

Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 22-0487.01 Jane Ritter x4342

HOUSE BILL 22-1289

HOUSE SPONSORSHIP

Gonzales-Gutierrez and McCluskie,

SENATE SPONSORSHIP

Moreno,

House Committees

Public & Behavioral Health & Human Services

Senate Committees

A BILL FOR AN ACT

101 CONCERNING IMPROVING ACCESS TO HEALTH BENEFITS FOR
102 ECONOMICALLY INSECURE COLORADO FAMILIES BY ENHANCING
103 PUBLIC HEALTH PROGRAMS.

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 makes the following changes to health insurance coverage for low-income pregnant people and children in low-income families:

- Provides full health insurance coverage for Colorado pregnant people who would be eligible for medicaid and the children's basic health plan (CHIP) if not for their

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.

- immigration status and continues that coverage for 12 months postpartum at the CHIP federal matching rate;
- Provides comprehensive health insurance coverage to all Colorado children who would be eligible for medicaid and CHIP if not for their immigration status;
 - Requires the state department of health care policy and financing to create an outreach and enrollment strategy for enrolling eligible groups into new coverage options;
 - Makes comprehensive lactation supports and supplies, including breast pumps, a covered benefit for perinatal people on medicaid and CHIP;
 - Draws down federal funds to improve perinatal and postpartum support and requires that priorities for the funds be determined through a stakeholder process;
 - Permanently authorizes an existing survey of birthing parents, run by the state department of public health and environment and increases the ability of the survey to collect and report on the experiences of birthing people of color in Colorado;
 - Creates a special enrollment period for health insurance coverage due to pregnancy so that an eligible person can sign up for insurance as soon as the person becomes pregnant; and
 - Improves the quality of health insurance coverage available through the health insurance affordability enterprise.

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

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 finds and declares that:

4 (a) Health insurance coverage is an important social determinant
5 of health because it provides both access to the health-care system and
6 financial security. Access to quality prenatal care is one of the most
7 important determinants of birth outcomes and a primary strategy to reduce
8 infant and maternal mortality.

9 (b) The stress and challenges of pregnancy and parenting with
10 limited financial resources are contributing factors to a high rate of
11 depression. One in four low-income pregnant or postpartum individuals

1 experience depression in a given year.

2 (c) Insurance coverage improves health status and mental health,
3 while decreasing infant, child, and adult mortality rates. Medicaid and the
4 children's health insurance program (CHIP) are key supports for pregnant
5 people and new parents, as well as their children in the critical early years
6 of life.

7 (d) Research shows that medicaid coverage for children and
8 pregnant people is associated with improved health and well-being.
9 Children born to medicaid-covered or otherwise insured parents are more
10 likely to be born at a healthier birth weight and are at lower risk of infant
11 mortality than babies born to people who are uninsured. Medicaid and
12 other insurance coverage of pregnant people is also associated with a
13 greater likelihood of children finishing high school and college and
14 having higher incomes as adults.

15 (e) When parents have health insurance, their children are more
16 likely to be insured;

17 (f) In Colorado, Hispanic and Latina individuals of reproductive
18 age are three times more likely to be uninsured compared to their
19 non-Hispanic peers. Research indicates that chronic stress associated with
20 being a racial or ethnic minority in the United States is largely responsible
21 for higher preterm birth rates and constitutes an independent risk factor
22 for preterm delivery.

23 (g) Approximately twenty-four percent of all pregnancy-related
24 deaths occur between forty-three to three hundred sixty-five days after a
25 pregnancy ends. There is growing evidence that providing insurance
26 coverage for at least one year of postpartum care can reduce preventable
27 maternal deaths, particularly among Black persons and immigrant

1 populations. Expanding access to prenatal and postpartum care will
2 decrease racial disparities in maternal and infant mortality.

3 (h) Prenatal care is cost effective. Studies have found that
4 providing prenatal care for low-income persons avoids costly infant
5 complications and infant death.

6 (2) The general assembly further finds that:

7 (a) All Colorado children deserve access to preventive and
8 life-saving health care. In Colorado, fourteen percent of uninsured
9 children are ineligible for medicaid or the children's basic health plan
10 because of their immigration status. Health insurance coverage is linked
11 to improved access to health-care services and increased use of preventive
12 services.

13 (b) Without expansion of health-care coverage, immigrant parents
14 with children who are ineligible for coverage are more likely to put off
15 seeking critical treatment until it is an emergency. Educational success,
16 physical health, emotional support, and family strength are inseparable.

17 (c) The COVID-19 pandemic has disproportionately harmed
18 immigrant communities across the state, exposing the dual impacts of
19 racism and xenophobia on access to health care. Ineligibility for
20 health-care coverage has led many immigrants to forgo COVID-19 testing
21 and treatment, despite both being free.

22 (d) As Colorado seeks to address these inequities to build a more
23 inclusive state, it is essential to expand coverage to the communities that
24 have been most impacted and vulnerable before, during, and well after the
25 COVID-19 health crisis; and

26 (e) Expanding health-care coverage to all children, pregnant and
27 postpartum persons, regardless of immigration status, is fundamental to

1 ensuring health equity in Colorado, allowing all parents and children to
2 thrive.

3 **SECTION 2.** In Colorado Revised Statutes, 10-16-105.7, **add**
4 (3)(a)(II)(H) as follows:

5 **10-16-105.7. Health benefit plan open enrollment periods -**
6 **special enrollment periods - rules.** (3) (a) (II) A triggering event occurs
7 when:

8 (H) BEGINNING JANUARY 1, 2024, AN INDIVIDUAL RECEIVES
9 CERTIFICATION FROM A HEALTH-CARE PROVIDER ACTING WITHIN THE
10 PROVIDER'S SCOPE OF PRACTICE THAT THE INDIVIDUAL IS PREGNANT.
11 COVERAGE IS DEEMED EFFECTIVE AS OF THE FIRST MONTH IN WHICH THE
12 INDIVIDUAL RECEIVES CERTIFICATION OF THE PREGNANCY, UNLESS THE
13 INDIVIDUAL ELECTS TO HAVE COVERAGE EFFECTIVE ON THE FIRST DAY OF
14 THE MONTH FOLLOWING THE DATE THAT THE INDIVIDUAL MAKES A PLAN
15 SELECTION. ANY PERSON OR ENTITY ENROLLING AN INDIVIDUAL IN
16 COVERAGE PURSUANT TO THIS SPECIAL ENROLLMENT PERIOD SHALL
17 PROVIDE A NOTICE, DEVELOPED BY THE DEPARTMENT THROUGH A
18 STAKEHOLDER PROCESS, TO THE INDIVIDUAL REGARDING THE
19 INDIVIDUAL'S OPTION TO BEGIN COVERAGE EITHER PROSPECTIVELY OR
20 RETROACTIVELY AND THE FINANCIAL AND TAX IMPLICATIONS OF THOSE
21 OPTIONS. THE NOTICE MUST BE IN, AT A MINIMUM, ENGLISH AND SPANISH.

