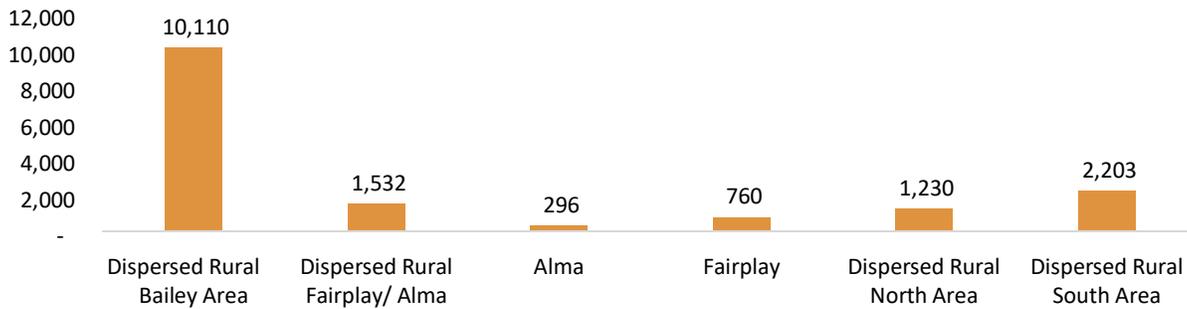


### III. POPULATION ESTIMATES

The Platte Canyon area includes the communities of Bailey, Grant, Pine Junction, and Shawnee.

- The Platte Canyon area in Northeast Park County is home to 60.07% of Park County’s entire population. (Park County Strategic Master Plan, 02-19-25).
- The Platte Canyon population is 10,000-11,000 (US Census 2024).
- The population of Park County in 2024 was 18,316, (US Census 2024). It is anticipated the population will continue to grow.

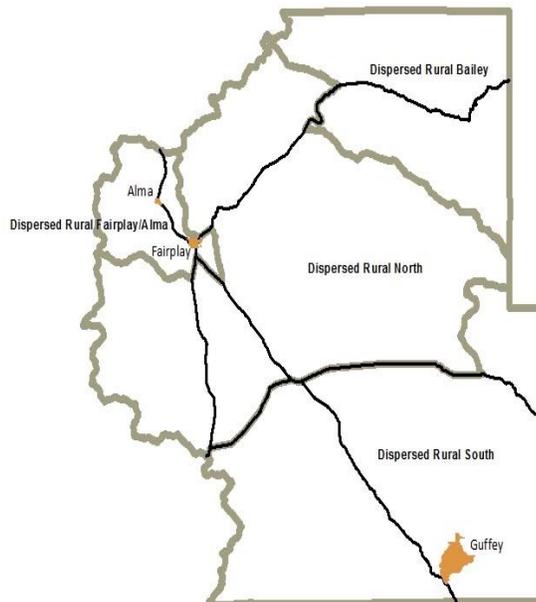
**Figure 2. Total Population by Census Area 2013 -US Census Bureau (ParkCo Strategic Plan 2025, p.13)**



“60% of Park County residents are located in the US Census Bureau’s dispersed rural Bailey area “(see table above) The dispersed Bailey area has more than four times the population of the towns of Fairplay, Alma, *and* the dispersed Fairplay/Alma population combined.

\*The percent of Park County population residing in the dispersed Bailey area has remained constant from the 2016 ParkCo Strategic Plan to the 2025 ParkCo Strategic Plan.

Demographic Areas Map based on US Census Tracts (2025 ParkCo Strategic Plan).



\*Note that in the above table and map, the County Strategic Plan uses the boundaries of the proposed Platte Canyon District area consistently in its designation of “Platte Canyon”.

This HSD plan includes the area in which 60% of the entire population of Park County resides. The population of the proposed District is four times the population of the towns of Fairplay, Alma, and the dispersed Fairplay/Alma population combined.

The current South Park Health Service District in Fairplay has been successfully supported by the population of both Fairplay/Alma as well as their dispersed rural populations for the past seven years. The Fairplay clinic is operated by Heart of the Rockies. In 2024 the clinic had 2850 patient visits. In 2025 there were 2965 patient visits. Of historical note, it is documented that in 1983, the Crow Hill Family Practice then located in Bailey, saw their practice grow to 9000 patient visits with two physicians. It is reasonable to expect that a population four times the population served by the South Park HSD will be able to support a HSD in the Platte Canyon area.

### Population by Age in Park County

Age

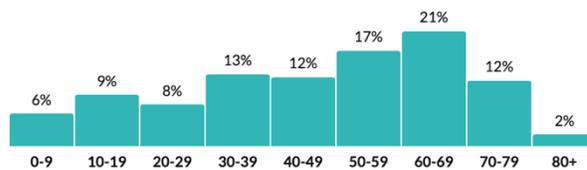
# 51.7

Median age

about 1.4 times the figure in Colorado: 37.5

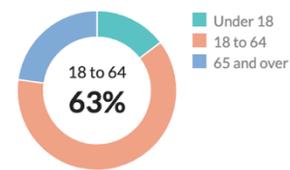
about 1.3 times the figure in United States: 38.7

Population by age range



Show data / Embed

Population by age category



Hide data / Embed

Population by age category (Table B01001) [View table](#)

Column	Park County		Colorado		United States							
Under 18	14.7%	±0%	2,605	±223.6	21.4%	±0%	1,240,882	±5,000.5	22.2%	±0%	73,645,238	±46,901
18 to 64	62.5%	±0%	11,087	±587	63.5%	±0%	3,687,335	±8,941.6	61%	±0%	202,772,255	±73,098.6
65 and over	22.8%	±0%	4,047	±395.1	15.2%	±0%	882,557	±5,406.9	16.8%	±0%	55,970,047	±49,063.1

(<https://censusreporter.org/profiles/05000US08093-park-county-co/>)

Current population in Park County:

- 65 and older= 22.8% (There are access issues for providers who only accept limited numbers of Medicare patients.)
- 14.7% under age 19 years. (Demonstrates a population needing regular child and adolescent screenings)
- Disabled= 11.3 % (Demonstrates a population needing easy access)
- 9.5% Veterans (The nearest veteran care is 45-90 minutes away from the proposed district.)
- 11.9% live below the poverty line- \$15,000 annually for a single individual; \$31,200 for a family of four (the 2025 federal poverty level retrieved from <https://liheapch.acf.gov/> )

(PPACG Transportation report; <https://censusreporter.org/profiles/05000US08093-park-county-co/>)

Projected change from 2020-2030:

- 85+ years= +191%
- 75-85 years= +108%
- 65-75 years= +7%

(PPACG Transportation report; US 2020 Census)

Additional population data from the Park County Health Assessment Plan (CHAPS) 2023:

- 48.7% of ParkCo households with an adult 60+ receive food stamps, compared to 25.2% regionally and 35.1% in Colorado.
- 18.7% of Park County households with children were supported by food stamp assistance in 2022
- Approximately 15.3% of the population uses Medicaid insurance and approximately 9% have no insurance; thus, an additional 24.5% of the population have insurance barriers for providers who do not accept Medicaid or uninsured patients.

(<https://ccf.georgetown.edu/2025/02/06/medicaid-coverage-in-colorado-counties-2023/>)

These statistics indicate a significant population who may have health access issues due to insurance, vehicle reliability, lack of transportation options, and family resources.

Our population is projected to not only increase in size but also age. Many studies show the negative effects a lack of healthcare has on an aging rural population.

