

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

PREAMENDED

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

LLS NO. 24-0190.01 Christopher McMichael x4775

HOUSE BILL 24-1075

HOUSE SPONSORSHIP

McCormick and Boesenecker,

SENATE SPONSORSHIP

Marchman and Jaquez Lewis,

House Committees

Health & Human Services
Appropriations

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING CONSIDERATION OF A STATEWIDE UNIVERSAL**
102 **HEALTH-CARE PAYMENT SYSTEM, AND, IN CONNECTION**
103 **THEREWITH, CREATING AN ADVISORY TASK FORCE FOR THE**
104 **PURPOSE OF ADVISING THE COLORADO SCHOOL OF PUBLIC**
105 **HEALTH IN CONDUCTING AN ANALYSIS OF DRAFT MODEL**
106 **LEGISLATION CONCERNING A STATEWIDE UNIVERSAL**
107 **HEALTH-CARE PAYMENT SYSTEM.**

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>.)

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.

The bill requires the Colorado school of public health to analyze draft model legislation for implementing a single-payer, nonprofit, 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 to the general assembly by October 1, 2025.

The bill also creates the statewide health-care analysis advisory task force consisting of 21 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 advisory 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** 23-20-146 as
3 follows:

4 **23-20-146. Universal health-care payment system - research**
5 **and selection of draft model legislation - analysis - legislative**
6 **declaration - report - definitions - repeal. (1) Legislative declaration.**

7 THE GENERAL ASSEMBLY FINDS AND DECLARES THAT:

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

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

1 (c) AN ANALYSIS OF DRAFT MODEL LEGISLATION FOR A UNIVERSAL
2 HEALTH-CARE PAYMENT SYSTEM IS IMPORTANT IN ORDER TO DETERMINE
3 WHETHER SUCH A SYSTEM WOULD ACHIEVE THE GOALS OF BETTER, MORE
4 AFFORDABLE, AND FAIRER HEALTH CARE FOR ALL COLORADANS.

5 (2) AS USED IN THIS SECTION:

6 (a) "ADVISORY TASK FORCE" MEANS THE STATEWIDE
7 HEALTH-CARE ANALYSIS ADVISORY TASK FORCE CREATED PURSUANT TO
8 SECTION 25.5-1-135.

9 (b) "FEDERAL ACT" MEANS THE FEDERAL "PATIENT PROTECTION
10 AND AFFORDABLE CARE ACT", PUB.L. 111-148, AS AMENDED BY THE
11 FEDERAL "HEALTH CARE AND EDUCATION RECONCILIATION ACT OF
12 2010", PUB.L. 111-152.

13 (c) (I) "HEALTH-CARE PROVIDER" OR "PROVIDER" MEANS ANY
14 PERSON WHO IS LICENSED, CERTIFIED, REGISTERED, OR OTHERWISE
15 PERMITTED BY STATE LAW TO ADMINISTER HEALTH CARE IN THE ORDINARY
16 COURSE OF BUSINESS OR IN THE PRACTICE OF A PROFESSION.

17 (II) "HEALTH-CARE PROVIDER" OR "PROVIDER" INCLUDES A
18 PROFESSIONAL SERVICE CORPORATION, LIMITED LIABILITY COMPANY, OR
19 REGISTERED LIMITED LIABILITY PARTNERSHIP ORGANIZED PURSUANT TO
20 STATE LAW FOR THE PRACTICE OF A HEALTH-CARE PROFESSION.

21 (d) "MEDICAID" MEANS THE MEDICAL ASSISTANCE PROGRAMS
22 ESTABLISHED PURSUANT TO THE "COLORADO MEDICAL ASSISTANCE ACT",
23 ARTICLES 4 TO 6 OF TITLE 25.5.

24 (e) "MEDICARE" MEANS FEDERAL INSURANCE OR ASSISTANCE
25 PROVIDED BY THE "HEALTH INSURANCE FOR THE AGED ACT", TITLE XVIII
26 OF THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395 ET SEQ.,
27 AS AMENDED.

1 (f) (I) "REPRODUCTIVE HEALTH CARE" MEANS HEALTH CARE AND
2 OTHER MEDICAL SERVICES RELATED TO THE REPRODUCTIVE PROCESSES,
3 FUNCTIONS, AND SYSTEMS AT ALL STAGES OF LIFE.