22 **SECTION 3.** In Colorado Revised Statutes, 10-16-1207, **repeal**
23 (4)(c)(IV)(A); and **add** (4)(c.5) as follows:

24 **10-16-1207. Health insurance affordability board - creation -**
25 **membership - powers and duties - subject to open meetings and**
26 **public records laws - commissioner rules.** (4) The board is authorized
27 to:

1 (c) Recommend, for approval and establishment by the
2 commissioner by rule:

3 (IV) The parameters for implementing the subsidies for
4 state-subsidized individual health coverage plans authorized by this part
5 12, including:

6 ~~(A) The coverage required under state-subsidized individual~~
7 ~~health coverage plans, which coverage must maximize affordability for~~
8 ~~qualified individuals and must include coverage for the lowest income~~
9 ~~group, as determined by the board, that has no premium and provides~~
10 ~~benefits actuarially equivalent to ninety percent of the full actuarial value~~
11 ~~of the benefits provided under the plan; and~~

12 (c.5) FURTHER RECOMMEND, FOR APPROVAL AND ESTABLISHMENT
13 BY THE COMMISSIONER BY RULE, ADDITIONAL PARAMETERS FOR
14 IMPLEMENTING THE SUBSIDIES FOR STATE-SUBSIDIZED INDIVIDUAL HEALTH
15 COVERAGE PLANS AUTHORIZED BY THIS PART 12, INCLUDING THAT THE
16 COVERAGE REQUIRED PURSUANT TO STATE-SUBSIDIZED INDIVIDUAL
17 HEALTH COVERAGE PLANS MUST:

18 (I) MAXIMIZE AFFORDABILITY FOR QUALIFIED INDIVIDUALS;

19 (II) COVER BENEFITS EQUIVALENT TO THOSE IN A QUALIFIED
20 HEALTH PLAN; AND

21 (III) FOR A PERSON WHO, AT THE TIME THE PERSON APPLIES FOR
22 STATE-SUBSIDIZED COVERAGE, MEETS THE INCOME REQUIREMENTS TO
23 QUALIFY FOR EMERGENCY MEDICAL ASSISTANCE PURSUANT TO SECTION
24 25.5-5-103, INCLUDE COVERAGE THAT:

25 (A) HAS NO PREMIUM;

26 (B) HAS AN ACTUARIAL VALUE OF NOT LESS THAN NINETY-FOUR
27 PERCENT; AND

1 (C) TO THE EXTENT POSSIBLE WITH AVAILABLE FUNDING,
2 INCLUDES COST SHARING THAT IS FURTHER REDUCED FROM SUBSECTION
3 (4)(c.5)(III)(B) OF THIS SECTION SUCH THAT THE PLAN HAS CONSUMER
4 COST SHARING RESPONSIBILITIES FOR EMERGENCY SERVICES EQUIVALENT
5 TO COST SHARING RESPONSIBILITIES FOR EMERGENCY MEDICAL
6 ASSISTANCE PURSUANT TO SECTION 25.5-5-103.

7 **SECTION 4.** In Colorado Revised Statutes, 25-1.5-101, **add**
8 (1)(cc) as follows:

9 **25-1.5-101. Powers and duties of department - laboratory cash**
10 **fund - report - dispensation of payments under contracts with**
11 **grantees - definitions - repeal.** (1) The department has, in addition to all
12 other powers and duties imposed upon it by law, the powers and duties
13 provided in this section as follows:

14 (cc) TO CARRY OUT THE HEALTH SURVEY FOR BIRTHING PARENTS
15 AND REPORTING REQUIREMENTS SET FORTH IN PART 7 OF THIS ARTICLE 1.5.

16 **SECTION 5.** In Colorado Revised Statutes, **add** part 7 to article
17 1.5 of title 25 as follows:

18 PART 7

19 HEALTH SURVEY FOR BIRTHING PARENTS

20 **25-1.5-701. Health survey for birthing parents.** (1) BEGINNING
21 JULY 1, 2022, THE DEPARTMENT SHALL BEGIN DEVELOPING A
22 METHODOLOGY AND BUILDING A HEALTH SURVEY FOR BIRTHING PARENTS,
23 REFERRED TO IN THIS SECTION AS THE "SURVEY", TO GIVE PEOPLE WHO
24 HAVE GIVEN BIRTH THE OPPORTUNITY TO SHARE OPINIONS AND
25 EXPERIENCES DURING THE FIRST FEW YEARS OF THEIR BABIES' LIVES. THE
26 PURPOSE OF THE SURVEY IS TO INFORM COLORADO POLICIES AND
27 PROGRAMS DESIGNED TO ADVANCE HEALTH EQUITY. AS PART OF THE

1 SURVEY, THE DEPARTMENT SHALL:

2 (a) INVITE A STATEWIDE COHORT OF PEOPLE WHO HAVE RECENTLY
3 GIVEN BIRTH TO JOIN THE SURVEY;

4 (b) ANNUALLY AND UP UNTIL A SURVEY PARTICIPANT'S CHILD'S
5 THIRD BIRTHDAY, PROVIDE TO EACH PARTICIPANT AT LEAST TWO BRIEF
6 ONLINE QUESTIONNAIRES ON A VARIETY OF HEALTH AND SOCIAL TOPICS,
7 INCLUDING:

8 (I) HOW THE PARTICIPANT FEELS PHYSICALLY AND EMOTIONALLY
9 AFTER HAVING GIVEN BIRTH;