Sources used for the Section III Population Estimates discussion in this document include:

2025 ParkCo Strategic Master Plan

Park County Health Assessment Plan 2023

PPACG consultant transportation report 2023

US Census 2020, 2025

US facts.org 2024

<https://censusreporter.org/profiles/05000US08093-park-county-co/>

#### **IV. INADEQUACY OF EXISTING HEALTHCARE SERVICES**

*“Arguably, one of the greatest threats to health in Park County is the lack of access to care”*  
(CHAPS 2023).

Healthcare services are, at present, entirely lacking in the proposed service area.

The Platte Canyon area is a food and healthcare desert. The area contains no full service grocery store, no pharmacy, no healthcare clinic, and with the exception of mental health and dentistry, contains no providers. Per the international definition of a healthcare desert, “Medical deserts are areas where population healthcare needs are unmet partially or totally due to lack of adequate access or improper quality of healthcare services caused by (i) insufficient human resources in health or (ii) facilities, (iii) long waiting times, (iv) disproportionate high costs of services or (v) other socio-cultural barriers” (<https://pubmed.ncbi.nlm.nih.gov/37421651/>).

The closest healthcare available to residents in the proposed district is in Conifer in Jefferson County, 25-45 minutes away. This consists of Conifer Medical Center and Aspen Park Pediatrics. The next available healthcare is in the Denver Metro area and Evergreen, 45-75 minutes away. VA healthcare is located in Golden (clinic services) 45-60 minutes away. The VA hospital and clinic campus is located in Aurora, 1-1.5 hours away.

##### **Conifer Medical Center**

The largest Conifer healthcare provider, Conifer Medical Center, is a full-service clinic containing radiology, lab, and phlebotomy services. It does not provide urgent care.

Conifer Medical Center does not accept Medicaid as a primary insurance and only accepts a limited number of Medicare patients. This is a major barrier when a significant number of Platte Canyon residents use Medicaid or Medicare for all or part of their medical insurance.

Conifer Medical Center only accepts a limited number of new patients with private insurance, because even though they have 15 primary care providers, their appointments are at capacity, many with patients from Park County.

Conifer Medical Center also has an additional office in Evergreen. It has similar resources as well as the same restrictions for patient access. It is a 45 -60 minute drive from many Platte Canyon residences.

##### **Aspen Park Pediatrics**

Aspen Park Pediatrics is located in Conifer and accepts patients from birth through age 18 years. They are accepting new patients. They do accept Medicaid and other insurance. (Aspen Park Pediatrics homepage). 14.7% of Park County residents are under age 19 years. (<https://censusreporter.org/profiles/05000US08093-park-county-co/>)

A side note regarding a former remote Stride clinic in Conifer and a Stride mobile unit in Bailey: Stride had a part time presence in Conifer (two days a week) and Bailey (four hours a week). Stride has discontinued both of these, and has stated they have no plans to have a clinic presence in either of these locations for the foreseeable future. Stride does not deliver healthcare services for the proposed area.

Because of the above constraints with the current healthcare options available in Conifer, the majority of the residents of the Platte Canyon area must seek their healthcare in Denver. The distance, time, and resources needed to access Denver are substantial, are significant barriers to access for residents, and negatively impacts their health and well-being, as well as their ability to live their healthiest life.

### **Telehealth options:**

Lack of reliable, high speed fiber internet service in much of the District greatly impacts the personal use of telehealth services with one's provider. Residents in the proposed district report that at times they do not have enough internet speed to connect to the provider, or their calls are dropped during the appointment. The Bailey Public Library recently began offering telehealth with high speed connectivity in a meeting room at their location. The proposed clinic has high speed fiber internet that would support telehealth options for patients.

### **Platte Canyon Fire District Emergency Medical Services**

Platte Canyon Fire Protection District statistics document 20.8% of their 911 medical calls from 2020 to 2024 were for an ambulance in which the result was "denial for transport". Per a Fire Department spokesperson most of these are people seeking care that is not otherwise available to them. The ambulance service is a substitute for primary or urgent care.

The lack of local healthcare options often does result in EMS ambulance transports one hour each way to a Denver hospital for non-emergent care. The patient's concern needs to be seen by a medical provider, but the level of urgency could be treated by a clinic. With no local clinic option available, the patient is transported to a hospital emergency department. This costs the patient and/or their insurance additional thousands of dollars, expends limited EMS resources in fuel, vehicle wear, and available trained EMS staff, and means that EMS resources are out of district for hours each week, thereby compounding the lack of local healthcare. *It is the most expensive and least efficient delivery of healthcare.*

### **Home Health and Hospice**

Mt. Evans Home Care and Hospice in Evergreen provides care in the service district for those who require recovery or hospice care. Other homecare agencies and private homecare providers operate within the district.

## **Transportation to available healthcare:**

There is no local public transit service and only one fixed regional route that does not stop in Bailey (PPACG Transportation report; CDOT).

Residents in the District are 1 to 1.25 hours away from a hospital.

Most district residences are a minimum of 25-45 minutes away from the nearest clinic in Conifer. If they have barriers to being a patient at a Conifer option, the next closest care is an hour away in the Denver metro area.

Highway 285 is the only main highway for travel through the district. It traverses several mountains and canyons as it courses through the Platte Canyon communities on its way to and from Denver. It becomes very hazardous during stormy weather. It is regularly closed due to vehicle accidents, stranding motorists for hours at a time. When Hwy 285 closes, District residents are isolated, or face a three to four hour detour to Denver.

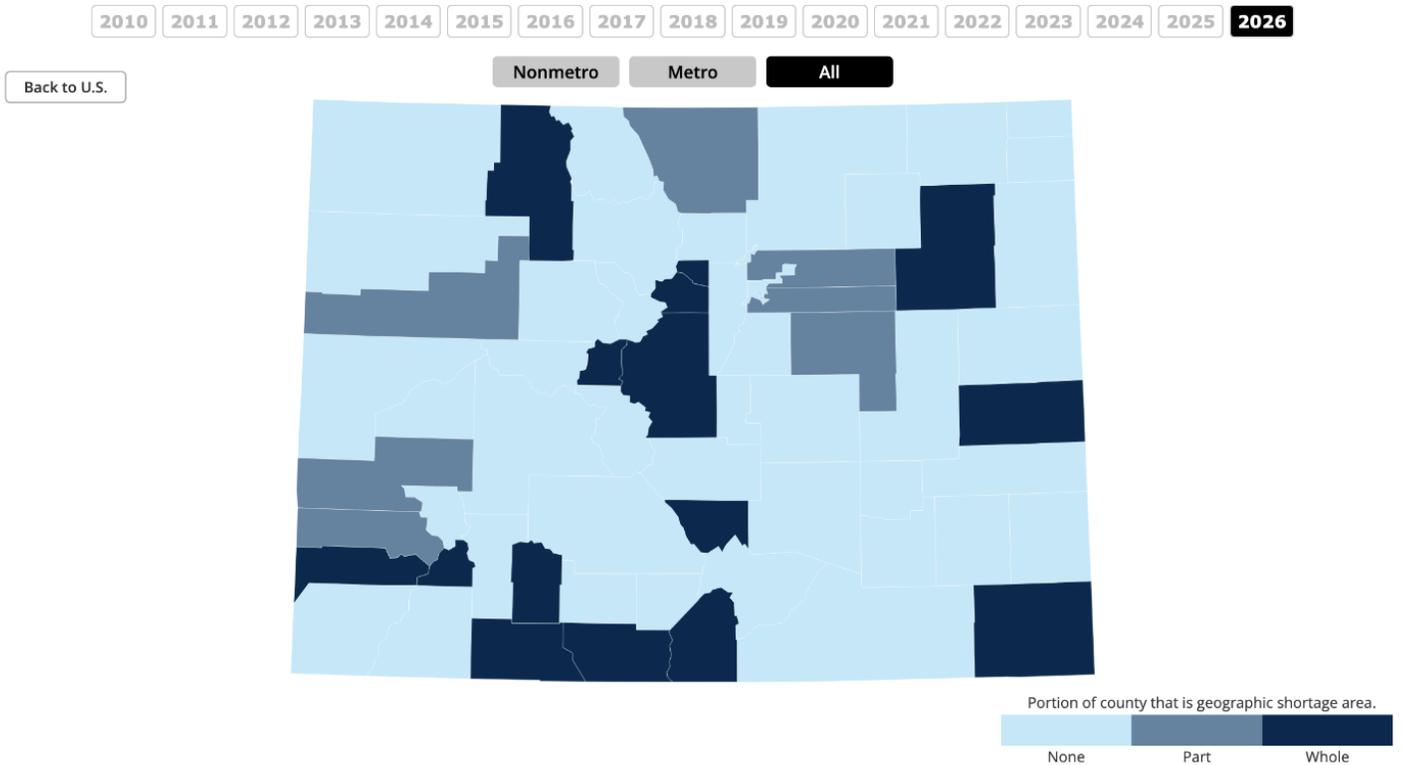
Many veterans report difficulty getting rides to appointments in Denver. Many veterans are reluctant to go to Denver due to their PTSD (Report from the former as well as current Park County Veterans Service Officers).

