

**First Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO**

PREAMENDED

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

LLS NO. 23-0015.02 Yelana Love x2295

HOUSE BILL 23-1209

HOUSE SPONSORSHIP

Boesenecker and McCormick, Bacon, Brown, deGruy Kennedy, Epps, Froelich, Gonzales-Gutierrez, Hamrick, Herod, Jodeh, Joseph, Kipp, Lieder, Lindsay, Mabrey, McLachlan, Michaelson Jenet, Ortiz, Sharbini, Sirota, Story, Titone, Velasco, Vigil, Weissman, Willford, Woodrow

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Appropriations

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A BILL FOR AN ACT

101 **CONCERNING THE ANALYSIS OF A UNIVERSAL HEALTH-CARE SYSTEM,**
102 **AND, IN CONNECTION THEREWITH, MAKING AN 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 Colorado school of public health to analyze model legislation for implementing a publicly financed and privately delivered universal health-care payment system for Colorado that directly compensates providers. The Colorado school of public health must submit a report detailing its findings from the analysis to the general assembly by December 1, 2023.

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

HOUSE
3rd Reading Unamended
April 18, 2023

HOUSE
Amended 2nd Reading
April 17, 2023

The bill also creates the statewide health-care analysis task force consisting of members appointed by the general assembly and the governor, as well as executive directors of specified state departments, the commissioner of insurance, and the chief executive officer of the Colorado health benefit exchange or any designees of the executive directors, the commissioner, and the chief executive officer. The task force is created for the purpose of advising the Colorado school of public health during the analysis.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** 23-20-145 as
3 follows:

4 **23-20-145. Universal health care analysis - legislative**
5 **declaration - definitions - repeal. (1) Legislative declaration.** THE
6 GENERAL ASSEMBLY FINDS AND DECLARES THAT:

7 (a) THE FINAL REPORT OF THE BLUE RIBBON COMMISSION FOR
8 HEALTH CARE REFORM, CREATED IN SECTION 10-16-131 BEFORE ITS
9 REPEAL, ISSUED IN JANUARY 2008, AND THE SEPTEMBER 1, 2021, REPORT
10 OF THE HEALTH CARE COST ANALYSIS TASK FORCE, CREATED IN SECTION
11 25.5-11-103 BEFORE ITS REPEAL, BOTH CLEARLY SHOWED THAT A SINGLE,
12 NONPROFIT SYSTEM FOR HEALTH CARE CAN SAVE MONEY, COVER
13 EVERYONE IN THE STATE, AND SUPPORT BETTER HEALTH CARE;

14 (b) TO ACHIEVE BETTER, MORE AFFORDABLE, AND FAIRER HEALTH
15 CARE, THE PEOPLE OF COLORADO NEED ANSWERS TO VERY IMPORTANT
16 **QUESTIONS REGARDING UNIVERSAL HEALTH CARE; AND**

17 (c) IT IS IMPORTANT TO HAVE AN ANALYSIS OF MODEL
18 **LEGISLATION FOR A UNIVERSAL HEALTH CARE SYSTEM IN ORDER TO**
19 DETERMINE WHETHER SUCH A SYSTEM WOULD ACHIEVE THE GOALS OF
20 BETTER, MORE AFFORDABLE, AND FAIRER HEALTH CARE FOR ALL
21 COLORADANS.

1 (2) AS USED IN THIS SECTION:

2 (a) "FEDERAL ACT" MEANS THE FEDERAL "PATIENT PROTECTION
3 AND AFFORDABLE CARE ACT", PUB.L. 111-148, AS AMENDED BY THE
4 FEDERAL "HEALTH CARE AND EDUCATION RECONCILIATION ACT OF
5 2010", PUB.L. 111-152.

6 (b) (I) "HEALTH-CARE PROVIDER" OR "PROVIDER" MEANS ANY
7 PERSON WHO IS LICENSED, CERTIFIED, REGISTERED, OR OTHERWISE
8 PERMITTED BY STATE LAW TO ADMINISTER HEALTH CARE IN THE ORDINARY
9 COURSE OF BUSINESS OR IN THE PRACTICE OF A PROFESSION.

