

**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 ANALYSIS COLLABORATIVE 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 AND MAKING AN**
108 **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

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.*

<http://leg.colorado.gov>.)

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

1 QUESTIONS REGARDING UNIVERSAL HEALTH CARE; AND

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

6 (2) AS USED IN THIS SECTION:

7 (a) "ANALYSIS COLLABORATIVE" MEANS THE STATEWIDE
8 HEALTH-CARE ANALYSIS COLLABORATIVE CREATED PURSUANT TO SECTION
9 25.5-1-135.

10 (b) "FEDERAL ACT" MEANS THE FEDERAL "PATIENT PROTECTION
11 AND AFFORDABLE CARE ACT", PUB.L. 111-148, AS AMENDED BY THE
12 FEDERAL "HEALTH CARE AND EDUCATION RECONCILIATION ACT OF
13 2010", PUB.L. 111-152.

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

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

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

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

1 AS AMENDED.

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

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

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

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

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

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

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

1 (b) THE DRAFT MODEL LEGISLATION SELECTED MUST BE CREATED
2 BY A COLORADO NONPROFIT ORGANIZATION THAT PRIORITIZES A
3 UNIVERSAL HEALTH-CARE SYSTEM THAT:

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

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

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

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

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

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

18 (VII) PROHIBITS DEDUCTIBLES AND COPAYMENTS;

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

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

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

27 (4) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL ANALYZE

1 THE DRAFT MODEL LEGISLATION SELECTED PURSUANT TO SUBSECTION (3)
2 OF THIS SECTION. THE ANALYSIS MAY:

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

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

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

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

15 (e) IDENTIFY HEALTH EXPENDITURES BY PAYER;

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

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

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

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

23 (II) SERVICES COVERED UNDER MEDICARE;

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

1 (IV) MEDICAID SERVICES AND BENEFITS FOR INDIVIDUALS WITH
2 DISABILITIES WHO DO NOT OTHERWISE QUALIFY FOR MEDICAID;

3 (V) COVERAGE FOR WOMEN'S HEALTH-CARE SERVICES AND
4 COMPREHENSIVE REPRODUCTIVE HEALTH CARE TO THE EXTENT THAT
5 THOSE SERVICES ARE ALLOWABLE BY STATE LAW;

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

7 (VII) ACCESS TO PRIMARY AND SPECIALTY HEALTH-CARE
8 SERVICES IN RURAL COLORADO AND OTHER UNDERSERVED AREAS OR
9 POPULATIONS; AND

10 (VIII) BEHAVIORAL, MENTAL HEALTH, AND SUBSTANCE USE
11 DISORDER SERVICES;

12 (i) CONSIDER OTHER COLLATERAL COSTS AS DETERMINED BY THE
13 COLORADO SCHOOL OF PUBLIC HEALTH;

14 (j) PROVIDE A GENERAL COST ESTIMATE AND SUGGEST POTENTIAL
15 ADDITIONAL REVENUE SOURCES TO COVER LONG-TERM CARE AND SUPPORT
16 SERVICES FOR ALL RESIDENTS;

17 (k) ESTIMATE THE IMPACT OF IMPLEMENTING A UNIVERSAL
18 HEALTH-CARE SYSTEM ON VARIOUS SOCIOECONOMIC GROUPS, INCLUDING
19 A RACIAL EQUITY IMPACT ASSESSMENT;

20 (l) ESTIMATE THE IMPACT OF IMPLEMENTING A UNIVERSAL
21 HEALTH-CARE SYSTEM ON HEALTH-CARE FACILITIES, PRIVATE HEALTH
22 INSURANCE COMPANIES, AND THE COLORADO OPTION HEALTH INSURANCE
23 PLAN;

24 (m) ESTIMATE THE IMPACT OF IMPLEMENTING A UNIVERSAL
25 HEALTH-CARE SYSTEM ON HEALTH PLANS THAT ARE REGULATED BY THE
26 FEDERAL "EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974", 29
27 U.S.C. SEC. 1001 ET SEQ., AS AMENDED, INCLUDING MULTIEMPLOYER

1 TAFT-HARTLEY HEALTH-CARE TRUST FUNDS;

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

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

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

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

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

15 (6) ON OR BEFORE DECEMBER 31, 2025, THE COLORADO SCHOOL
16 OF PUBLIC HEALTH SHALL SUBMIT A REPORT DETAILING ITS FINDINGS FROM
17 THE ANALYSIS COMPLETED PURSUANT TO SUBSECTION (4) OF THIS SECTION
18 TO THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN SERVICES
19 COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE,
20 OR THEIR SUCCESSOR COMMITTEES.