Rideshare options: Minimum charge for a rideshare company from the Platte Canyon area to the Lakewood/Littleton area starts at \$90 one way.

Transportation vouchers: These are available for those who meet income requirements. They do not guarantee that a patient can find a driver, they only help reimburse part of the cost should the patient be able to find a driver.

Residents living in the proposed health district area are a significant distance from available healthcare services. Distance and time factors, no public transportation options, road conditions and closures due to accidents, weather, and a lack of personal resources such as reliable vehicles and gas money all contribute to healthcare barriers for the district. Closer healthcare facilities would address all of these transportation barriers

When people have transportation barriers, they must ask friends or neighbors for rides, utilize Platte Canyon Ambulance resources...  
*or go without care.*



County Geographic Shortage Areas (Health Resources & Services Administration (HRSA))

**Conclusion of the inadequacy of existing healthcare services:**

The above data from multiple evidenced-based sources decisively demonstrate that the existing healthcare services are inadequate to meet the needs of the residents in the proposed district.

Conifer Medical Center, 25-45 minutes away from the proposed district, does not accept the 23.5% of the Platte Canyon population who have Medicaid as a primary insurance or those who have no insurance, thus these residents cannot receive care at the only clinic available before the Denver metro area. Conifer Medical Center accepts only a very limited number of new Medicare or private pay patients because they are at capacity.

***“At capacity” is clear evidence that additional healthcare services are needed.***

The lack of local healthcare access, lack of nearby clinics which accept primary Medicaid/Medicare insurances, lack of public transportation to healthcare, and multiple geographic barriers all conspire to the inadequacy of existing services. Residents must overcome these significant barriers, utilize EMS for non-emergent needs, or...go without care.

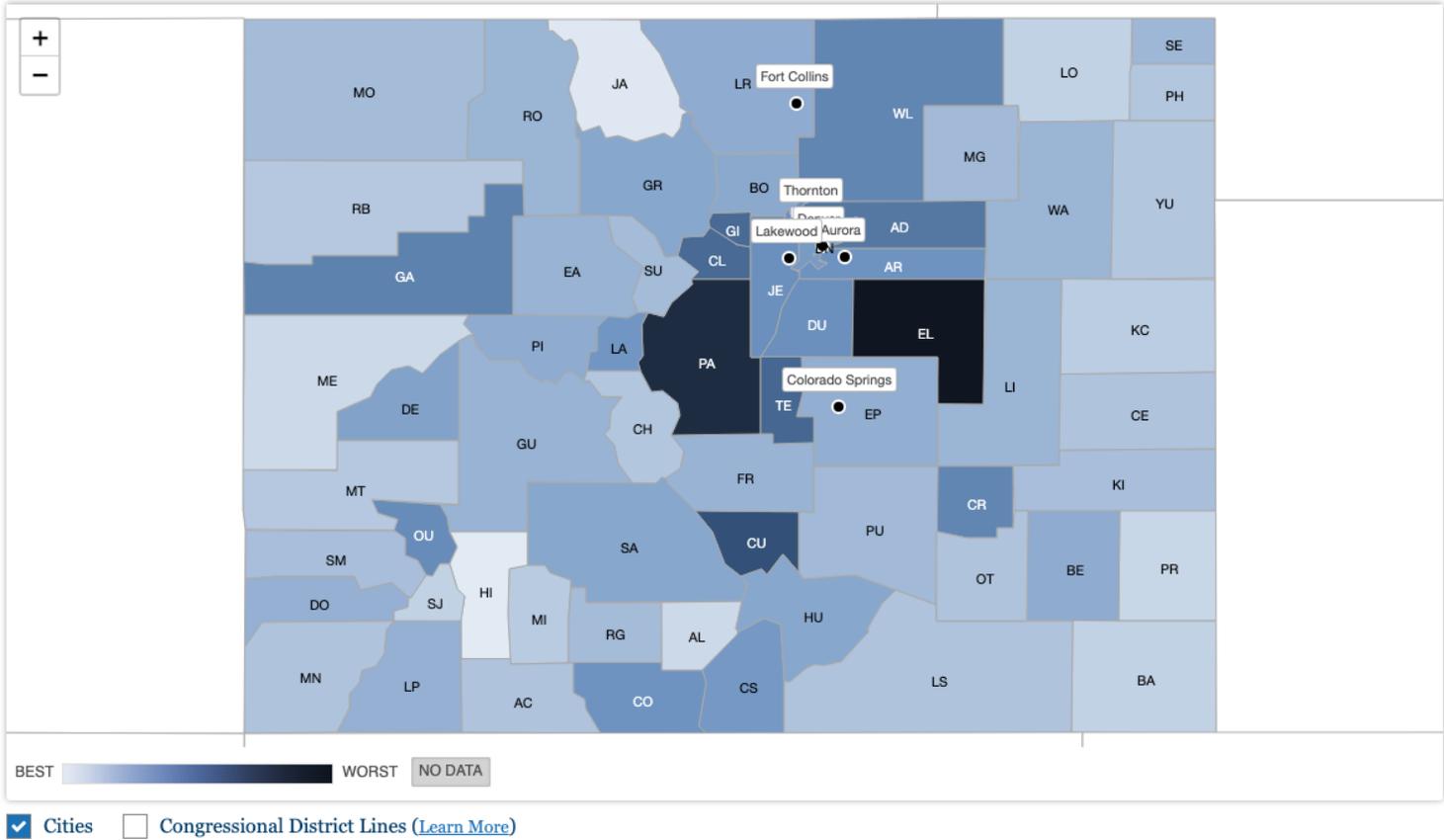
## V. NEED FOR PROPOSED SERVICES

**“...an unfortunate reality that has occurred to rural health care in America is that your zip code has started to predict your life expectancy”** (Dr. Mehmet Oz, head of the Centers for Medicare and Medicaid Services, January 2026.)