4 (II) "REPRODUCTIVE HEALTH CARE" INCLUDES FAMILY PLANNING
5 AND CONTRACEPTIVE CARE; ABORTION CARE; PRENATAL, POSTNATAL, AND
6 DELIVERY CARE; FERTILITY CARE; STERILIZATION SERVICES; AND
7 PREVENTION OF AND TREATMENTS FOR SEXUALLY TRANSMITTED
8 INFECTIONS AND REPRODUCTIVE CANCERS.

9 (g) (I) "RESIDENT" MEANS A PERSON WHO IS LIVING, OTHER THAN
10 TEMPORARILY, WITHIN THE STATE AND WHO INTENDS TO ESTABLISH
11 COLORADO AS THE PERSON'S PRIMARY STATE OF RESIDENCE.

12 (II) "RESIDENT" INCLUDES COLORADO RESIDENTS WHO ARE
13 TEMPORARILY LIVING IN ANOTHER STATE OR WHO ARE TRAVELING OUT OF
14 STATE.

15 (h) "UNIVERSAL HEALTH-CARE SYSTEM" MEANS A SINGLE-PAYER,
16 NONPROFIT HEALTH-CARE PAYMENT SYSTEM THAT IS PUBLICLY FINANCED
17 AND PRIVATELY DELIVERED, UNDER WHICH EVERY RESIDENT OF THE STATE
18 HAS ACCESS TO ADEQUATE AND AFFORDABLE HEALTH CARE.

19 (3) (a) (I) NO LATER THAN JULY 1, 2024, THE COLORADO SCHOOL
20 OF PUBLIC HEALTH SHALL RESEARCH AND SELECT DRAFT MODEL
21 LEGISLATION THAT PROPOSES A UNIVERSAL HEALTH-CARE SYSTEM FOR
22 COLORADO THAT DIRECTLY COMPENSATES PROVIDERS.

23 (II) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL MAKE THE
24 DRAFT MODEL LEGISLATION IT SELECTS PUBLICLY AVAILABLE ON ITS
25 WEBSITE SO THAT INTERESTED PARTIES MAY EVALUATE AND REVIEW THE
26 DRAFT MODEL LEGISLATION.

27 (b) THE DRAFT MODEL LEGISLATION SELECTED MUST BE CREATED

1 BY A COLORADO NONPROFIT ORGANIZATION THAT PRIORITIZES A
2 UNIVERSAL HEALTH-CARE SYSTEM THAT:

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

5 (II) PROVIDES LONG-TERM CARE AND SUPPORT SERVICES TO ALL
6 RESIDENTS AT LEAST AT THE LEVEL OF COVERAGE AVAILABLE TO THOSE
7 RESIDENTS WHO ARE ELIGIBLE TO RECEIVE MEDICAL ASSISTANCE, AS
8 DEFINED IN SECTION 25.5-4-103 (13);

9 (III) REQUIRES HEALTH-CARE DECISIONS TO BE MADE BY PATIENTS
10 AND THE PATIENTS' HEALTH-CARE PROVIDERS;

11 (IV) ALLOWS PATIENTS TO CHOOSE AMONG ALL PROVIDERS THAT
12 PARTICIPATE IN THE UNIVERSAL HEALTH-CARE SYSTEM;

13 (V) PROVIDES COMPREHENSIVE HEALTH-CARE BENEFITS TO ALL
14 COLORADO RESIDENTS;

15 (VI) IS FUNDED BY PREMIUMS, WHICH PREMIUMS ARE IN AMOUNTS
16 THAT ARE DETERMINED BASED ON AN INDIVIDUAL'S ABILITY TO PAY;

17 (VII) PROHIBITS DEDUCTIBLES AND COPAYMENTS;

18 (VIII) ENSURES FAIR DRUG AND HOSPITAL PRICES AS WELL AS FAIR
19 PAYMENT TO PROVIDERS;

20 (IX) IS DELIVERED THROUGH A PUBLICLY ADMINISTERED
21 NONPROFIT ENTERPRISE THAT IS THE SOLE AGENCY PAYING FOR
22 HEALTH-CARE COSTS IN THE STATE; AND

