

**Second Regular Session
Seventy-first General Assembly
STATE OF COLORADO**

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 18-0879.01 Brita Darling x2241

HOUSE BILL 18-1321

HOUSE SPONSORSHIP

McKean and Arndt, Ginal

SENATE SPONSORSHIP

Moreno and Martinez Humenik, Kefalas

House Committees

Health, Insurance, & Environment
Appropriations

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING EFFICIENT ADMINISTRATION OF NONEMERGENCY**
102 **MEDICAL TRANSPORTATION WITHIN THE EXISTING BENEFIT**
103 **UNDER THE MEDICAL ASSISTANCE PROGRAM, AND, IN**
104 **CONNECTION THEREWITH, MAKING AND REDUCING AN**
105 **APPROPRIATION.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill requires the department of health care policy and financing (department) to create and implement a method for meeting

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

urgent transportation needs within the existing nonemergency medical transportation benefit under the medical assistance program.

The method created by the department must provide medical service provider and facility access to approved providers who can meet urgent transportation needs, and include an efficient method for obtaining and paying for the transportation services.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, **add** 25.5-5-324 as
3 follows:

4 **25.5-5-324. Nonemergency medical transportation - urgent**
5 **transportation need - report - repeal.** (1) ON OR BEFORE JANUARY 1,
6 2019, THE STATE DEPARTMENT SHALL CREATE AND IMPLEMENT AN
7 EFFICIENT AND COST-EFFECTIVE METHOD FOR MEETING URGENT
8 TRANSPORTATION NEEDS WITHIN THE EXISTING NONEMERGENCY MEDICAL
9 TRANSPORTATION BENEFIT UNDER THE MEDICAL ASSISTANCE PROGRAM.
10 URGENT TRANSPORTATION NEEDS INCLUDE DISCHARGE FROM INPATIENT,
11 EMERGENCY SERVICES, AND OTHER URGENT BUT NONEMERGENCY
12 SERVICES, AS DETERMINED BY THE STATE DEPARTMENT.

13 (2) THE METHOD CREATED BY THE STATE DEPARTMENT MUST
14 INCLUDE, AT A MINIMUM:

15 (a) MEDICAL SERVICE PROVIDER OR FACILITY ACCESS TO
16 APPROVED TRANSPORTATION PROVIDERS FOR PATIENTS WITH URGENT
17 TRANSPORTATION NEEDS;

18 (b) ACCESS TO TRANSPORTATION PROVIDERS WHO HAVE OBTAINED
19 THE NECESSARY BACKGROUND CHECKS, DRUG TESTS, TRAINING, AND
20 VEHICLE INSPECTIONS, AS REQUIRED BY THE STATE DEPARTMENT; AND

21 (c) AN EFFICIENT METHOD FOR OBTAINING AND PAYING FOR
22 TRANSPORTATION SERVICES FOR URGENT TRANSPORTATION NEEDS.

1 (3) THE STATE DEPARTMENT MAY CONTRACT FOR BACKGROUND
2 CHECKS, DRUG TESTS, TRAINING, AND VEHICLE INSPECTIONS THAT MAY BE
3 REQUIRED PURSUANT TO SUBSECTION (2) OF THIS SECTION.

4 (4) (a) THE STATE DEPARTMENT SHALL ANNUALLY REPORT ON THE
5 IMPLEMENTATION AND EFFECTIVENESS OF THE PROCESS CREATED IN THIS
6 SECTION FOR MEETING URGENT TRANSPORTATION NEEDS WITHIN THE
7 NONEMERGENCY MEDICAL TRANSPORTATION BENEFIT. THE STATE
8 DEPARTMENT SHALL PRESENT THE REPORT AS PART OF ITS ANNUAL
9 PRESENTATION TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE
10 SENATE AND THE PUBLIC HEALTH AND HUMAN SERVICES COMMITTEE OF
11 THE HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, THAT
12 IS HELD EACH YEAR DURING THE INTERIM PRIOR TO THE LEGISLATIVE
13 SESSION, AS REQUIRED PURSUANT TO SECTION 2-7-203.

14 (b) NOTWITHSTANDING THE PROVISIONS OF SECTION 24-1-136
15 (11)(a)(I) TO THE CONTRARY, THE REPORT REQUIRED PURSUANT TO THIS
16 SECTION SHALL CONTINUE UNTIL THE BEGINNING OF THE 2025
17 LEGISLATIVE SESSION.

18 (c) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2025.

19 **SECTION 2. Appropriation - adjustments to 2018 long bill.**

20 (1) For the 2018-19 state fiscal year, \$377,621 is appropriated to the
21 department of health care policy and financing. Of this appropriation
22 \$359,295 is from the general fund and \$18,326 is from the healthcare
23 affordability and sustainability fee cash fund created in section
24 25.5-4-402.4 (5)(a), C.R.S. To implement this act, the department may
25 use this appropriation as follows:

26 (a) \$25,688 for use by the executive director's office for personal
27 services, which consists of \$16,833 from the general fund and \$8,855

1 from the healthcare affordability and sustainability fee cash fund, and
2 which amount is based on an assumption that the department will require
3 an additional 0.8 FTE;

4 (b) \$2,731 for use by the executive director's office for operating
5 expenses, which consists of \$1,790 from the general fund and \$941 from
6 the healthcare affordability and sustainability fee cash fund;

7 (c) \$21,750 from the general fund for medicaid management
8 information system maintenance and projects; and

9 (d) \$327,452 for medical and long-term care services for medicaid
10 eligible individuals, which consists of \$318,922 from the general fund,
11 which amount is subject to the "(M)" notation as defined in the annual
12 general appropriation act for the same fiscal year, and \$8,530 from the
13 healthcare affordability and sustainability fee cash fund.

14 (2) For the 2018-19 state fiscal year, the general assembly
15 anticipates that the department of health care policy and financing will
16 receive \$436,989 in federal funds to implement this act. The
17 appropriation in subsection (1) of this section is based on the assumption
18 that the department will receive this amount of federal funds to be used
19 as follows:

20 (a) \$25,688 for use by the executive director's office for personal
21 services;

22 (b) \$2,732 for use by the executive director's office for operating
23 expenses;

24 (c) \$65,250 for medicaid management information system
25 maintenance and projects; and

26 (d) \$343,319 for medical and long-term care services for medicaid
27 eligible individuals.

1 (3) To implement this act, appropriations made in the annual
2 general appropriation act for the 2018-19 state fiscal year to the
3 department of health care policy and financing are adjusted as follows:

4 (a) The general fund appropriation for medical and long-term care
5 services for medicaid eligible individuals is decreased by \$359,295; and

6 (b) The cash funds appropriation from the healthcare affordability
7 and sustainability fee cash fund created in section 25.5-4-402.4 (5)(a),
8 C.R.S., for medical and long-term care services for medicaid eligible
9 individuals is decreased by \$52,378.

10 (4) The decrease of the appropriations in subsection (3) of this
11 section is based on the assumption that the anticipated amount of federal
12 funds received for the 2018-19 state fiscal year by the department of
13 health care policy and financing for medical and long-term care services
14 for medicaid eligible individuals will decrease by \$507,240.

15 **SECTION 3. Safety clause.** The general assembly hereby finds,
16 determines, and declares that this act is necessary for the immediate
17 preservation of the public peace, health, and safety.