### **Social Health Determinants in rural populations: (<https://www.hrsa.gov/rural-health>)**

- **Access to Care:** Fewer primary care providers, specialists (especially mental health), and facilities, with many rural hospitals facing closure.
- **Health Outcomes:** Higher rates of chronic conditions, substance use disorders (opioids), infant mortality, and lower life expectancy compared to urban areas.
- **Socioeconomic Factors:** Higher poverty rates, lower insurance coverage (more reliance on Medicaid/Medicare), and limited job opportunities.
- **Workforce Shortages:** Significant shortages in primary care, mental health, and dental professionals.
- **Longer commuting distances** in vehicles have been associated with increased blood pressure and body mass index (BMI) and decreased physical activity.<sup>1</sup> Every extra hour spent in a car each day increases the risk of obesity by 6%.<sup>2</sup> Longer commute times have also been associated with poorer mental health.<sup>3,4</sup>

(<https://www.countyhealthrankings.org/health-data/community-conditions/physical-environment/housing-and-transportation/long-commute-driving-alone?state=08&year=2025#map-anchor>)



Recognizing the enormous, positive impact healthcare access has on our nation, the US Government has just released **\$50 Billion dollars for the Rural Health Transformation Program**. This huge investment demonstrates not only an acknowledgement of the importance of healthcare access, but also that rural healthcare needs help in meeting the needs of our populations.

In June 2023 the Park County Board of County Commissioners approved and adopted the comprehensive 2023 Community Health Assessment Plan (CHAPS) submitted by the Park County Public Health Agency. The three priority issues identified by the Prioritization Committee for the next 5-year public health improvement cycle are:

- o Mental health
- o Access to health care
- o Transportation

By approving the CHAPS 2023 plan, the Park County BOCC acknowledged the lack of mental health and healthcare access as a top concern.

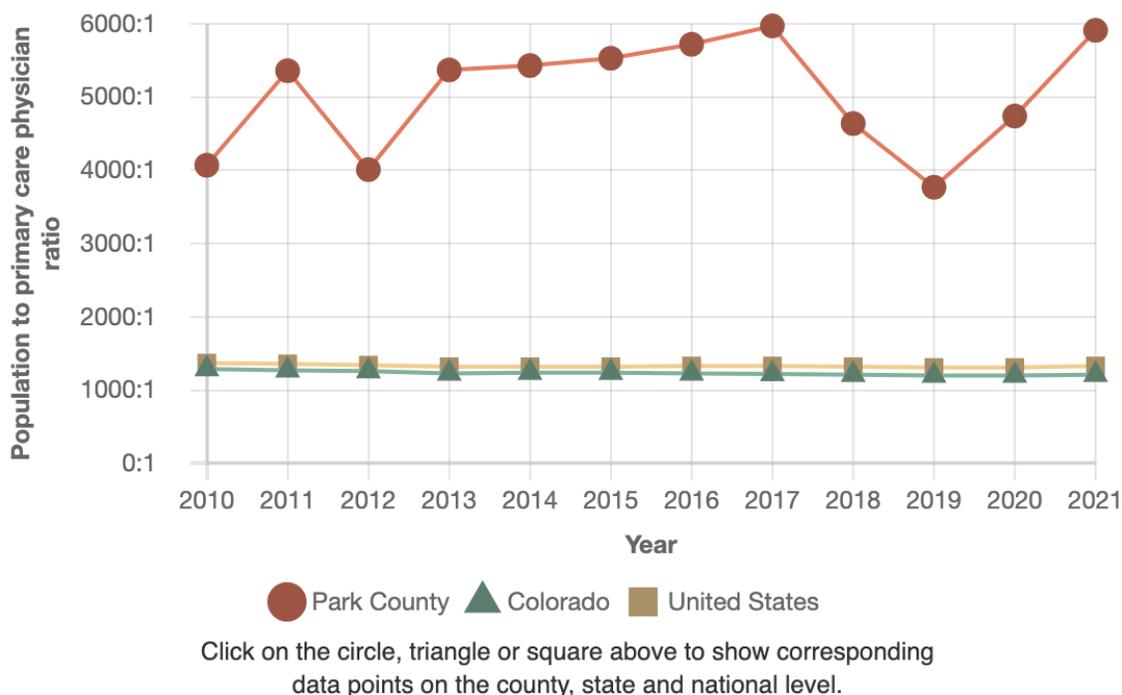
## **Park County Strategic Master Plan of 2025:**

- **G4: Strengthen Community Health & Essential Services**
- Many Park County residents lack access to medical care, grocery stores, childcare, and essential services. The county's rugged terrain and dispersed population create challenges for infrastructure, transportation, and healthcare access. Addressing these gaps is critical to improving livability, supporting families. The aging population further highlights the necessity of enhanced senior healthcare, transportation, and in-home support services.
- **S4.1 Work with Public Health and Nonprofits to Improve Senior Healthcare**
- A. Expand in-home care services and transportation assistance for seniors through ridesharing, community shuttles and expanded med ride options.
- B. Work with nonprofits to increase funding for Meals on Wheels and nutrition programs. Use County Owned Community Centers for senior/ community center lunch options
- C. Support community-led programs that combat social isolation and provide senior companionship.
- **S4.2 Strengthen Healthcare and Pharmacy Access**
- A. Use land use tools to support healthcare infrastructure expansion and improvements.
- B. Encourage localized Health Care District initiatives.
- **S4.3 Enhance Services for Substance Abuse, Mental Health and Victims**
- A. Advocate for state and federal funding and training for mental health crisis intervention and victim support services.
- B. Expand Telehealth Services
- C. Establish crisis response teams and peer support networks to provide immediate mental health assistance.
- D. Enhance Access to Victim Support Services by increasing funding for domestic violence, sexual assault support programs and partner with regional organizations to provide additional shelter space and counseling.

## **Park County:**

- is designated as a Medically Underserved Population (MUP)— Governors Designation for all its census tracts. **This demonstrates a lack of healthcare access.**
- is designated a Health Professional Shortage Area (HPSA) for primary care, dental health and mental health services. **This demonstrates a lack of healthcare providers.**
- US County Health Rankings and Roadmaps, Park County (<https://www.countyhealthrankings.org/health-data/colorado/park?year=2025>)
  - Primary Care Physicians- 5,980:1 Park County vs. 1,130:1 Colorado. **This demonstrates a serious lack of healthcare providers.**
  - Dentists- 6,040:1 Park County vs. 1,180:1 Colorado **This demonstrates a serious lack of healthcare providers.**
  - Mental Health Providers- 830:1 Park County vs. 190:1 Colorado. **This demonstrates a serious lack of healthcare providers.**