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

26 (4) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL ANALYZE
27 THE DRAFT MODEL LEGISLATION SELECTED PURSUANT TO SUBSECTION (3)

1 OF THIS SECTION. THE ANALYSIS MAY:

2 (a) INCLUDE AN ESTIMATE OF THE FIRST-, SECOND-, FIFTH-, AND
3 TENTH-YEAR COSTS FOR OPERATING A UNIVERSAL HEALTH-CARE SYSTEM;

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

7 (c) CONSIDER A PROGRAM TO COVER HEALTH-CARE BENEFITS AT
8 ONE HUNDRED TWENTY PERCENT OF MEDICARE RATES FOR RESIDENTS AND
9 AT OTHER REIMBURSEMENT LEVELS AS DETERMINED APPROPRIATE BY THE
10 COLORADO SCHOOL OF PUBLIC HEALTH;

11 (d) CONSIDER WHETHER THE BENEFITS OUTLINED IN THE DRAFT
12 MODEL LEGISLATION ARE THE SAME AS THE BENEFITS REQUIRED BY THE
13 FEDERAL ACT AND BY STATE LAW;

14 (e) IDENTIFY HEALTH EXPENDITURES BY PAYER;

15 (f) IDENTIFY COSTS BASED ON AN INDIVIDUAL'S ABILITY TO PAY;

16 (g) DESCRIBE INCENTIVES AND FINANCIAL IMPLICATIONS FOR
17 HOSPITALS FROM A GLOBAL BUDGETING BASED REIMBURSEMENT SYSTEM
18 COMPARED TO A FEE-FOR-SERVICE BASED REIMBURSEMENT SYSTEM;

19 (h) DESCRIBE HOW A UNIVERSAL HEALTH-CARE SYSTEM PROVIDES
20 THE FOLLOWING:

21 (I) SERVICES REQUIRED BY THE FEDERAL ACT AND BY STATE LAW;

22 (II) SERVICES COVERED UNDER MEDICARE;

23 (III) MEDICAID SERVICES AND BENEFITS THAT MEET OR EXCEED
24 CURRENT SERVICES AND BENEFITS WITH PROVIDER REIMBURSEMENT RATES
25 THAT ARE EQUIVALENT TO OR HIGHER THAN CURRENT MEDICAID
26 REIMBURSEMENT RATES;

27 (IV) MEDICAID SERVICES AND BENEFITS FOR INDIVIDUALS WITH

1 DISABILITIES WHO DO NOT OTHERWISE QUALIFY FOR MEDICAID;

2 (V) COVERAGE FOR WOMEN'S HEALTH-CARE SERVICES AND

3 COMPREHENSIVE REPRODUCTIVE HEALTH CARE TO THE EXTENT THAT

4 THOSE SERVICES ARE ALLOWABLE BY STATE LAW;

5 (VI) VISION, HEARING, AND DENTAL SERVICES;