10 (II) "HEALTH-CARE PROVIDER" INCLUDES A PROFESSIONAL
11 SERVICE CORPORATION, LIMITED LIABILITY COMPANY, OR REGISTERED
12 LIMITED LIABILITY PARTNERSHIP ORGANIZED PURSUANT TO STATE LAW
13 FOR THE PRACTICE OF A HEALTH-CARE PROFESSION.

14 (c) "MEDICAID" MEANS THE MEDICAL ASSISTANCE PROGRAMS
15 ESTABLISHED PURSUANT TO THE "COLORADO MEDICAL ASSISTANCE ACT",
16 ARTICLES 4 TO 6 OF TITLE 25.5;

17 (d) "MEDICARE" MEANS FEDERAL INSURANCE OR ASSISTANCE
18 PROVIDED BY THE "HEALTH INSURANCE FOR THE AGED ACT", TITLE XVIII
19 OF THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395 ET SEQ.,
20 AS AMENDED.

21 (e) (I) "REPRODUCTIVE HEALTH CARE" MEANS HEALTH CARE AND
22 OTHER MEDICAL SERVICES RELATED TO THE REPRODUCTIVE PROCESSES,
23 FUNCTIONS, AND SYSTEMS AT ALL STAGES OF LIFE.

24 (II) "REPRODUCTIVE HEALTH CARE" INCLUDES FAMILY PLANNING
25 AND CONTRACEPTIVE CARE; ABORTION CARE; PRENATAL, POSTNATAL, AND
26 DELIVERY CARE; FERTILITY CARE; STERILIZATION SERVICES; AND
27 PREVENTION OF AND TREATMENTS FOR SEXUALLY TRANSMITTED

1 INFECTIONS AND REPRODUCTIVE CANCERS.

2 (f) "TASK FORCE" MEANS THE STATEWIDE HEALTH-CARE ANALYSIS
3 TASK FORCE CREATED PURSUANT TO SECTION 25.5-1-133.

4 (g) "UNIVERSAL HEALTH-CARE SYSTEM" MEANS A HEALTH-CARE
5 PAYMENT SYSTEM UNDER WHICH EVERY RESIDENT OF THE STATE HAS
6 ACCESS TO ADEQUATE AND AFFORDABLE HEALTH CARE.

7 (3) (a) (I) NO LATER THAN OCTOBER 1, 2023, THE COLORADO
8 SCHOOL OF PUBLIC HEALTH SHALL RESEARCH AND SELECT MODEL
9 LEGISLATION THAT PROPOSES A FRAMEWORK FOR A PUBLICLY FINANCED
10 AND PRIVATELY DELIVERED UNIVERSAL HEALTH-CARE SYSTEM FOR
11 COLORADO THAT DIRECTLY COMPENSATES PROVIDERS.

12 (II) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL MAKE THE
13 MODEL LEGISLATION IT SELECTS PUBLICLY AVAILABLE ON A WEBSITE SO
14 THAT INTERESTED PARTIES MAY EVALUATE AND REVIEW THE MODEL
15 LEGISLATION.

16 (b) THE MODEL LEGISLATION MUST BE CREATED BY A
17 NOT-FOR-PROFIT ORGANIZATION THAT PRIORITIZES A HEALTH-CARE
18 SYSTEM THAT:

19 (I) PROVIDES COMPREHENSIVE BENEFITS FOR MEDICAL CARE,
20 INCLUDING DENTAL, HEARING, VISION, AND MENTAL HEALTH;

21 (II) PROVIDES HOME CARE AND LONG-TERM CARE AT LEAST AT THE
22 LEVEL OF COVERAGE CURRENTLY AVAILABLE TO COLORADANS WHO ARE
23 MEDICAID RECIPIENTS, AS DEFINED IN SECTION 25.5-4-103 (21);