## Primary Care Physicians

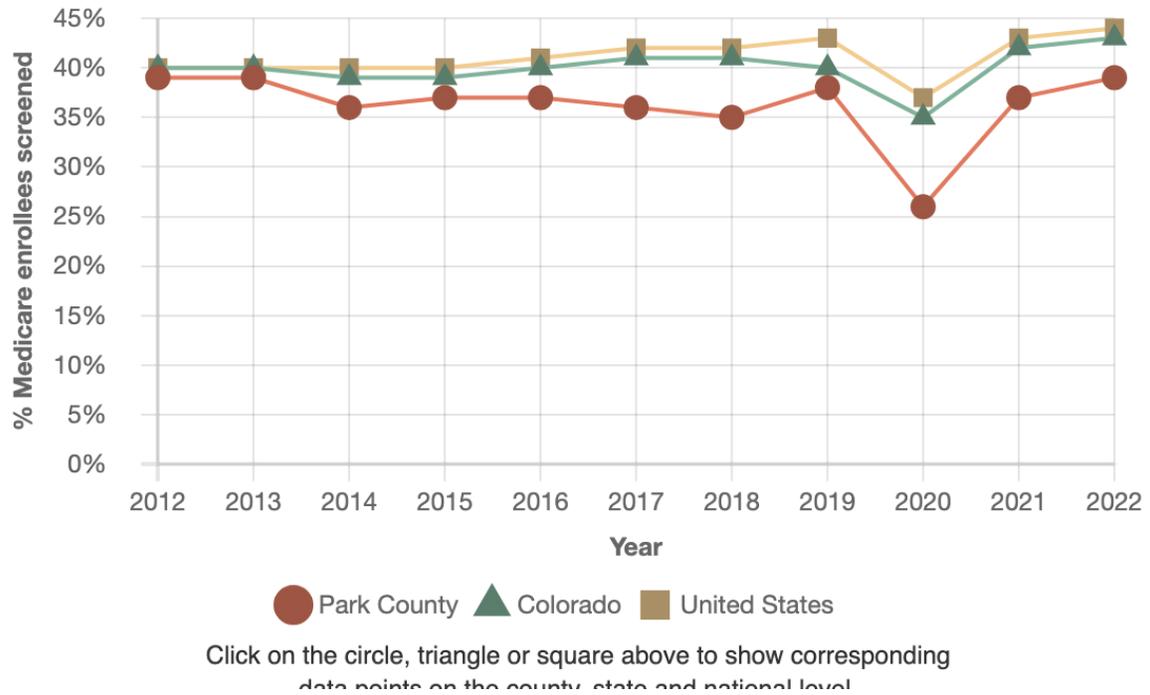


## The positive effects of Accessible Primary Care on population health: Significantly Higher Screening Rates and Disease Management

### Breast Cancer

- Patients with a Primary Care Provider (PCP) are more likely to get mammograms, with one study showing 61% of patients with a PCP getting screened compared to only 37% of those without one (<https://pubmed.ncbi.nlm.nih.gov/27766557/>)
- Consistent primary care reduces delays in diagnosis and treatment, which leads to less invasive treatment options and better outcomes. (National Institute of Health).
- Primary care physician visits were associated with improved breast cancer outcomes, including greater use of mammography, reduced odds of late-stage diagnosis, and lower breast cancer and overall mortality. (National Institute of Health).
- *Only 39% of Park County female Medicare enrollees receive an annual mammography screening (<https://www.countyhealthrankings.org/health-data/colorado/park?year=2025>) This demonstrates a lack of healthcare access to primary care and mammography.*

## Mammography Screening



### Prostate Cancer

- Men with a dedicated PCP or regular access to care are estimated to be up to five times more likely to undergo prostate screening compared to those without. (National Institute of Health)

### Colon cancer screening

- Patients with at least one PCP visit have significantly higher odds of completing Colon Rectal Cancer (CRC) screening.
- PCP involvement improves compliance with follow-up, with a 30% higher odds of completing a colonoscopy after a positive test.
- Patients with a PCP have a lower rate of late-stage CRC (42.4% vs. 68.0%). (National Institute of Health NIH)

## Diabetes

- Regular primary care significantly improves long-term outcomes for patients with diabetes by providing a consistent framework for monitoring, medication adjustment, and lifestyle counseling. (<https://pmc.ncbi.nlm.nih.gov/articles/PMC3631881/#:~:text=Many%20studies%20have%20shown%20that,effects%20are%20not%20fully%20understood.>)
- Primary care management reduces emergency department visits and hospitalizations for diabetes-related complications. (<https://pmc.ncbi.nlm.nih.gov/articles/PMC3631881/#:~:text=Many%20studies%20have%20shown%20that,effects%20are%20not%20fully%20understood.>)
- *8.3% of the Park County population is diagnosed with diabetes* (HRSA Federal Office of Rural Health Policy)

## Obesity

- Primary care interventions, particularly those involving counseling on diet, physical activity, and behavioral changes, effectively produce modest, clinically significant weight loss (approx. 5%) and improve obesity-related health outcomes in adults and children (National Institute of Health).
- *21.8% of the Park County population is diagnosed with obesity* (HRSA Federal Office of Rural Health Policy)

## Low Birth Weight

- Low birth weight increases risks for infant mortality, developmental delays, and chronic adult conditions like diabetes and heart disease. LBW also leads to higher educational challenges, such as a one-third higher likelihood of dropping out of high school, and reduces adult earnings by roughly 15%. (<https://www.americashealthrankings.org/explore/measures/birthweight>).
- Infants born to mothers who receive no prenatal care are three times more likely to be born with a low birth weight and five times more likely to die. (Journal of Epidemiology and Community Health retrieved from <https://jech.bmj.com/content/58/5/374>).
- Preventive primary care is significantly cheaper than neonatal intensive care. For every **\$1 spent** on adequate prenatal care for high-risk women, the U.S. healthcare system saves approximately **\$3.38** in medical costs during the infant's first year of life. (National Institute of Health).
- An increase of just one primary care doctor per 10,000 people is associated with a **3.2% reduction** in low birth weights. (Journal of Epidemiology and Community Health retrieved from <https://jech.bmj.com/content/58/5/374>).
- *Park County has a 12% low birth weight compared to 9% in Colorado.*

Mental Health referral and access

- In rural areas with shortages of mental health professionals, primary care is often the only available source of mental health support. (<https://www.sciencedirect.com/science/article/pii/S1555415520303858#:~:text=Although%20literature%20supports%20the%20ability,in%20increased%2C%20lasting%20psychological%20distress>.)
- Primary care provides a familiar setting that reduces stigma and increases access for patients who might not otherwise seek help. ([https:// wolverskluwer.com](https://wolverskluwer.com))
- Primary care providers manage a large portion of mental health and are crucial for follow-up care. ([https:// wolverskluwer.com](https://wolverskluwer.com))

The effects of a lack of access to Mental Health for Park County residents:

- Only 31.0% of Park County suicide deaths were ever treated for mental health, compared to 46.4 in the region and 47.6 for Colorado. **This demonstrates a serious lack of healthcare access and providers.**
- ParkCo adjusted suicide deaths= 56.0/100,000, vs. 43.1 regionally and 21.6 in Colorado. Park County suicide rates are 2.5 times greater than the state of Colorado. (Park County CHAPS 2023)  
**This demonstrates that our people are dying at a higher rate due to a lack of healthcare access and providers.**

Park County, CO	Total Deaths	Deaths by Suicide
2020	89	9
2021	90	6
2022	112	7
2023	106	13
2024	101	13

(Park County Coroner’s Office)

Park County consistently ranks in the top three counties for suicide rates per capita compared to the other 64 counties in Colorado. This is alarming. A primary care clinic that includes mental health providers could have a positive effect on the health of our residents, and saves lives.