10 (II) THE PARTICIPANT'S MENTAL HEALTH AND SUBSTANCE USE
11 BEFORE, DURING, AND AFTER PREGNANCY;

12 (III) THE PARTICIPANT'S OPINIONS ON CHILDHOOD VACCINATIONS
13 AND OTHER IMPORTANT HEALTH DECISIONS;

14 (IV) THE PARTICIPANT'S ABILITY TO TAKE LEAVE FROM WORK;

15 (V) THE PARTICIPANT'S ABILITY TO FEED THE PARTICIPANT'S BABY
16 IN THE PARTICIPANT'S PREFERRED WAY;

17 (VI) THE PARTICIPANT'S EXPERIENCES WITH DOCTORS AND OTHER
18 HEALTH-CARE WORKERS DURING AND AFTER PREGNANCY, INCLUDING ANY
19 EXPERIENCES OF DISCRIMINATION; AND

20 (VII) THE PARTICIPANT'S FAMILY'S ACCESS TO HEALTH CARE AND
21 HEALTH SERVICES, INCLUDING BEHAVIORAL HEALTH SERVICES AND ORAL
22 HEALTH SERVICES, AND OTHER RESOURCES NECESSARY FOR THE FAMILY
23 TO BE HAPPY AND HEALTHY.

24 (2) THE SURVEY MUST BE DESIGNED TO OVERSAMPLE MEMBERS OF
25 GROUPS THAT COMPRISE A SMALL PERCENTAGE OF THE POPULATION AND
26 THAT DISPROPORTIONATELY EXPERIENCE HEALTH INEQUITIES, INCLUDING
27 AFRICAN AMERICANS AND NATIVE AMERICANS, SO THAT DATA ABOUT

1 THE EXPERIENCES OF THESE POPULATIONS CAN BE MADE PUBLIC.
2 PARTICIPANT DATA ABOUT RACE, ETHNICITY, SEXUAL ORIENTATION, AND
3 GENDER IDENTITY MUST BE COLLECTED AND REPORTED IN A MANNER THAT
4 PROTECTS PERSONALLY IDENTIFYING INFORMATION.

5 **SECTION 6.** In Colorado Revised Statutes, 25.5-2-103, **amend**
6 (1)(b) as follows:

7 **25.5-2-103. Reproductive health-care program - report - rules**
8 **- definitions.** (1) As used in this section, unless the context otherwise
9 requires:

10 (b) "Eligible individual" means an individual with reproductive
11 capacity, regardless of gender, ~~citizenship, or immigration status,~~ who
12 would be eligible to enroll in the medical assistance program, ~~except that~~
13 ~~the individual is not a citizen of the United States and is not considered~~
14 ~~an eligible noncitizen pursuant to 8 U.S.C. secs. 1611 and 1612 and~~
15 ~~section 25.5-5-101 (2)(b)~~ AS DESCRIBED IN SECTION 25.5-4-103 (13) BUT
16 IS NOT ELIGIBLE DUE SOLELY TO THE INDIVIDUAL'S IMMIGRATION STATUS,
17 AND WHO IS NOT ELIGIBLE FOR STATE MEDICAL ASSISTANCE, AS DESCRIBED
18 IN SECTION 25.5-2-104.

19 **SECTION 7.** In Colorado Revised Statutes, **add** 25.5-2-104 and
20 25.5-2-105 as follows:

21 **25.5-2-104. State-funded health and medical care.**

22 (1) BEGINNING JANUARY 1, 2024, THERE IS CREATED THE STATE MEDICAL
23 ASSISTANCE PROGRAM REFERRED TO IN THIS SECTION AS "STATE MEDICAL
24 ASSISTANCE". STATE MEDICAL ASSISTANCE INCLUDES ALL BENEFITS AND
25 SERVICES AT THE SAME COST TO THE BENEFICIARY AS ARE OFFERED
26 PURSUANT TO THE MEDICAL ASSISTANCE PROGRAM DEFINED IN SECTION
27 25.5-4-103 (13), SUCH THAT, TO THE MAXIMUM EXTENT POSSIBLE,

1 ELIGIBLE INDIVIDUALS MUST NOT BE ABLE TO TELL THAT THE PERSON IS
2 ENROLLED IN A DIFFERENT PROGRAM FROM MEDICAL ASSISTANCE
3 PURSUANT TO SECTION 25.5-4-103 (13).

4 (2) A CHILD WHO IS LESS THAN NINETEEN YEARS OF AGE IS
5 ELIGIBLE TO RECEIVE STATE MEDICAL ASSISTANCE IF THE CHILD WOULD BE
6 ELIGIBLE FOR MEDICAL ASSISTANCE AS DEFINED IN SECTION 25.5-4-103
7 (13) BUT IS NOT ELIGIBLE DUE SOLELY TO THE CHILD'S IMMIGRATION
8 STATUS.

9 (3) A CHILD WHO IS LESS THAN NINETEEN YEARS OF AGE IS
10 PRESUMPTIVELY ELIGIBLE FOR STATE MEDICAL ASSISTANCE AND WILL
11 RECEIVE SERVICES SPECIFIED BY STATE LAW ONLY IF A PARENT OR LEGAL
12 GUARDIAN OF THE CHILD DECLARES ALL PERTINENT INFORMATION
13 RELATING TO THE CRITERIA OF INCOME AND ASSETS OF THE CHILD'S
14 FAMILY.

15 (4) STATE MEDICAL ASSISTANCE MUST BE FUNDED BY STATE
16 FUNDS ONLY, EXCEPT TO THE EXTENT FEDERAL FUNDS ARE MADE
17 AVAILABLE THROUGH EXPRESS WRITTEN AUTHORIZATION THROUGH A
18 FEDERAL WAIVER, STATE PLAN AMENDMENT, OR OTHERWISE, BY THE
19 CENTERS FOR MEDICARE AND MEDICAID SERVICES.

20 (5) THE STATE DEPARTMENT SHALL SEEK ANY NECESSARY
21 FEDERAL APPROVALS TO MAXIMIZE ANY AVAILABLE FEDERAL FINANCIAL
22 PARTICIPATION IN IMPLEMENTING THIS SECTION.