24 (III) REQUIRES HEALTH-CARE DECISIONS TO BE MADE BY PATIENTS
25 AND THE PATIENT'S HEALTH-CARE PROVIDERS;

26 (IV) ALLOWS PATIENTS TO HAVE FREE CHOICE AMONG PROVIDERS
27 THAT PARTICIPATE IN THE UNIVERSAL HEALTH-CARE SYSTEM;

1 (V) PROVIDES HEALTH-CARE BENEFITS TO ALL COLORADO
2 RESIDENTS;

3 (VI) IS FUNDED BY PREMIUMS BASED ON AN INDIVIDUAL'S ABILITY
4 TO PAY;

5 (VII) PROHIBITS DEDUCTIBLES AND COPAYMENTS;

6 (VIII) ENSURES FAIR DRUG AND HOSPITAL PRICES AS WELL AS FAIR
7 PAYMENT TO PROVIDERS;

8 (IX) IS ADMINISTERED THROUGH A PUBLICLY ADMINISTERED
9 NONPROFIT ENTERPRISE THAT IS THE SOLE AGENCY PAYING FOR
10 HEALTH-CARE COSTS IN THE STATE; AND

11 (X) IS DESIGNED TO PRIORITIZE BENEFITS AND ACCESS TO CARE
12 FOR PATIENTS WHILE PREVENTING BARRIERS TO CARE THAT ARE IMPOSED
13 FOR THE PURPOSE OF INCREASING PROFITS.

14 (4) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL ANALYZE
15 THE MODEL LEGISLATION SELECTED PURSUANT TO SUBSECTION (3) OF THIS
16 SECTION. THE ANALYSIS MAY:

17 (a) INCLUDE THE FIRST-, SECOND-, FIFTH-, AND TENTH-YEAR
18 COSTS;

19 (b) IDENTIFY REIMBURSEMENT RATES FOR HEALTH-CARE
20 PROVIDERS AT LEVELS THAT RESULT IN NET INCOME THAT WILL ATTRACT
21 AND RETAIN NECESSARY HEALTH-CARE PROVIDERS;

22 (c) CONSIDER A PROGRAM TO REIMBURSE HEALTH-CARE BENEFITS
23 AT ONE HUNDRED TWENTY PERCENT OF MEDICARE RATES FOR RESIDENTS
24 OF COLORADO WHO ARE TEMPORARILY LIVING OUT OF STATE;

25 (d) ENSURE THAT THE BENEFITS OUTLINED IN THE MODEL
26 LEGISLATION ARE THE SAME AS THE BENEFITS REQUIRED BY THE FEDERAL
27 ACT AND AS CURRENTLY REQUIRED UNDER STATE LAW;

- 1 (e) IDENTIFY HEALTH EXPENDITURES BY PAYER;
- 2 (f) IDENTIFY COSTS BASED ON AN INDIVIDUAL'S ABILITY TO PAY;
- 3 (g) DESCRIBE HOW A UNIVERSAL HEALTH-CARE SYSTEM PROVIDES
- 4 THE FOLLOWING:
- 5 (I) SERVICES REQUIRED BY THE FEDERAL ACT AND STATE LAW;
- 6 (II) SERVICES COVERED UNDER MEDICARE;
- 7 (III) MEDICAID SERVICES AND BENEFITS THAT MEET OR EXCEED
- 8 CURRENT SERVICES AND BENEFITS AND WITH PROVIDER REIMBURSEMENT
- 9 RATES THAT ARE EQUIVALENT TO OR HIGHER THAN CURRENT
- 10 REIMBURSEMENT RATES;
- 11 (IV) MEDICAID SERVICES AND BENEFITS FOR INDIVIDUALS WITH
- 12 DISABILITIES WHO DO NOT MEET ASSET OR INCOME QUALIFICATIONS, WHO
- 13 HAVE THE RIGHT TO MANAGE THEIR OWN CARE, AND WHO HAVE THE RIGHT
- 14 TO DURABLE MEDICAL EQUIPMENT;
- 15 (V) COVERAGE FOR WOMEN'S HEALTH-CARE SERVICES AND
- 16 REPRODUCTIVE HEALTH CARE TO THE EXTENT THAT THOSE SERVICES ARE
- 17 ALLOWABLE BY STATE AND FEDERAL LAW;
- 18 (VI) VISION, HEARING, AND DENTAL SERVICES;
- 19 (VII) ACCESS TO PRIMARY AND SPECIALTY HEALTH-CARE
- 20 SERVICES IN RURAL COLORADO AND OTHER UNDERSERVED AREAS OR
- 21 POPULATIONS; AND
- 22 (VIII) BEHAVIORAL, MENTAL HEALTH, AND SUBSTANCE USE
- 23 DISORDER SERVICES;
- 24 (h) CONSIDER OTHER COLLATERAL COSTS AS DETERMINED BY THE
- 25 TASK FORCE;
- 26 (i) PROVIDE A GENERAL COST ESTIMATE AS WELL AS POTENTIAL
- 27 ADDITIONAL REVENUE SOURCES TO COVER HOME CARE AND LONG-TERM