**Conclusion- Need for Proposed Services**

There is overwhelming documentation from multiple government sources that demonstrate primary care is essential to best patient outcomes and is the most cost effective manner to deliver healthcare. Data in this plan shows a critical lack of healthcare providers and access for residents in Park County. It documents how this lack of healthcare access is having a detrimental effect on our people. The lack of local healthcare affects all resident’s ability to reach their optimum health and well-being. It has shortened lives and devastated families who have lost loved ones. A HSD with a plan for a local, full time, full service, primary care clinic will save time, save money, save resources, and save lives.

**VI. PROPOSED DISTRICT SERVICES**

The district will potentially provide all of the services described in C.R.S. § 32-11003 provided, however, the District will not provide ambulance services as allowed by C.R.S. § 32-1-1003(1)(a) and (b), though the District will have the authority to cooperate with Platte Canyon Ambulance District which currently provides that service.

C.R.S. § 32-1-1003(1)(a) provides that health service districts, such as the proposed District, have the power and authority to establish, maintain, or operate, directly or indirectly through lease or from other parties or other arrangement, public hospitals, convalescent centers, nursing care facilities, intermediate care facilities, emergency facilities, community clinics, or other facilities providing health and personal care services, including but not limited to facilities licensed or certified pursuant to C.R.S. § 25-1.5103(1)(a).

While potentially providing any or all of the services listed above, the initial focus of the District will be to bring full time, fully functioning primary health care services to the proposed Service Area by contracting with a healthcare provider, and financially assisting in the opening, staffing, equipping and maintaining of a health care clinic, with telehealth, lab, and radiology capabilities, in the greater Bailey area. It is intended that pharmacy services will be added as soon as financially feasible.

It is the intent of the plan that the provision of health care services at the Clinic would be provided via contract with a health care provider or entity. Any such contract would be negotiated by the District’s Board of Directors. Should the District not be able to negotiate an acceptable or suitable arrangement for providing contract health care services at the Clinic, the District would have the authority to hire health services staff including physicians, physician’s assistants, nurse practitioner, registered nurses and administrative and support staff.

**Timeline for proposed Platte Canyon Health Service District (Approximate)**

November 2026	Voter approval for a HSD, 5 member board, and 1% sales tax on discretionary income
January 2027	Board begins organizational tasks: grant writing, creating requests for proposals (RFP) to send to providers, securing an accountant and legal services, etc.
April 2027	Secure general contractor for the clinic space renovations
April 2027	First tax revenues are received and managed by the accountant
April 2027	Send RFP’s to all appropriate providers and healthcare entities by April, 2027
July-Sept 2027	Choose and contract with a healthcare provider Provider works with the contractor for any final renovation tasks. Provider works with HSD Board to negotiate purchase of equipment.
Nov-Dec 2027	Final preparations and contracts
January 2028	Approximate date for the opening of the clinic.

**VII. FINANCIAL PLAN**

The financial projections and a preliminary budget of the District for the years 2027-2028 .

Fees for service is based on the average number of patients seen per day in Colorado which is between 11 and 20 patients per day. We estimate that to begin with this number should be closer to 11 with the average cash price of \$91-139 per visit. (Colorado Health Institute <https://www.coloradohealthinstitute.org/>) We estimate to start accepting clients in January 2028, 11 patients per day \$100 per visit is \$1,100.00 per day at 5 days \$5,500.00 per week, with an average of 4 weeks per month or \$22,000.00 per month.-By September 2028, it is anticipated there will be an increase in number of patients seen per day to 15, which changes the monthly income to \$30,000.00 which brings receipts for the last 4 months of the year 2028 to \$120,000 with the total for the year estimated to be \$296,000 (8 months @ \$22,000 + 4 months @ \$30,000) Additional fees included above the office visit fee can include:  
(<https://civhc.org/shop-for-care/>)

Average for physical in Colorado is around \$400

Lab Work including:

Test /Panel Name	Average Cost
Complete Blood Count (CBC)	\$46 - \$125
Routine Bloodwork Panel (CBC, CMP, TSH, urinalysis)	\$318 - \$650
Lipid Panel (Cholesterol, Trigly, HLD, LDL, VLDL)	\$128 - \$200
Urinalysis	\$40 - \$120
Thyroid Stimulating Hormone (TSH)	\$97 - \$195

The average *virtual* care cost ranges between \$40 to \$90. However, keep in mind that the actual cost can vary based on the conduction and the pricing structure of healthcare providers.

The previous Crowhill Family Practice revenues grew from \$101,631 the first year to \$314,237 by year 5. In addition to those revenues Medicare added \$8,283 the first year and \$26,161 by year 5 and Medicaid added \$5,233 first year but then was phased out so only \$615 the 5<sup>th</sup> year.  
(<https://www.ncbi.nlm.nih.gov/books/NBK217649/>)

The community of families registered with the Crowhill Family practice was defined as all members of families within which any single member has made use of the services of the Crow Hill Family Medicine Center within the previous 24 months. As of July 1, 1983, this group numbered 2,183 families and consisted of 7,280 individuals. At the time Crowhill Family was in operation other sources of primary care were available to members of the geographic community include a two-physician family practice group in the town of Conifer.

**Revenue**

According to DORA Platte Canyon District collects 44% of the 1% sales tax for Park County. Park County is estimating year end revenue of \$2,589,964.00 which would bring in: \$1,139,584.16 for 2027.

If HS'

D began collecting tax in February, then it would be \$1,047,149.54.

**Expenses**

Renovation quotes from a contractor who contracts with health clinics were provided for a building that had previously been used as a medical facility. We have increased our projection by 20% to account for inflation and other factors.

- 2024 x-ray room costs (includes delivery, installation, and first-year service): entry level= \$45-\$59K; intermediate= \$65-\$89K ; premium= \$90-\$190K (blockimaging.com).
- 2024 lab start up equipment list= \$28K-\$66K. (<https://charteraz.com/2021/06/10/lab-startup-equipment-list-average-costs/>).
- 2024 hospital grade portable telehealth kit= \$7000 for portable kit and \$14,000 for telehealth on a cart.
- Software: \$199/month (\$2,388 annually)

Grants are available for construction and renovation though foundations for example the Gates Family Foundation, Boettcher Foundation Grants, and Anschutz Family Foundation Grants.

<b>Revenue Sources</b>	<b>FY 2027</b>	<b>FY 2028</b>
Fees for service <sup>1</sup>	\$0.00	\$300,000.00
1% sales tax <sup>2</sup>	\$1,047,149.54	\$1,292,650.00
Grants <sup>3</sup>	TBD	TBD
Foundation	TBD	TBD
Carry Over		\$437,149.54
	<b>Total Revenue</b>	<b>Total Revenue</b>
	\$1,047,149.54	\$2,029,799.54

<b>Expenses</b>		
Rent plus utilities	\$50,000.00	\$50,000.00
Renovation of existing space	\$120,000.00	\$0.00
Capital outlay: Equipment	\$77,000.00	\$50,000.00
Phone/Internet	\$5,000.00	\$5,000.00
Building Maintenance		\$4,000.00
Accounting	\$60,000.00	\$60,000.00

Audit <sup>4</sup>		\$5,000.00
Promotion	\$5,000.00	\$5,000.00
Director fees \$2,000 up to 5 directors	\$10,000.00	\$10,000.00
District Management-salaried position	\$80,000.00	\$80,000.00
District Services <sup>5</sup>	\$100,000.00	\$700,000.00
Website	\$1,000.00	\$1,000.00
Insurance	\$2,000.00	\$10,000.00
Legal services	\$60,000.00	\$60,000.00
Tabor reserve	\$40,000.00	\$50,000.00
	<b>Total Expenses</b>	<b>\$610,000.00</b>
	<b>Balance</b>	<b>\$437,149.54</b>
		<b>\$939,799.54</b>