23 (6) TO THE MAXIMUM EXTENT ALLOWABLE UNDER FEDERAL LAW,
24 THE STATE DEPARTMENT SHALL, USING APPROPRIATE FUNDING, USE THE
25 SAME INFRASTRUCTURE AND PROVIDER NETWORK TO DELIVER STATE
26 MEDICAL ASSISTANCE AS IT DOES TO DELIVER MEDICAL ASSISTANCE AS
27 DEFINED IN SECTION 25.5-4-103 (13).

1 (7) THIS SECTION CONSTITUTES STATE AUTHORITY WITHIN THE
2 MEANING OF 8 U.S.C. SEC. 1621 (d), AS THAT LAW EXISTED ON JANUARY
3 1, 2022.

4 (8) BEGINNING JANUARY 1, 2024, AND CONTINUING EVERY YEAR
5 THEREAFTER, THE STATE DEPARTMENT, IN ITS PRESENTATION TO THE JOINT
6 BUDGET COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS
7 PRESENTATION TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE
8 SENATE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF
9 REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AT THE HEARING
10 HELD PURSUANT TO SECTION 2-7-203 (2)(a) OF THE "STATE
11 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
12 (SMART) GOVERNMENT ACT", SHALL REPORT ON THE COST SAVINGS AND
13 HEALTH BENEFITS ASSOCIATED WITH STATE MEDICAL ASSISTANCE.

14 **25.5-2-105. State children's basic health plan.** (1) BEGINNING
15 JANUARY 1, 2024, THERE IS CREATED THE STATE CHILDREN'S BASIC
16 HEALTH PLAN. THE STATE CHILDREN'S BASIC HEALTH PLAN INCLUDES ALL
17 BENEFITS AND SERVICES, AT THE SAME COST TO THE BENEFICIARY, AS ARE
18 OFFERED PURSUANT TO THE CHILDREN'S BASIC HEALTH PLAN IN SECTION
19 25.5-8-107, SUCH THAT, TO THE MAXIMUM EXTENT POSSIBLE, ELIGIBLE
20 INDIVIDUALS MUST NOT BE ABLE TO TELL THAT THEY ARE ENROLLED IN A
21 DIFFERENT PROGRAM FROM THE PLAN DESCRIBED IN SECTION 25.5-8-107.

22 (2) A CHILD WHO IS LESS THAN NINETEEN YEARS OF AGE IS
23 ELIGIBLE TO RECEIVE THE STATE CHILDREN'S BASIC HEALTH PLAN IF THE
24 CHILD WOULD BE ELIGIBLE FOR THE CHILDREN'S BASIC HEALTH PLAN AS
25 DESCRIBED IN 25.5-8-107, BUT IS NOT ELIGIBLE DUE SOLELY TO THE
26 CHILD'S IMMIGRATION STATUS.

27 (3) A CHILD WHO LESS THAN NINETEEN YEARS OF AGE IS

1 PRESUMPTIVELY ELIGIBLE FOR THE STATE CHILDREN'S BASIC HEALTH PLAN
2 AND WILL RECEIVE SERVICES SPECIFIED BY STATE LAW ONLY IF A PARENT
3 OR LEGAL GUARDIAN OF THE CHILD DECLARES ALL PERTINENT
4 INFORMATION RELATING TO THE CRITERIA OF INCOME AND ASSETS OF THE
5 CHILD'S FAMILY.

6 (4) THE STATE CHILDREN'S BASIC HEALTH PLAN MUST BE FUNDED
7 BY STATE FUNDS ONLY, EXCEPT TO THE EXTENT FEDERAL FUNDS ARE
8 MADE AVAILABLE THROUGH EXPRESS WRITTEN AUTHORIZATION THROUGH
9 A FEDERAL WAIVER, STATE PLAN AMENDMENT, OR OTHERWISE, BY THE
10 CENTERS FOR MEDICARE AND MEDICAID SERVICES.

11 (5) THE STATE DEPARTMENT SHALL SEEK ANY NECESSARY
12 FEDERAL APPROVALS TO MAXIMIZE ANY AVAILABLE FEDERAL FINANCIAL
13 PARTICIPATION IN IMPLEMENTING THIS SECTION.

14 (6) TO THE MAXIMUM EXTENT ALLOWABLE UNDER FEDERAL LAW,
15 THE STATE DEPARTMENT SHALL, USING APPROPRIATE FUNDING, USE THE
16 SAME INFRASTRUCTURE AND PROVIDER NETWORK TO DELIVER THE STATE'S
17 CHILDREN'S BASIC HEALTH PLAN AS IT DOES TO DELIVER THE CHILDREN'S
18 BASIC HEALTH PLAN DESCRIBED IN SECTION 25.5-8-107.

19 (7) THIS SECTION CONSTITUTES STATE AUTHORITY WITHIN THE
20 MEANING OF 8 U.S.C. SEC. 1621 (d), AS THAT LAW EXISTED ON JANUARY
21 1, 2022.

22 (8) BEGINNING JANUARY 1, 2024, AND CONTINUING EVERY YEAR
23 THEREAFTER, THE STATE DEPARTMENT SHALL, IN ITS PRESENTATION TO
24 THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS
25 PRESENTATION TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE
26 SENATE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF
27 REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AT THE HEARING

1 HELD PURSUANT TO SECTION 2-7-203 (2)(a) OF THE "STATE
2 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
3 (SMART) GOVERNMENT ACT", THE STATE DEPARTMENT SHALL REPORT
4 ON THE COST SAVINGS AND HEALTH BENEFITS ASSOCIATED WITH STATE'S
5 BASIC HEALTH PLAN.

6 **SECTION 8.** In Colorado Revised Statutes, 25.5-4-103, **amend**
7 (10) as follows:

8 **25.5-4-103. Definitions.** As used in this article 4 and articles 5
9 and 6 of this title 25.5, unless the context otherwise requires:

10 (10) ~~"Legal immigrant"~~ "LAWFULLY RESIDING" means an
11 individual who is not a citizen or national of the United States and who
12 was lawfully admitted to the United States by the immigration and
13 naturalization service, or any successor agency, as an actual or
14 prospective permanent resident or whose extended physical presence in
15 the United States is known to and allowed by the immigration and
16 naturalization service, or any successor agency.