6 (VII) ACCESS TO PRIMARY AND SPECIALTY HEALTH-CARE

7 SERVICES IN RURAL COLORADO AND OTHER UNDERSERVED AREAS OR

8 POPULATIONS; AND

9 (VIII) BEHAVIORAL, MENTAL HEALTH, AND SUBSTANCE USE

10 DISORDER SERVICES;

11 (i) CONSIDER OTHER COLLATERAL COSTS AS DETERMINED BY THE

12 COLORADO SCHOOL OF PUBLIC HEALTH;

13 (j) PROVIDE A GENERAL COST ESTIMATE AND SUGGEST POTENTIAL

14 ADDITIONAL REVENUE SOURCES TO COVER LONG-TERM CARE AND SUPPORT

15 SERVICES FOR ALL RESIDENTS;

16 (k) ESTIMATE THE IMPACT OF IMPLEMENTING A UNIVERSAL

17 HEALTH-CARE SYSTEM ON VARIOUS SOCIOECONOMIC GROUPS, INCLUDING

18 A RACIAL EQUITY IMPACT ASSESSMENT;

19 (l) ESTIMATE THE IMPACT OF IMPLEMENTING A UNIVERSAL

20 HEALTH-CARE SYSTEM ON HEALTH-CARE FACILITIES, PRIVATE HEALTH

21 INSURANCE COMPANIES, AND THE COLORADO OPTION HEALTH INSURANCE

22 PLAN;

23 (m) ESTIMATE THE IMPACT OF IMPLEMENTING A UNIVERSAL

24 HEALTH-CARE SYSTEM ON HEALTH PLANS THAT ARE REGULATED BY THE

25 FEDERAL "EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974", 29

26 U.S.C. SEC. 1001 ET SEQ., AS AMENDED, INCLUDING MULTIEMPLOYER

27 TAFT-HARTLEY HEALTH-CARE TRUST FUNDS;

1 (n) EVALUATE THE FEASIBILITY OF IMPLEMENTING A UNIVERSAL
2 HEALTH-CARE SYSTEM BY EXPANDING OR MODIFYING THE COLORADO
3 OPTION HEALTH INSURANCE PLAN;

4 (o) ESTIMATE THE IMPACT OF A UNIVERSAL HEALTH-CARE SYSTEM
5 ON THE COST AND DEVELOPMENT OF SPECIALTY PHARMACEUTICALS AND
6 TREATMENT FOR RARE DISEASES;

7 (p) ESTIMATE THE IMPACT OF A UNIVERSAL HEALTH-CARE SYSTEM
8 ON THE PRICE OF PHARMACEUTICALS; AND

9 (q) PROVIDE ANY ADDITIONAL INFORMATION THE COLORADO
10 SCHOOL OF PUBLIC HEALTH FINDS RELEVANT.

11 (5) THE COLORADO SCHOOL OF PUBLIC HEALTH MAY UTILIZE AN
12 ACTUARIAL CONSULTANT IN CONDUCTING THE ANALYSIS PURSUANT TO
13 SUBSECTION (4) OF THIS SECTION.

14 (6) BY OCTOBER 1, 2025, THE COLORADO SCHOOL OF PUBLIC
15 HEALTH SHALL SUBMIT A REPORT DETAILING ITS FINDINGS FROM THE
16 ANALYSIS COMPLETED PURSUANT TO SUBSECTION (4) OF THIS SECTION TO
17 THE HOUSE OF REPRESENTATIVES HEALTH AND INSURANCE COMMITTEE
18 AND THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR
19 SUCCESSOR COMMITTEES.

20 (7) THE COLORADO SCHOOL OF PUBLIC HEALTH MAY SEEK,
21 ACCEPT, AND EXPEND GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR
22 PUBLIC SOURCES FOR THE PURPOSE OF CONDUCTING THE ANALYSIS
23 REQUIRED BY THIS SECTION.

24 (8) THIS SECTION IS REPEALED, EFFECTIVE DECEMBER 1, 2026.

25 **SECTION 2.** In Colorado Revised Statutes, **add** 25.5-1-135 as
26 follows:

27 **25.5-1-135. Statewide health-care analysis advisory task force**

1 **- creation - membership - duties - repeal.** (1) (a) THERE IS CREATED IN
2 THE STATE DEPARTMENT THE STATEWIDE HEALTH-CARE ANALYSIS
3 ADVISORY TASK FORCE, REFERRED TO IN THIS SECTION AS THE "ADVISORY
4 TASK FORCE", FOR THE PURPOSE OF ADVISING THE COLORADO SCHOOL OF
5 PUBLIC HEALTH IN COMPLETING THE ANALYSIS REQUIRED BY SECTION
6 23-20-146.

7 (b) THE ADVISORY TASK FORCE IS MERELY ADVISORY AND THE
8 COLORADO SCHOOL OF PUBLIC HEALTH IS THE ENTITY RESPONSIBLE FOR
9 CONDUCTING THE ANALYSIS PURSUANT TO SECTION 23-20-146.

10 (2) ON OR BEFORE AUGUST 1, 2024, THE PRESIDENT OF THE
11 SENATE, THE MINORITY LEADER OF THE SENATE, THE SPEAKER OF THE
12 HOUSE OF REPRESENTATIVES, AND THE MINORITY LEADER OF THE HOUSE
13 OF REPRESENTATIVES SHALL EACH APPOINT ONE MEMBER OF THE GENERAL
14 ASSEMBLY TO THE ADVISORY TASK FORCE.