<sup>1</sup> Estimated depending upon opening day for services, in 1983 Crowhill Family Medicine had revenues of \$300,000.00

<sup>2</sup> Estimated to start collecting 02/2027

<sup>3</sup> Grants including El Pomar, CCHA Some grants cannot be applied for until the district is formed

<sup>4</sup> Assumes no audit required for 2027 budget year operations, The maximum amount for a local government to qualify for exemption from audit is \$1,000,000 according to DOLA

<sup>5</sup> Includes expenditures in the following categories: (1) education and outreach; (2) recruitment and retention of primary care physicians and additional skilled medical professions; (3) improvement of medical service delivery to underserved populations within the County; and (4) procurement of and access to health care resources. (5) Supplies

Once formed, the District will prepare, adopt and file budgets in accordance with the Local Government Budget Law, C.R.S. § 29-1-101 *et seq.*

The financing and revenues of the District will consist of the following:

1. Patient Fees and Charges. The bulk of the revenues necessary for the provision of health care services by the District are expected to come from the payment of fees and charges by patients, their insurers, or governmental sources such as Medicare and Medicaid. Such fees and charges may be collected directly by the District or by health care providers or other entities with whom the District contracts for services. Cost of doctor visit by state according to Colorado Health Institute is \$91-139 per visit.
2. Sales Tax. Pursuant to C.R.S 32-1-1003(5) and 32-19-112, the District shall have the power, upon the approval of the District's eligible electors, to levy a uniform sales tax throughout the entire geographical area of the District upon every transaction or other incident with respect to which a sales tax is levied by the State, except that such sales tax shall not be levied on the sale of cigarettes. The District, with voter approval, may levy a uniform one percent (1%) sales tax consistent with the authority granted by C.R.S. §§ 32-1-1003(5) and 32-19-112. Based on sales tax revenue information obtained from the state of Colorado through DORA, a one percent sales tax if approved by the voters of the district in the Service Area would initially generate revenues in 2027 in the approximate amount of \$1,047,149.54. The Committee proposes that the 1% sales tax ballot issue include a ten year sunset clause.
3. State, Federal and Private Grants. A number of federal and state programs offer the potential for grants to assist in providing health care in underserved or rural areas. Similarly, several private charities, philanthropies and other funders offer grants for the services to be provided by the District. The District will actively pursue such grants as opportunities are identified and the same become available. Some grants will require the formation of a Health Service District before an entity can apply.
4. Donations and Foundations. The District may solicit donations and conduct fundraising operations, including the possible formation of a supporting foundation or enterprise, as appropriate.
5. Bond Issues and Debt. **This Service Plan does not indemnify or contemplate any immediate bond issues or debt issued by the District, and no indebtedness will be authorized at the organizational election to be held in November, 2026.** Over time it is anticipated that aging infrastructure, equipment and facilities within the District may cause the Board to seek voter approval for specific indebtedness related to identified capital improvement projects within the District. **Any such debt would require voter approval pursuant to Article X, Section 20 of the Colorado Constitution as it currently exists.**

## **VIII. BOARD OF DIRECTORS**

The District will be governed by a five member elected Board of Directors. The initial Board will be elected at the organizational election to be held in November 2026. In accordance with C.R.S. § 32-1-305.5(2)(a), two Directors shall serve until they or their successors are elected and qualified at the regular District election to be held in November of 2027 and three shall serve until they or their successors are elected and qualified at the regular District election to be held in November of 2028. Thereafter, Board members shall serve four year staggered terms, as set forth in C.R.S. § 32-1-305.5(3).

## **IX. QUALITY ASSURANCE MEASURES**

As a political subdivision of the State of Colorado, the District and its Board of Directors will be subject to the statutory reporting, filing and other accountability measures applicable to Colorado local governments. These include:

- The filing and reporting requirements of the Special District Act, C.R.S. 32-1-101 *et seq.*
- The public adoption of an annual budget and the filing of same with both the State Auditor and the Division of Local Government as required by the Special District Act C.R.S. 32-1-101 *et seq.* and the Local Government Budget Law, C.R.S. § 291-101 *et seq.*
- The annual independent audit of the District's financial statements required by the Local Government Audit Law, C.R.S. § 29-1-601 *et seq.*
- The provisions of the Colorado Open Meetings Law, C.R.S. § 24-1-401 *et seq.*
- The provisions of the Colorado Open Records Act, C.R.S. § 24-72-200.1 *et seq.*

Health services professionals will be overseen and supervised, either directly or indirectly through an independent contractor, by the District's Board of Director and staff, if any. The Board is directly accountable to the electors of the District who will be the primary recipients of the services provided by the District and who may be relied upon to report any deficiencies in the quality of the care provided to their elected representatives. Additionally, the District will require that all health services professionals, including physicians, physician's assistants, nurse practitioners and nurses, have the appropriate licenses, skill and experience to perform their responsibilities.

The District will ensure that all facilities constructed, maintained or operated by the District are managed in accordance with the standards and specifications of all federal, state and local governments having jurisdiction.

It is the intent of the District to provide the highest possible quality of health services. To that end the District will assure that all District operations are regularly inspected and reviewed for quality control.

## **X. DISTRICT FACILITIES**

Initially the District's facilities will be located in the Crow Hill business area of Bailey in existing space that meets the space, utilities, internet, and handicap accessibility needs of the proposed clinic. The Crow Hill area is desirable in order to facilitate safe access across Highway 285 at the Hwy 285 stoplight or the Crow Hill overpass, especially during peak traffic periods which bookend weekends and the entire summer months.

The elected Board shall be tasked with finding a suitable space. One such space has an owner who is eager to house the proposed clinic. The space has housed a clinic in the past- that clinic closed due to a lack of funding in 2009. It most recently housed a veterinarian clinic. The space has a waiting area, three treatment rooms with room for a fourth if needed. It has 400 amps of total electrical service, enough to support radiology requirements. It has additional space for a lab area, a small break room with a kitchenette (already in place), as well as private office space for the healthcare professionals to complete their documentation and other needs. It includes 2,139 square feet, enough space for the proposed clinic and additional radiology and lab requirements. Rent includes heat, water, and electricity. It does not include phone or internet. Building internet is high speed broadband which is more than enough to support telehealth. It is located with direct access to County Road 43A and includes adequate paved parking spaces for patients and other clients in the building. Access to the clinic door is fully accessible, and level with the parking lot with no additional step or threshold to impede those with mobility issues.

The building has available an additional 1071 square feet of space directly adjacent to the primary space which could be utilized should more space be required for the clinic, or to house additional services such as physical therapy. This would bring the total square footage for the space to 3210.

Additionally, the owner also owns the adjacent undeveloped land which could be used to expand any healthcare services in the future should the need demand and should the voters approve.

Over time the District intends to extend medical care throughout the Service Area. This may include the lease, purchase, or design and construction of health care facilities. While the District reserves the authority to finance such facilities via bonds or lease purchase arrangements, the likely scenario is that such facilities would be modest and paid for with existing revenues.

Any future facilities of the District will be compatible with facility and service standards of Park County.

## **XI. ESTIMATED COST OF LAND, FACILITIES AND PROFESSIONAL SERVICES**

It is anticipated that the initial District requirement for engineering, legal and administrative services is budgeted at the amount of \$400,000.00 (Four hundred thousand) which includes contracting and the renovation of the space, engineering, legal, administrative services and capital outlay in 2027.