17 **SECTION 9.** In Colorado Revised Statutes, 25.5-4-301, **amend**
18 (13) as follows:

19 **25.5-4-301. Recoveries - overpayments - penalties - interest -**
20 **adjustments - liens - review or audit procedures.** (13) To the extent
21 allowable under federal law, the state department shall recover from a
22 ~~legal immigrant's~~ THE SPONSOR OF A LAWFULLY RESIDING INDIVIDUAL all
23 medical assistance paid on behalf of a ~~THE sponsored legal immigrant~~
24 LAWFULLY RESIDING INDIVIDUAL who is enrolled in the medical assistance
25 program.

26 **SECTION 10.** In Colorado Revised Statutes, **amend** 25.5-4-503
27 as follows:

1 **25.5-4-503. Waiver applications - authorization.** (1) The state
2 department is authorized to apply for health insurance flexibility and
3 accountability waivers that will enable the state to add more flexibility to
4 Colorado's medicaid program and that will result in a cost-effective
5 method of providing health-care services to Coloradans.

6 (2) THE STATE DEPARTMENT SHALL PURSUE AND, IF APPROVED,
7 IMPLEMENT A DEMONSTRATION WAIVER THAT AUTHORIZES THE STATE TO
8 USE FEDERAL MEDICAL ASSISTANCE PAYMENTS AUTHORIZED PURSUANT TO
9 SECTION 1903(v) OF THE FEDERAL "SOCIAL SECURITY ACT", AS AMENDED,
10 TO ENHANCE THE STATE'S SUBSIDIZATION OF HEALTH INSURANCE FOR
11 LOW-INCOME COLORADANS, AND, IF NEEDED TO MAXIMIZE FEDERAL
12 FINANCIAL PARTICIPATION, FOR COLORADANS RECEIVING STATE MEDICAL
13 ASSISTANCE PURSUANT TO SECTION 25.5-2-104.

14 **SECTION 11.** In Colorado Revised Statutes, 25.5-5-101, **amend**
15 (3) as follows:

16 **25.5-5-101. Mandatory provisions - eligible groups.**
17 (3) Notwithstanding any other provision of this article and articles 4 and
18 6 of this ~~title~~ TITLE 25.5, as a condition of eligibility for medical
19 assistance under this ~~article~~ ARTICLE 5 and articles 4 and 6 of this ~~title~~
20 TITLE 25.5, a ~~legal immigrant~~ PERSON WHO IS LAWFULLY RESIDING IN THE
21 STATE shall agree to refrain from executing an affidavit of support for the
22 purpose of sponsoring an alien on or after July 1, 1997, under rules
23 promulgated by the immigration and naturalization service, or any
24 successor agency, during the pendency of ~~such legal immigrant's~~ THE
25 LAWFULLY RESIDING PERSON'S receipt of medical assistance. Nothing in
26 this subsection (3) ~~shall be construed to affect a legal immigrant's~~
27 AFFECTS A LAWFULLY RESIDING PERSON'S eligibility for medical assistance

1 ~~under this article~~ PURSUANT TO THIS ARTICLE 5 and articles 4 and 6 of this
2 ~~title~~ TITLE 25.5 based upon ~~such legal immigrant's~~ THE LAWFULLY
3 RESIDING PERSON'S responsibilities under an affidavit of support entered
4 into before July 1, 1997.

5 **SECTION 12.** In Colorado Revised Statutes, 25.5-5-201, **amend**
6 (3), (4) and (4.5)(a); and **add** (6) as follows:

7 **25.5-5-201. Optional provisions - optional groups.** (3) A ~~legal~~
8 ~~immigrant~~ LAWFULLY RESIDING PERSON who is receiving medicaid
9 nursing facility care or home- and community-based services on July 1,
10 1997, ~~shall~~ MUST continue to receive such services as long as ~~he or she~~
11 THE PERSON meets the eligibility requirements other than citizen status.
12 State general funds may be used to reimburse such care in the event that
13 federal financial participation is not available.

14 (4) A pregnant ~~legal immigrant shall be~~ PERSON WHO IS LAWFULLY
15 RESIDING IS eligible to receive ~~prenatal and medical services for labor and~~
16 ~~delivery as long as she~~ MEDICAL ASSISTANCE AS LONG AS THE INDIVIDUAL
17 meets eligibility requirements other than THOSE RELATED TO citizen OR
18 IMMIGRATION status. State general funds may be used to reimburse such
19 care in the event that federal financial participation is not available.

20 (4.5) (a) Subject to the receipt of federal financial participation,
21 to the maximum extent allowed under federal law, a person who was
22 eligible for ~~all pregnancy-related and postpartum services under the~~
23 medical assistance program for the sixty days following the pregnancy
24 remains continuously eligible for all services under the medical assistance
25 program for the twelve-month postpartum period.

26 (6) (a) BEGINNING JANUARY 1, 2024, A PREGNANT PERSON WHO IS
27 NOT A CITIZEN AND WHO IS NOT ELIGIBLE FOR MEDICAL ASSISTANCE

1 PURSUANT TO SUBSECTION (4) OF THIS SECTION IS ELIGIBLE TO RECEIVE
2 MEDICAL ASSISTANCE PURSUANT TO THIS SUBSECTION (6)(a) IF THE
3 INDIVIDUAL MEETS THE ELIGIBILITY REQUIREMENTS OTHER THAN THOSE
4 RELATED TO CITIZENSHIP AND IMMIGRATION STATUS.

5 (b) A PREGNANT PERSON WHO IS ELIGIBLE FOR MEDICAL
6 ASSISTANCE PURSUANT TO THIS SUBSECTION (6) REMAINS CONTINUOUSLY
7 ELIGIBLE FOR ALL MEDICAL SERVICES PURSUANT TO THE MEDICAL
8 ASSISTANCE PROGRAM FOR THE TWELVE-MONTH POSTPARTUM PERIOD.