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

25 (b) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL SUBMIT AN
26 APPLICATION TO THE ALL-PAYER HEALTH CLAIMS DATABASE SCHOLARSHIP
27 GRANT PROGRAM, ESTABLISHED IN SECTION 25.5-1-204.5, TO ACQUIRE

1 FUNDING TO COVER ANY DATA OR SOFTWARE COSTS THAT MAY BE
2 INCURRED BY THE COLORADO SCHOOL OF PUBLIC HEALTH IN CONDUCTING
3 THE ANALYSIS REQUIRED PURSUANT TO SUBSECTION (4) OF THIS SECTION.

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

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

7 **25.5-1-135. Statewide health-care analysis advisory task force**
8 **- creation - membership - duties - repeal.** (1) (a) THERE IS CREATED IN
9 THE STATE DEPARTMENT THE STATEWIDE HEALTH-CARE ANALYSIS
10 COLLABORATIVE, REFERRED TO IN THIS SECTION AS THE "ANALYSIS
11 COLLABORATIVE", FOR THE PURPOSE OF ADVISING THE COLORADO SCHOOL
12 OF PUBLIC HEALTH IN COMPLETING THE ANALYSIS REQUIRED BY SECTION
13 23-20-146.

14 (b) THE ANALYSIS COLLABORATIVE IS MERELY ADVISORY AND THE
15 COLORADO SCHOOL OF PUBLIC HEALTH IS THE ENTITY RESPONSIBLE FOR
16 CONDUCTING THE ANALYSIS PURSUANT TO SECTION 23-20-146.

17 (2) ON OR BEFORE AUGUST 1, 2024, THE PRESIDENT OF THE
18 SENATE, THE MINORITY LEADER OF THE SENATE, THE SPEAKER OF THE
19 HOUSE OF REPRESENTATIVES, AND THE MINORITY LEADER OF THE HOUSE
20 OF REPRESENTATIVES SHALL EACH APPOINT ONE MEMBER OF THE GENERAL
21 ASSEMBLY TO THE ANALYSIS COLLABORATIVE.

22 (3) (a) ON OR BEFORE AUGUST 1, 2024, THE EXECUTIVE DIRECTOR
23 OF THE STATE DEPARTMENT SHALL INVITE THE FOLLOWING
24 REPRESENTATIVES TO PARTICIPATE IN THE ANALYSIS COLLABORATIVE:

25 (I) ONE MEMBER WHO REPRESENTS A STATEWIDE HOSPITAL
26 ASSOCIATION;

27 (II) ONE MEMBER WHO REPRESENTS ORGANIZED LABOR;

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

3 (IV) ONE MEMBER WHO IS A REPRODUCTIVE HEALTH-CARE
4 ADVOCATE;

5 (V) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION OF
6 PHYSICIANS;

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

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

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

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

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

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

18 (XII) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION
19 OF DENTISTS;

20 (XIII) ONE MEMBER WHO REPRESENTS AN ADVOCACY
21 ORGANIZATION FOR HISTORICALLY MARGINALIZED COMMUNITIES;

22 (XIV) ONE MEMBER WHO REPRESENTS AN ADVOCACY
23 ORGANIZATION FOR LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER
24 COMMUNITIES;

25 (XV) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION
26 OF PHARMACISTS;

27 (XVI) ONE MEMBER WHO REPRESENTS SMALL EMPLOYER

1 INTERESTS; ■

2 (XVII) ONE MEMBER WHO REPRESENTS LARGE EMPLOYER
3 INTERESTS;

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

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

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

16 (b) IN INVITING REPRESENTATIVES TO PARTICIPATE IN THE
17 ANALYSIS COLLABORATIVE PURSUANT TO SUBSECTION (3)(a) OF THIS
18 SECTION, THE EXECUTIVE DIRECTOR SHALL ENSURE THAT THE INVITEES:

19 (I) HAVE DEMONSTRATED AN ABILITY TO REPRESENT THE
20 INTERESTS OF ALL COLORADANS AND, REGARDLESS OF THE INVITEES'
21 BACKGROUNDS OR AFFILIATIONS, ARE ABLE TO PRESENT OBJECTIVE,
22 NONPARTISAN, FACTUAL, AND EVIDENCE-BASED IDEAS AND TO
23 OBJECTIVELY ADVISE THE COLORADO SCHOOL OF PUBLIC HEALTH
24 CONCERNING A SINGLE-PAYER, NONPROFIT, UNIVERSAL HEALTH-CARE
25 PAYMENT SYSTEM; AND

26 (II) REFLECT THE SOCIAL, DEMOGRAPHIC, AND GEOGRAPHIC
27 DIVERSITY OF THE STATE, INCLUDING HISTORICALLY MARGINALIZED

1 COMMUNITIES.

2

3 (c) IF A VACANCY OCCURS ON THE ANALYSIS COLLABORATIVE, THE
4 EXECUTIVE DIRECTOR MAY INVITE A NEW REPRESENTATIVE TO FILL THE
5 VACANCY.