1 CARE FOR ALL COLORADANS INELIGIBLE FOR MEDICAID; █

2 (j) DETERMINE THE IMPACT OF IMPLEMENTING A UNIVERSAL
3 HEALTH-CARE SYSTEM ON VARIOUS SOCIO-ECONOMIC GROUPS;

4 (k) DETERMINE THE IMPACT ON IMPLEMENTING A UNIVERSAL
5 HEALTH-CARE SYSTEM ON HEALTH-CARE FACILITIES, PRIVATE HEALTH
6 INSURANCE COMPANIES, AND THE COLORADO OPTION HEALTH INSURANCE
7 PLAN;

8 (l) ANALYZE THE IMPACT OF A UNIVERSAL HEALTH-CARE SYSTEM
9 ON THE COST AND DEVELOPMENT OF SPECIALTY PRESCRIPTION DRUGS AND
10 TREATMENT FOR RARE DISEASES; ==

11 (m) ANALYZE THE IMPACT OF A UNIVERSAL HEALTH-CARE SYSTEM
12 ON UNION MEMBERS AND CONTRACTORS THAT EMPLOY UNION MEMBERS
13 RELATED TO THE PRICE THAT UNION MEMBERS, INCLUDING UNION
14 MEMBERS FROM OTHER STATES, MUST PAY FOR COLORADO'S POTENTIAL
15 UNIVERSAL HEALTH-CARE SYSTEM AND ON ANY EXISTING HEALTH
16 INSURANCE COVERAGE THAT A UNION HAS COLLECTIVELY BARGAINED
17 FOR; AND

18 (n) PROVIDE ANY ADDITIONAL INFORMATION THE COLORADO
19 SCHOOL OF PUBLIC HEALTH FINDS RELEVANT.

20 (5) (a) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL
21 INCORPORATE AN ACTUARIAL ANALYSIS OF THE MODEL LEGISLATION
22 SELECTED PURSUANT TO SUBSECTION (3) OF THIS SECTION INTO THE
23 ANALYSIS CONDUCTED PURSUANT TO SUBSECTION (4) OF THIS SECTION.

24 (b) THE ACTUARIAL ANALYSIS CONDUCTED PURSUANT TO THIS
25 SUBSECTION MUST:

26 (I) ANALYZE THE COSTS OF IMPLEMENTING A UNIVERSAL
27 HEALTH-CARE SYSTEM IN COLORADO;

1 (II) ANALYZE THE OVERALL FUNDING REQUIREMENTS OF
2 IMPLEMENTING A UNIVERSAL HEALTH-CARE SYSTEM IN COLORADO; AND

3 (III) BE CONDUCTED BY A QUALIFIED ACTUARIAL FIRM THAT HAS
4 EXPERIENCE WORKING IN COLORADO.