9 (c) THE STATE DEPARTMENT SHALL SEEK ANY NECESSARY
10 FEDERAL APPROVALS TO MAXIMIZE ANY AVAILABLE FEDERAL FINANCIAL
11 PARTICIPATION IN IMPLEMENTING THIS SUBSECTION (6). BENEFITS FOR
12 SERVICES OBTAINED PURSUANT TO THIS SUBSECTION (6) MUST BE
13 PROVIDED WITH ONLY STATE FUNDS IF FEDERAL FINANCIAL PARTICIPATION
14 IS UNAVAILABLE FOR SUCH SERVICES.

15 (d) BEGINNING JANUARY 1, 2024, AND CONTINUING EVERY YEAR
16 THEREAFTER, THE STATE DEPARTMENT, IN ITS PRESENTATION TO THE JOINT
17 BUDGET COMMITTEE OF THE GENERAL ASSEMBLY, AS WELL AS IN ITS
18 PRESENTATION TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE
19 SENATE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF
20 REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AT THE HEARING
21 HELD PURSUANT TO SECTION 2-7-203 (2)(a) OF THE "STATE
22 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
23 (SMART) GOVERNMENT ACT", SHALL REPORT ON THE COST SAVINGS AND
24 HEALTH BENEFITS ASSOCIATED WITH THE COVERAGE EXPANSION CREATED
25 PURSUANT TO THIS SUBSECTION (6).

26 **SECTION 13.** In Colorado Revised Statutes, 25.5-5-202, **add**
27 (1)(y) as follows:

1 **25.5-5-202. Basic services for the categorically needy - optional**
2 **services.** (1) Subject to the provisions of subsection (2) of this section,
3 the following are services for which federal financial participation is
4 available and that Colorado has selected to provide as optional services
5 under the medical assistance program:

6 (y) FOR ANY PERINATAL PERSON, COMPREHENSIVE LACTATION
7 SUPPORT SERVICES, BREASTFEEDING SUPPLIES, MAINTENANCE, AND
8 EQUIPMENT. BREASTFEEDING EQUIPMENT INCLUDES A DOUBLE ELECTRIC
9 BREAST PUMP, PUMP PARTS, AND BREAST MILK STORAGE SUPPLIES.

10 **SECTION 14.** In Colorado Revised Statutes, 25.5-5-204, **amend**
11 (2) and (2.5) as follows:

12 **25.5-5-204. Presumptive eligibility - pregnant person -**
13 **children - long-term care - state plan.** (2) (a) A pregnant ~~woman shall~~
14 ~~be~~ PERSON IS presumptively eligible for the medical assistance program
15 and shall receive services specified by federal law only if the ~~woman~~
16 PERSON declares all pertinent information relating to the criteria of
17 income, assets, ~~and status~~ AND, ONLY IF NECESSARY TO ADMINISTER
18 REIMBURSEMENT FOR SERVICES, STATUS.

19 (b) ~~A woman shall declare her immigration status unless the~~
20 ~~general assembly provides funding for prenatal care services for~~
21 ~~undocumented residents.~~

22 (2.5) A child ~~under the age of eighteen years shall be~~ LESS THAN
23 NINETEEN YEARS OF AGE IS presumptively eligible for the medical
24 assistance program and shall receive services specified by federal law
25 only if a parent or legal guardian of the child declares all pertinent
26 information relating to the criteria of income, assets, ~~and status~~ AND,
27 ONLY IF NECESSARY TO ADMINISTER REIMBURSEMENT FOR SERVICES,

1 STATUS of the child's family.

2 **SECTION 15.** In Colorado Revised Statutes, **add** 25.5-6-115 as
3 follows:

4 **25.5-6-115. Notification of federal immigration consequences.**

5 THE STATE DEPARTMENT SHALL CONSULT WITH STAKEHOLDERS,
6 INCLUDING PEOPLE WITH LIVED EXPERIENCE, IMMIGRANTS RIGHTS
7 ADVOCATES, HEALTH-CARE ADVOCATES, AND IMMIGRATION LAWYERS, TO
8 PROVIDE CLEAR AND ACCURATE INFORMATION AND REFERRALS
9 REGARDING CURRENT PUBLIC CHARGE POLICIES.

10 **SECTION 16.** In Colorado Revised Statutes, 25.5-8-103, **amend**
11 (4)(a)(I) and (4)(b)(I) as follows:

12 **25.5-8-103. Definitions.** As used in this article 8, unless the
13 context otherwise requires:

14 (4) "Eligible person" means:

15 (a) (I) A person who is less than nineteen years of age, WHO IS A
16 CITIZEN OR MEETS THE IMMIGRATION STATUS REQUIREMENTS SET FORTH
17 IN SECTION 25.5-8-109 (6) OR 25.5-8-109 (7), whose family income does
18 not exceed two hundred fifty percent of the federal poverty line, adjusted
19 for family size, AND WHO IS NOT ELIGIBLE FOR MEDICAL ASSISTANCE
20 PURSUANT TO ARTICLES 4, 5, AND 6 OF THIS TITLE 25.5.

21 (b) (I) A ~~pregnant woman~~ PERSON WHO IS A CITIZEN OR MEETS THE
22 IMMIGRATION STATUS REQUIREMENTS SET FORTH IN SECTION 25.5-8-109
23 (6) OR 25.5-8-109 (7), whose family income does not exceed two hundred
24 fifty percent of the federal poverty line, adjusted for family size, and who
25 is not eligible for ~~medicaid~~ MEDICAL ASSISTANCE PURSUANT TO ARTICLES
26 4, 5, AND 6 OF THIS TITLE 25.5.

27 **SECTION 17.** In Colorado Revised Statutes, 25.5-8-107, **add**

1 (1)(a)(V) and (1)(i) as follows:

2 **25.5-8-107. Duties of the department - schedule of services -**
3 **premiums - copayments - subsidies - purchase of childhood**
4 **immunizations.** (1) In addition to any other duties pursuant to this article
5 8, the department has the following duties:

6 (a) (V) IN ADDITION TO THE ITEMS SPECIFIED IN SUBSECTIONS
7 (1)(a)(I), (1)(a)(II), AND (1)(a)(III) OF THIS SECTION, AND ANY
8 ADDITIONAL ITEMS APPROVED BY THE MEDICAL SERVICES BOARD, THE
9 MEDICAL SERVICES BOARD SHALL INCLUDE, FOR ALL PERINATAL PEOPLE,
10 COMPREHENSIVE LACTATION SUPPORT SERVICES, BREASTFEEDING
11 SUPPLIES, MAINTENANCE, AND EQUIPMENT. BREASTFEEDING EQUIPMENT
12 INCLUDES A DOUBLE ELECTRIC BREAST PUMP, PUMP PARTS, AND BREAST
13 MILK STORAGE SUPPLIES.