15 (3) (a) ON OR BEFORE AUGUST 1, 2024, THE GOVERNOR SHALL
16 APPOINT THE FOLLOWING MEMBERS TO THE ADVISORY TASK FORCE:

17 (I) ONE MEMBER WHO REPRESENTS A STATEWIDE HOSPITAL
18 ASSOCIATION;

19 (II) ONE MEMBER WHO REPRESENTS ORGANIZED LABOR;

20 (III) ONE MEMBER WHO REPRESENTS AN ORGANIZATION THAT
21 ADVOCATES FOR COMMUNITIES WITH DISABILITIES;

22 (IV) ONE MEMBER WHO IS A REPRODUCTIVE HEALTH-CARE
23 ADVOCATE;

24 (V) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION OF
25 PHYSICIANS;

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

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

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

4 (IX) ONE MEMBER WHO IS A REGISTERED NURSE REPRESENTING A
5 STATEWIDE ASSOCIATION OF NURSES;

6 (X) ONE MEMBER WHO REPRESENTS A COLORADO ADVOCACY
7 ORGANIZATION FOR PEOPLE EXPERIENCING HOMELESSNESS;

8 (XI) ONE MEMBER WHO REPRESENTS AN ADVOCACY
9 ORGANIZATION FOR HEALTH-CARE CONSUMERS;

10 (XII) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION
11 OF DENTISTS;

12 (XIII) ONE MEMBER WHO REPRESENTS AN ADVOCACY
13 ORGANIZATION FOR HISTORICALLY MARGINALIZED COMMUNITIES;

14 (XIV) ONE MEMBER WHO REPRESENTS AN ADVOCACY
15 ORGANIZATION FOR LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER
16 COMMUNITIES;

17 (XV) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION
18 OF PHARMACISTS;

19 (XVI) ONE MEMBER WHO REPRESENTS SMALL EMPLOYER
20 INTERESTS; ■

21 (XVII) ONE MEMBER WHO REPRESENTS LARGE EMPLOYER
22 INTERESTS;

23 (XVIII) ONE MEMBER WHO REPRESENTS A PHARMACY BENEFIT
24 MANAGEMENT FIRM, AS DEFINED IN SECTION 10-16-102 (49);

25 (XIV) ONE MEMBER WHO REPRESENTS A SELF-INSURED EMPLOYER
26 THAT PROVIDES HEALTH INSURANCE TO ITS EMPLOYEES UNDER A HEALTH
27 INSURANCE PLAN COVERED BY THE FEDERAL "EMPLOYEE RETIREMENT

1 INCOME SECURITY ACT OF 1974", 29 U.S.C. SEC. 1001 ET SEQ., AS
2 AMENDED; AND

3 (XV) ONE MEMBER WHO REPRESENTS MANAGEMENT OF
4 ORGANIZED LABOR THAT PROVIDES HEALTH INSURANCE COVERAGE FOR
5 INDIVIDUALS WHO ARE INSURED UNDER A HEALTH INSURANCE PLAN
6 COVERED BY THE FEDERAL "EMPLOYEE RETIREMENT INCOME SECURITY
7 ACT OF 1974", 29 U.S.C. SEC. 1001 ET SEQ., AS AMENDED.

8 (b) IN MAKING THE APPOINTMENTS PURSUANT TO SUBSECTION
9 (3)(a) OF THIS SECTION, THE GOVERNOR SHALL ENSURE THAT THE
10 APPOINTEES:

11 (I) HAVE DEMONSTRATED AN ABILITY TO REPRESENT THE
12 INTERESTS OF ALL COLORADANS AND, REGARDLESS OF THE APPOINTEES'
13 BACKGROUNDS OR AFFILIATIONS, ARE ABLE TO PRESENT OBJECTIVE,
14 NONPARTISAN, FACTUAL, AND EVIDENCE-BASED IDEAS AND TO
15 OBJECTIVELY ADVISE THE COLORADO SCHOOL OF PUBLIC HEALTH
16 CONCERNING A SINGLE-PAYER, NONPROFIT, UNIVERSAL HEALTH-CARE
17 PAYMENT SYSTEM; AND

18 (II) REFLECT THE SOCIAL, DEMOGRAPHIC, AND GEOGRAPHIC
19 DIVERSITY OF THE STATE, INCLUDING HISTORICALLY MARGINALIZED
20 COMMUNITIES.