It is further anticipated that future sales tax receipts will be more than sufficient to defray these costs.

**Note: No indebtedness is proposed to be incurred.**

## **XII. ARRANGEMENTS WITH EXISTING POLITICAL SUBDIVISIONS**

The District will work cooperatively with the other political subdivisions located either partially or entirely within its Service Area. These include:

- Park County
- Platte Canyon Fire District
- Elk Creek Fire District
- Platte Canyon School District RE-1

No contracts or other arrangements have been prepared or negotiated with these or other political subdivisions and would be executed by the elected Board of Directors.

## **XIII. SECURITY FOR DISTRICT OBLIGATIONS**

The District shall not, and may not, pledge any revenue or property of the County located within its Service Area as security for any District obligations. Approval of the Service Plan shall not be construed as a guaranty by the County of payment of any of the District's future obligations; nor shall anything in the Service Plan be construed so as to create any responsibility or liability on the part of the County in the event of default by the District in the payment of any such obligation.

## **XIV. TABOR COMPLIANCE**

The District will comply with the provisions of Article X, Section 20 of the Colorado Constitution, commonly known as the Taxpayer Bill of Rights or TABOR. At the discretion of the Board, the District may set up other qualifying entities to manage, fund, construct and operate health care facilities, services, and programs. To the extent allowed by law, any entity created by the District will remain under the control of the District's Board of Directors.

## **XV. DISTRICT ORGANIZATIONAL AND OPERATIONAL COSTS**

The estimated cost of District formation, \$400,000.00 is budgeted for renovations, engineering, legal, administrative services and capital outlay in 2027.

District's initial operational costs preceding the receipt of sales tax revenues, is Ten Thousand Dollars (\$10,000.00). Advances of these costs by persons or entities other than the District may be reimbursed from future District revenues not later than January 1, 2028.

## **CONCLUSION**

The proposed Platte Canyon Health Service District is committed to providing the best possible health care services and facilities to the residents of the Service Area. Park County history has shown, and studies of rural healthcare access confirm, that quality health care in the Platte Canyon area is unlikely to be self-sustaining on a purely for profit basis. The establishment of the Health Service District will provide a revenue mechanism and funding sources (grants, foundation) that will help fill the gap between patient and insurance payments and the cost of providing health care services. Should a sales tax ballot issue successfully pass, these additional funds will provide a consistent revenue source, independent of grants that expire and donations which change annually.

**The District proponents request that the Board of County Commissioners finds that this Service Plan provides satisfactory evidence that each of the following has been established, pursuant to the requirements of C.R.S. § 32-1-203(2):**

### **Compliance Analysis: Platte Canyon Health Service District Service Plan**

#### **Executive Summary**

**The submitted Service Plan for the proposed Platte Canyon Health District substantially complies with the statutory requirements outlined in Colorado Revised Statutes (C.R.S.) § 32-19-106(2). The plan provides comprehensive information about the proposed district's service area, facilities, financial projections, and governance structure.**

#### **Detailed Compliance Assessment**

##### **1. Type of District and Services (C.R.S. § 32-19-106(2)(a))**

**The document clearly identifies the proposal as a Health Service District (not a Health Assurance District) and provides a detailed description of proposed facilities and services:**

- **Primary Focus:** Establishing a full-time primary healthcare clinic in the Bailey area
- **Services:** Primary care spanning prenatal through pediatric, adolescent, adult, and geriatric care
- **Future Services:** Plans to potentially expand to dental, pharmaceutical, and other health services after establishing primary care

##### **2. Coordination with Other Districts (C.R.S. § 32-19-106(2)(b))**

**The plan does not explicitly mention coordination with a Health Assurance District, as there is no existing Health Assurance District in the area. This is compliant with the requirement to describe such coordination "if any."**

##### **3. Quality Assurance Measures (C.R.S. § 32-19-106(2)(c))**

**Section IX (page 25) outlines comprehensive quality assurance measures:**

- **Compliance with statutory reporting and filing requirements**
- **Public budget adoption and filing**
- **Annual independent audits**

- Adherence to Colorado Open Meetings Law and Open Records Act
- Professional oversight of healthcare providers
- Regular inspection and review of facilities

**4. Financial Plan (C.R.S. § 32-19-106(2)(d))**

The financial plan in Section VII (pages 21-24) details:

- Revenue sources including patient fees/charges, 1% sales tax (with projected \$1,142,413.95 annual revenue), grants, and donations
- Clear statement that no indebtedness is proposed to be incurred
- Explicit mention that the district does not intend to seek voter approval to impose ad valorem property taxes
- Proposal for a 10-year sunset clause on the sales tax

**5. Boundary Map (C.R.S. § 32-19-106(2)(e))**

The plan references a boundary map on page 5

**6. Facility Description (C.R.S. § 32-19-106(2)(f))**

Section X (page 26) provides detailed facility information:

- Initial location in existing 2,139 square foot space in Crow Hill business area of Bailey
- Description of available amenities (treatment rooms, electrical capacity, etc.)
- Potential for expansion with an additional 1,071 square feet
- Statement that facilities will be compatible with Park County standards

**7. Cost Estimates (C.R.S. § 32-19-106(2)(g))**

Section XI (page 27) provides cost estimates:

- Estimated \$400,000.00 budgeted for renovations, engineering, legal, administrative services and capital outlay in 2027
- Note that no indebtedness is proposed
- Information about space renovation included

**8. Agreements with Political Subdivisions (C.R.S. § 32-19-106(2)(h))**

Section XII (page 27) identifies relevant political subdivisions with which the district will work cooperatively:

- Park County
- Platte Canyon Fire District
- Elk Creek Fire District
- Platte Canyon School District RE-1

The plan notes that no contracts have been prepared yet and would be executed by the elected Board of Directors.

**9. Evidence Meeting Criteria (C.R.S. § 32-19-106(2)(i))**

The plan provides extensive evidence to establish criteria under section 32-1-203:

- Detailed population data showing 10,000-11,000 residents (60% of Park County's population)
- Comprehensive needs assessment showing inadequacy of existing healthcare services

- **Financial projections demonstrating capability to provide service**
- **Information about facility standards**

**10. Additional Information (C.R.S. § 32-19-106(2)(j))**

**The plan includes significant additional information that appears to address prior concerns from the Board of County Commissioners:**

- **Responses to specific concerns raised during previous plan submissions**
- **Extensive documentation of healthcare needs from multiple sources**
- **Timeline for implementation**
- **Alignment with county master plans**

**Areas of Particular Strength**

**1. Needs Assessment: The plan provides exhaustive documentation of healthcare needs in the proposed service area, including county designations as a Medically Underserved Population and Health Professional Shortage Area.**

**2. Financial Planning: The plan clearly outlines a sustainable financial model without property taxes or debt issuance.**

**3. Facility Readiness: The plan identifies specific, available space that has previously housed a medical clinic, reducing startup time and costs.**

**4. Alignment with County Planning: The plan demonstrates alignment with both the 2023 Community Health Assessment Plan and the 2025 Park County Strategic Master Plan.**

**Conclusion**

**The Service Plan for the proposed Platte Canyon Health Service District meets all the statutory requirements outlined in C.R.S. § 32-19-106(2). The plan provides thorough documentation of the need for healthcare services in the proposed district area and outlines a financially sustainable approach to addressing those needs.**