14 (i) (I) THE DEPARTMENT SHALL DEVELOP AND IMPLEMENT AN
15 OUTREACH STRATEGY FOR COLORADANS WHO BECOME ELIGIBLE FOR
16 HEALTH COVERAGE PURSUANT TO SECTION 25.5-2-104, 25.5-2-105,
17 25.5-5-201 (6), OR 25.5-8-109 (7). THE STATE DEPARTMENT SHALL WORK
18 WITH STAKEHOLDERS TO DEVELOP AN OUTREACH STRATEGY THAT
19 INCLUDES:

20 (A) FUNDING FOR COMMUNITY-BASED ORGANIZATIONS TO
21 PARTNER WITH THE DEPARTMENT ON OUTREACH;

22 (B) A METHOD FOR PROVIDING INFORMATION RELATED TO
23 ELIGIBILITY AND ENROLLMENT THAT CAN BE PROVIDED TO NONPROFIT
24 PARTNERS, SCHOOL DISTRICTS, AND CHARTER SCHOOLS FOR OUTREACH
25 PURPOSES; AND

26 (C) AT A MINIMUM, PROVIDING INFORMATION RELATED TO
27 ELIGIBILITY AND COVERAGE IN ENGLISH, SPANISH, AND IN EACH

1 LANGUAGE SPOKEN BY AT LEAST TWO-AND-ONE-HALF PERCENT OF THE
2 POPULATION OF ANY COUNTY WHO SPEAK ENGLISH LESS THAN VERY WELL,
3 AS DEFINED BY THE UNITED STATES BUREAU OF THE CENSUS AMERICAN
4 COMMUNITY SURVEY, AND WHO SPEAK THE MINORITY LANGUAGE AT
5 HOME;

6 (II) APPROXIMATELY TWELVE AND TWENTY-FOUR MONTHS AFTER
7 IMPLEMENTATION OF THE STRATEGY REQUIRED PURSUANT TO SUBSECTION
8 (1)(i)(I) OF THIS SECTION, THE DEPARTMENT SHALL CONVENE
9 STAKEHOLDERS, INCLUDING DIRECTLY IMPACTED INDIVIDUALS, SERVICE
10 PROVIDERS, AND ADVOCACY ORGANIZATIONS THAT ARE DIVERSE WITH
11 REGARD TO RACE, ETHNICITY, IMMIGRATION STATUS, SEXUAL
12 ORIENTATION, AND GENDER IDENTITY AND WHO ARE AFFECTED BY HIGHER
13 RATES OF HEALTH DISPARITIES AND INEQUITIES. THE DEPARTMENT SHALL
14 REPORT ON THE OUTREACH AND ENROLLMENT STRATEGY OUTCOMES,
15 INCLUDING ENROLLMENT OF ELIGIBLE PERSONS INTO THESE PROGRAMS
16 COMPARED TO THOSE PERSONS WHO ARE ELIGIBLE FOR COVERAGE, BUT
17 NOT ENROLLED.

18 (III) BEGINNING JANUARY 1, 2024, AND CONTINUING EVERY YEAR
19 THEREAFTER, THE DEPARTMENT SHALL REPORT ON THE COST SAVINGS AND
20 HEALTH BENEFITS ASSOCIATED WITH THE PROGRAM TO THE JOINT BUDGET
21 COMMITTEE AND IN ITS PRESENTATION TO THE HEALTH AND HUMAN
22 SERVICES COMMITTEE OF THE SENATE AND THE HEALTH AND INSURANCE
23 COMMITTEE OF THE HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR
24 COMMITTEES, PURSUANT TO SECTION 2-7-203.

25 **SECTION 18.** In Colorado Revised Statutes, 25.5-8-109, **amend**
26 (5.5)(a) and (6); and **add** (7) as follows:

27 **25.5-8-109. Eligibility - children - pregnant women - repeal.**

1 (5.5) (a) Subject to the receipt of federal financial participation, to the
2 maximum extent allowed under federal law, a person who was eligible for
3 the plan while pregnant and who remains eligible for ~~all~~
4 ~~pregnancy-related and postpartum services under~~ the plan for the sixty
5 days following the pregnancy remains continuously eligible for all
6 services under the plan for the twelve-month postpartum period.

7 (6) (a) Notwithstanding any other provision of law, but subject to
8 ~~the availability of sufficient appropriations and~~ the receipt of federal
9 financial participation, the department ~~may~~ SHALL provide benefits ~~under~~
10 ~~this article~~ PURSUANT TO THIS ARTICLE 8 to a pregnant ~~woman who is a~~
11 ~~qualified alien~~ PERSON WHO IS LAWFULLY RESIDING, AS DEFINED IN
12 SECTION 25.5-4-103 (10), and a child ~~under~~ LESS THAN nineteen years of
13 age, ~~who is a qualified alien~~ WHO IS LAWFULLY RESIDING, so long as such
14 ~~woman~~ PREGNANT PERSON or child meets eligibility criteria ~~other than~~
15 ~~citizenship~~ OTHER THAN THOSE RELATED TO CITIZENSHIP OR IMMIGRATION
16 STATUS.

17 (7) (a) BEGINNING JANUARY 1, 2024, NOTWITHSTANDING ANY
18 OTHER PROVISION OF LAW, BUT SUBJECT TO THE RECEIPT OF FEDERAL
19 FINANCIAL PARTICIPATION, THE DEPARTMENT SHALL PROVIDE BENEFITS
20 PURSUANT TO THIS ARTICLE 8 TO A PREGNANT PERSON WHO IS NOT A
21 CITIZEN AND IS NOT ELIGIBLE PURSUANT TO SUBSECTION (6) OF THIS
22 SECTION, SO LONG AS THE PREGNANT PERSON MEETS THE ELIGIBILITY
23 CRITERIA OTHER THAN THOSE RELATED TO CITIZENSHIP OR IMMIGRATION
24 STATUS. ELIGIBILITY PURSUANT TO THIS SECTION EXTENDS CONTINUOUSLY
25 THROUGH THE TWELVE-MONTH POSTPARTUM PERIOD.