21 (c) A MEMBER OF THE ADVISORY TASK FORCE APPOINTED
22 PURSUANT TO SUBSECTION (3)(a) OF THIS SECTION MAY BE REMOVED BY
23 A TWO-THIRDS VOTE OF THE MEMBERS OF THE ADVISORY TASK FORCE.

24 (d) IF A VACANCY OCCURS ON THE ADVISORY TASK FORCE, THE
25 ORIGINAL APPOINTING AUTHORITY SHALL APPOINT A NEW MEMBER TO FILL
26 THE VACANCY.

27 (4) THE EXECUTIVE DIRECTORS OF THE DEPARTMENT OF HUMAN

1 SERVICES AND THE STATE DEPARTMENT, THE COMMISSIONER OF
2 INSURANCE, AND THE CHIEF EXECUTIVE OFFICER OF THE COLORADO
3 HEALTH BENEFIT EXCHANGE CREATED IN ARTICLE 22 OF TITLE 10, OR THE
4 DESIGNEE OF AN EXECUTIVE DIRECTOR, THE COMMISSIONER, OR THE CHIEF
5 EXECUTIVE OFFICER, SHALL SERVE ON THE ADVISORY TASK FORCE.

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

9 (b) AT THE FIRST MEETING OF THE ADVISORY TASK FORCE, THE
10 ADVISORY TASK FORCE SHALL SELECT A CHAIR AND VICE-CHAIR FROM
11 AMONG ITS MEMBERS.

12 (c) THE ADVISORY TASK FORCE SHALL MEET AT LEAST ~~FOUR~~ TIMES
13 BEFORE OCTOBER 1, 2025, AND MAY CONVENE ADDITIONAL MEETINGS BY
14 A MAJORITY VOTE OF THE MEMBERS OF THE ADVISORY TASK FORCE.

15 (d) ALL MEETINGS OF THE ADVISORY TASK FORCE MUST BE OPEN
16 TO THE PUBLIC, AND THE ADVISORY TASK FORCE SHALL POST NOTICE OF A
17 MEETING AT LEAST ONE WEEK IN ADVANCE OF THE MEETING ON THE
18 COLORADO SCHOOL OF PUBLIC HEALTH'S WEBSITE AND THE STATE
19 DEPARTMENT'S WEBSITE.

20 (6) AT THE FIRST MEETING OF THE ADVISORY TASK FORCE, A
21 REPRESENTATIVE FROM THE ENTITY PROVIDING THE DRAFT MODEL
22 LEGISLATION SELECTED BY THE COLORADO SCHOOL OF PUBLIC HEALTH
23 PURSUANT TO SECTION 23-20-146 (3) SHALL PRESENT THE DRAFT MODEL
24 LEGISLATION TO THE ADVISORY TASK FORCE FOR FEEDBACK.

25 (7) NONLEGISLATIVE ADVISORY TASK FORCE MEMBERS APPOINTED
26 PURSUANT TO SUBSECTION (3)(a) OF THIS SECTION ARE NOT ENTITLED TO
27 RECEIVE PER DIEM OR OTHER COMPENSATION FOR PERFORMANCE OF

1 SERVICES FOR THE ADVISORY TASK FORCE BUT MAY BE REIMBURSED FOR
2 ACTUAL AND NECESSARY EXPENSES INCURRED IN THE PERFORMANCE OF
3 OFFICIAL DUTIES OF THE ADVISORY TASK FORCE. LEGISLATORS WHO SERVE
4 ON THE ADVISORY TASK FORCE ARE REIMBURSED PURSUANT TO SECTION
5 2-2-307 (3).

6 (8) THIS SECTION IS REPEALED, EFFECTIVE DECEMBER 1, 2026.

7 **SECTION 3. Safety clause.** The general assembly finds,
8 determines, and declares that this act is necessary for the immediate
9 preservation of the public peace, health, or safety or for appropriations for
10 the support and maintenance of the departments of the state and state
11 institutions.