5 (6) (a) By **OCTOBER 1, 2024**, THE COLORADO SCHOOL OF PUBLIC
6 HEALTH SHALL SUBMIT A REPORT DETAILING ITS FINDINGS FROM THE
7 ANALYSIS COMPLETED PURSUANT TO SUBSECTIONS (4) AND (5) OF THIS
8 SECTION TO THE HOUSE OF REPRESENTATIVES COMMITTEE ON HEALTH AND
9 INSURANCE AND THE SENATE COMMITTEE ON HEALTH AND HUMAN
10 SERVICES, OR THEIR SUCCESSOR COMMITTEES.

11 (b) BEFORE THE REPORT BY THE COLORADO SCHOOL OF PUBLIC
12 HEALTH IS SUBMITTED TO THE GENERAL ASSEMBLY PURSUANT TO
13 SUBSECTION (5)(a) OF THIS SECTION, THE REPORT MUST BE APPROVED BY
14 A MAJORITY VOTE OF THE MEMBERS APPOINTED TO THE TASK FORCE AT A
15 MEETING OF THE TASK FORCE.

16 (7) THIS SECTION IS REPEALED, EFFECTIVE **DECEMBER 1, 2025**.

17 **SECTION 2.** In Colorado Revised Statutes, **add 25.5-1-133** as
18 follows:

19 **25.5-1-133. Statewide health-care analysis task force - creation**
20 **- appointments - duties - repeal.** (1) (a) THERE IS CREATED IN THE
21 STATE DEPARTMENT THE STATEWIDE HEALTH-CARE ANALYSIS TASK FORCE
22 FOR THE PURPOSE OF ADVISING THE COLORADO SCHOOL OF PUBLIC HEALTH
23 IN COMPLETING THE ANALYSIS REQUIRED BY SECTION 23-20-145.

24 (b) THE STATEWIDE HEALTH-CARE ANALYSIS TASK FORCE MUST
25 APPROVE THE REPORT PREPARED BY THE COLORADO SCHOOL OF PUBLIC
26 HEALTH PURSUANT TO SECTION 23-20-145 (5) BY A MAJORITY VOTE OF
27 THE MEMBERS APPOINTED TO THE TASK FORCE AT A MEETING OF THE TASK

1 FORCE.

2 (2) ON OR BEFORE AUGUST 1, 2023, THE PRESIDENT OF THE
3 SENATE, THE MINORITY LEADER OF THE SENATE, THE SPEAKER OF THE
4 HOUSE OF REPRESENTATIVES, AND THE MINORITY LEADER OF THE HOUSE
5 OF REPRESENTATIVES MAY EACH APPOINT ONE MEMBER OF THE GENERAL
6 ASSEMBLY TO THE TASK FORCE.

7 (3) (a) ON OR BEFORE AUGUST 1, 2023, THE GOVERNOR SHALL
8 APPOINT THE FOLLOWING MEMBERS TO THE TASK FORCE:

9 (I) ONE MEMBER REPRESENTING A STATEWIDE HOSPITAL
10 ASSOCIATION;

11 (II) ONE MEMBER REPRESENTING ORGANIZED LABOR;

12 (III) ONE MEMBER REPRESENTING THE DISABILITY COMMUNITY;

13 (IV) ONE MEMBER WHO IS A REPRODUCTIVE HEALTH CARE
14 ADVOCATE; ■

15 (V) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION OF
16 PHYSICIANS;

17 (VI) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION
18 OF MENTAL HEALTH-CARE PROVIDERS;

19 (VII) ONE MEMBER WHO IS A STATE TAX EXPERT OR AN EXPERT ON
20 SECTION 20 OF ARTICLE X OF THE STATE CONSTITUTION;

21 (VIII) ONE MEMBER WHO IS A RURAL HEALTH CARE ADVOCATE;