26 (b) THE DEPARTMENT SHALL SEEK ANY NECESSARY FEDERAL
27 APPROVALS TO MAXIMIZE ANY AVAILABLE FEDERAL FINANCIAL

1 PARTICIPATION IN IMPLEMENTING THIS SUBSECTION (7).

2 (c) BEGINNING JANUARY 1, 2024, AND CONTINUING EVERY YEAR
3 THEREAFTER, THE DEPARTMENT SHALL, IN ITS PRESENTATION TO THE JOINT
4 BUDGET COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS
5 PRESENTATION TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE
6 SENATE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF
7 REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AT THE HEARING
8 HELD PURSUANT TO SECTION 2-7-203 (2)(a) OF THE "STATE
9 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
10 (SMART) GOVERNMENT ACT", THE DEPARTMENT SHALL REPORT ON THE
11 COST SAVINGS AND HEALTH BENEFITS ASSOCIATED WITH THE COVERAGE
12 EXPANSION CREATED PURSUANT TO THIS SUBSECTION (7).

13 (d) THIS SUBSECTION (7) CONSTITUTES STATE AUTHORITY WITHIN
14 THE MEANING OF 8 U.S.C. SEC. 1621 (d), AS THAT LAW EXISTED ON
15 JANUARY 1, 2022.

16 **SECTION 19.** In Colorado Revised Statutes, **add** 25.5-8-109.3
17 as follows:

18 **25.5-8-109.3. Health services initiatives.** (1) TO THE EXTENT
19 FEDERAL FINANCIAL PARTICIPATION IS AVAILABLE, THE DEPARTMENT
20 SHALL DESIGN AND IMPLEMENT HEALTH SERVICE INITIATIVES PURSUANT
21 TO SECTION 2105(a)(1)(D)(ii) OF THE FEDERAL "SOCIAL SECURITY ACT",
22 AS AMENDED, TO PROVIDE FUNDING FOR CONTINUOUS ENROLLMENT FOR
23 THE TWELVE-MONTH POSTPARTUM PERIOD FOR A PERSON WHO IS
24 ENROLLED IN HEALTH-CARE COVERAGE PURSUANT TO SECTION 25.5-5-201
25 (6) OR 25.5-8-109 (7).

26 (2) TO THE EXTENT ADDITIONAL FEDERAL FINANCIAL
27 PARTICIPATION IS AVAILABLE, THE DEPARTMENT SHALL ESTABLISH A

1 STAKEHOLDER PROCESS IN COLLABORATION WITH DEPARTMENT STAFF TO
2 DETERMINE ADDITIONAL PRIORITIES AND BUDGET ALLOCATIONS THAT
3 DRAW DOWN AT LEAST FIFTY PERCENT OF THE REMAINING HEALTH
4 SERVICES INITIATIVE FUNDS TO EXPAND ACCESS TO PERINATAL AND
5 POSTPARTUM SUPPORTS. IN CONDUCTING THE STAKEHOLDER PROCESS, THE
6 DEPARTMENT SHALL:

7 (a) ENGAGE DIRECTLY WITH IMPACTED INDIVIDUALS, SERVICE
8 PROVIDERS, ADVOCACY ORGANIZATIONS, AND INDIVIDUALS WORKING IN
9 OR REPRESENTING COMMUNITIES WHO ARE DIVERSE WITH REGARD TO
10 RACE, ETHNICITY, IMMIGRATION STATUS, AGE, ABILITY, SEXUAL
11 ORIENTATION, GENDER IDENTITY, OR GEOGRAPHIC REGION OF THE STATE
12 AND WHO ARE AFFECTED BY HIGHER RATES OF HEALTH DISPARITIES AND
13 INEQUITIES;

14 (b) PUBLICIZE, CONDUCT, AND REPORT OUTCOMES OF
15 STAKEHOLDER MEETINGS IN, AT A MINIMUM, ENGLISH AND SPANISH;

16 (c) INCLUDE OPPORTUNITIES FOR PARTICIPATION IN THE
17 STAKEHOLDER PROCESS OUTSIDE OF REGULAR WORK HOURS;

18 (d) TAKE INTO CONSIDERATION RESEARCH AND INFORMATION
19 FROM REPORTS ISSUED BY THE MATERNAL MORTALITY REVIEW
20 COMMITTEE, AS REQUIRED BY SECTION 25-52-104 (6);

21 (e) TAKE INTO CONSIDERATION DATA FROM THE HEALTH SURVEY
22 FOR BIRTHING PARENTS TO INFORM STAKEHOLDER DECISION-MAKING; AND

23 (f) CONSIDER INITIATIVES TO REDUCE DIAPER NEED, EXPAND
24 ACCESS TO GROUP-BASED PRENATAL AND PEDIATRIC CARE MODELS, AND
25 EXPAND HOME VISITATION PROGRAMS, INCLUDING VOLUNTARY NEWBORN
26 NURSE VISITATION PROGRAMS THAT ARE UNIVERSALLY OFFERED TO ALL
27 FAMILIES IN A GIVEN COMMUNITY AND PROVIDE AT LEAST ONE NURSE VISIT

1 WITHIN THE FIRST THREE MONTHS OF LIFE.

2 (3) (a) THE DEPARTMENT SHALL SEEK ANY NECESSARY FEDERAL
3 APPROVALS TO OBTAIN FEDERAL FINANCIAL PARTICIPATION IN
4 IMPLEMENTING SUBSECTION (1) OF THIS SECTION.

5 (b) TO THE EXTENT ALLOWABLE, THE DEPARTMENT SHALL
6 MAXIMIZE FEDERAL FINANCIAL PARTICIPATION IN IMPLEMENTING THIS
7 SECTION.

8 **SECTION 20. Safety clause.** The general assembly hereby finds,
9 determines, and declares that this act is necessary for the immediate
10 preservation of the public peace, health, or safety.