22 (IX) ONE MEMBER WHO IS A REGISTERED NURSE REPRESENTING A
23 STATEWIDE NURSES ASSOCIATION; ==

24 (X) ONE MEMBER WHO IS A REPRESENTATIVE FROM A PRIVATE
25 HEALTH INSURANCE COMPANY;

26 (XI) ONE MEMBER WHO IS A REPRESENTATIVE OF A PHARMACY
27 BENEFIT MANAGER, AS DEFINED IN SECTION 10-16-102 (49);

1 (XII) ONE MEMBER WHO IS AN ACTUARIAL CONSULTANT SERVING
2 INSURANCE CARRIERS THAT PROVIDE HEALTH INSURANCE COVERAGE TO
3 COLORADANS;

4 (XIII) ONE MEMBER WHO IS A REPRESENTATIVE OF A
5 SELF-INSURED EMPLOYER THAT PROVIDES HEALTH INSURANCE TO ITS
6 EMPLOYEES UNDER A HEALTH INSURANCE PLAN COVERED BY THE FEDERAL
7 "EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974", 29 U.S.C.
8 SEC. 1001 ET SEQ., AS AMENDED; AND

9 (XIV) ONE MEMBER WHO REPRESENTS MANAGEMENT OF
10 ORGANIZED LABOR THAT PROVIDES HEALTH INSURANCE COVERAGE FOR
11 INDIVIDUALS WHO ARE INSURED UNDER A HEALTH INSURANCE PLAN
12 COVERED BY THE FEDERAL "EMPLOYEE RETIREMENT INCOME SECURITY
13 ACT OF 1974", 29 U.S.C. SEC. 1001 ET SEQ., AS AMENDED.

14 (b) IN MAKING THE APPOINTMENTS PURSUANT TO SUBSECTION
15 (3)(a) OF THIS SECTION, THE GOVERNOR SHALL ENSURE THAT THE
16 APPOINTEES:

17 (I) HAVE A DEMONSTRATED ABILITY TO REPRESENT THE INTERESTS
18 OF ALL COLORADANS AND, REGARDLESS OF THE APPOINTEES'
19 BACKGROUNDS OR AFFILIATIONS, ARE ABLE TO PRESENT OBJECTIVE,
20 NONPARTISAN, FACTUAL, AND EVIDENCE-BASED IDEAS AND TO
21 OBJECTIVELY ADVISE THE COLORADO SCHOOL OF PUBLIC HEALTH
22 CONCERNING HEALTH-CARE FINANCING SYSTEMS; AND

23 (II) REFLECT THE SOCIAL, DEMOGRAPHIC, AND GEOGRAPHIC
24 DIVERSITY OF THE STATE.

25 (4) THE EXECUTIVE DIRECTORS OF THE DEPARTMENT OF HUMAN
26 SERVICES AND THE STATE DEPARTMENT; THE COMMISSIONER OF
27 INSURANCE; AND THE CHIEF EXECUTIVE OFFICER OF THE HEALTH BENEFIT

1 EXCHANGE, CREATED IN ARTICLE 22 OF TITLE 10, OR THE DESIGNEE OF AN
2 EXECUTIVE DIRECTOR, THE COMMISSIONER, OR THE CHIEF EXECUTIVE
3 OFFICER, SHALL SERVE ON THE TASK FORCE.

4 (5) (a) THE EXECUTIVE DIRECTOR OF THE STATE DEPARTMENT, OR
5 THE EXECUTIVE DIRECTOR'S DESIGNEE SERVING ON THE TASK FORCE,
6 SHALL CALL THE FIRST MEETING OF THE TASK FORCE.

7 (b) THE TASK FORCE SHALL SELECT A CHAIR AND VICE-CHAIR FROM
8 AMONG ITS MEMBERS. A MEMBER OF THE TASK FORCE APPOINTED
9 PURSUANT TO SUBSECTION (3)(a) OF THIS SECTION MAY BE REMOVED BY
10 A MAJORITY VOTE OF THE REMAINING MEMBERS OF THE TASK FORCE. IF A
11 VACANCY OCCURS ON THE TASK FORCE, THE ORIGINAL APPOINTING
12 AUTHORITY SHALL APPOINT A NEW MEMBER TO FILL THE VACANCY.

13 (c) THE TASK FORCE SHALL MEET AT LEAST SIX TIMES BEFORE
14 OCTOBER 2024 AND MAY CONVENE ADDITIONAL MEETINGS BY A MAJORITY
15 VOTE OF THE MEMBERS OF THE TASK FORCE.

16 (d) ALL MEETINGS OF THE TASK FORCE SHALL BE OPEN TO THE
17 PUBLIC, AND THE TASK FORCE SHALL POST NOTICE OF THE MEETINGS AT
18 LEAST TWENTY-FOUR HOURS IN ADVANCE OF THE MEETING ON THE
19 COLORADO SCHOOL OF PUBLIC HEALTH'S WEBSITE OR THE STATE
20 DEPARTMENT'S WEBSITE, OR BOTH.

21 (6) AT THE FIRST MEETING OF THE TASK FORCE, A REPRESENTATIVE
22 FROM THE ENTITY PROVIDING THE MODEL LEGISLATION SELECTED BY THE
23 COLORADO SCHOOL OF PUBLIC HEALTH SHALL PRESENT THE MODEL
24 LEGISLATION TO THE TASK FORCE FOR FEEDBACK.

25 (7) NONLEGISLATIVE TASK FORCE MEMBERS ARE NOT ENTITLED TO
26 RECEIVE PER DIEM OR OTHER COMPENSATION FOR PERFORMANCE OF
27 SERVICES FOR THE TASK FORCE BUT MAY BE REIMBURSED FOR ACTUAL

1 AND NECESSARY EXPENSES WHILE ENGAGED IN THE PERFORMANCE OF
2 OFFICIAL DUTIES OF THE TASK FORCE. LEGISLATIVE TASK FORCE MEMBERS
3 ARE REIMBURSED PURSUANT TO SECTION 2-2-307 (3).

4 (8) THIS SECTION IS REPEALED, EFFECTIVE DECEMBER 1, 2025.

5 **SECTION 3.** In Colorado Revised Statutes, 23-3.3-103, **add** (12)
6 as follows:

7 **23-3.3.-103. Annual appropriations - repeal.** (12) (a) THE
8 PROVISIONS OF SUBSECTION (1) OF THIS SECTION CONCERNING
9 APPROPRIATIONS FOR STUDENT FINANCIAL ASSISTANCE UNDER THIS
10 ARTICLE 3.3 DO NOT APPLY TO APPROPRIATIONS MADE PURSUANT TO
11 SECTION 23-20-145 FOR THE COLORADO UNIVERSAL HEALTH-CARE
12 SYSTEM LEGISLATION ANALYSIS CONDUCTED BY THE COLORADO SCHOOL
13 OF PUBLIC HEALTH.

14 (b) THIS SUBSECTION (12) IS REPEALED, EFFECTIVE JULY 1, 2026.

15 **SECTION 4. Appropriation.** (1) For the 2023-24 state fiscal
16 year, \$277,560 is appropriated to the department of higher education. This
17 appropriation is from the general fund. To implement this act, the
18 department may use this appropriation for the regents of the university of
19 Colorado for allocation to the Colorado school of public health.

20 (2) For the 2023-24 state fiscal year, \$24,492 is appropriated to
21 the department of health care policy and financing. This appropriation is
22 from the general fund. To implement this act, the department may use this
23 appropriation for general professional services and special projects.

24 (3) For the 2023-24 state fiscal year, \$4,720 is appropriated to the
25 legislative department for use by the general assembly. This appropriation
26 is from the general fund. To implement this act, the general assembly may
27 use this appropriation for legislator per diem and travel reimbursement.

1 **SECTION 5. Safety clause.** The general assembly hereby finds,
2 determines, and declares that this act is necessary for the immediate
3 preservation of the public peace, health, or safety.