6 (4) THE EXECUTIVE DIRECTORS OF THE DEPARTMENT OF HUMAN
7 SERVICES AND THE STATE DEPARTMENT, THE COMMISSIONER OF
8 INSURANCE, AND THE CHIEF EXECUTIVE OFFICER OF THE COLORADO
9 HEALTH BENEFIT EXCHANGE CREATED IN ARTICLE 22 OF TITLE 10, OR THE
10 DESIGNEE OF AN EXECUTIVE DIRECTOR, THE COMMISSIONER, OR THE CHIEF
11 EXECUTIVE OFFICER, SHALL SERVE ON THE ANALYSIS COLLABORATIVE.

12 (5) (a) THE EXECUTIVE DIRECTOR OF THE STATE DEPARTMENT, OR
13 THE EXECUTIVE DIRECTOR'S DESIGNEE SERVING ON THE ADVISORY TASK
14 FORCE, SHALL CALL THE FIRST MEETING OF THE ANALYSIS
15 COLLABORATIVE.

16

17 (b) THE ANALYSIS COLLABORATIVE SHALL MEET AT LEAST TWO
18 TIMES BEFORE OCTOBER 1, 2025, AND THE EXECUTIVE DIRECTOR OF THE
19 STATE DEPARTMENT, OR THE EXECUTIVE DIRECTOR'S DESIGNEE SERVING
20 ON THE ANALYSIS COLLABORATIVE, MAY CONVENE ADDITIONAL MEETINGS
21 OF THE ANALYSIS COLLABORATIVE AS DETERMINED BY CONSULTING WITH
22 THE MEMBERS OF THE ANALYSIS COLLABORATIVE AND THE SCHOOL OF
23 PUBLIC HEALTH.

24 (c) ALL MEETINGS OF THE ANALYSIS COLLABORATIVE MUST BE
25 OPEN TO THE PUBLIC, AND THE ANALYSIS COLLABORATIVE SHALL POST
26 NOTICE OF A MEETING AT LEAST ONE WEEK IN ADVANCE OF THE MEETING
27 ON THE COLORADO SCHOOL OF PUBLIC HEALTH'S WEBSITE AND THE STATE

1 DEPARTMENT'S WEBSITE.

2 (d) ALL MEETINGS OF THE ANALYSIS COLLABORATIVE SHALL BE
3 HELD VIRTUALLY AND ALLOW FOR ATTENDANCE AND PARTICIPATION BY
4 MEMBERS OF THE ANALYSIS COLLABORATIVE AND MEMBERS OF THE
5 PUBLIC VIRTUALLY.

6 (e) THE ANALYSIS COLLABORATIVE MAY HOLD MEETINGS WITHOUT
7 A QUORUM OF THE MEMBERS PRESENT.

8 (6) AT THE FIRST MEETING OF THE ANALYSIS COLLABORATIVE, A
9 REPRESENTATIVE FROM THE ENTITY PROVIDING THE DRAFT MODEL
10 LEGISLATION SELECTED BY THE COLORADO SCHOOL OF PUBLIC HEALTH
11 PURSUANT TO SECTION 23-20-146 (3) SHALL PRESENT THE DRAFT MODEL
12 LEGISLATION TO THE ANALYSIS COLLABORATIVE FOR FEEDBACK.

13 (7) NONLEGISLATIVE ANALYSIS COLLABORATIVE MEMBERS
14 INVITED PURSUANT TO SUBSECTION (3)(a) OF THIS SECTION ARE NOT
15 ENTITLED TO RECEIVE PER DIEM OR OTHER COMPENSATION FOR
16 PERFORMANCE OF SERVICES FOR THE ANALYSIS COLLABORATIVE BUT MAY
17 BE REIMBURSED FOR ACTUAL AND NECESSARY EXPENSES INCURRED IN THE
18 PERFORMANCE OF OFFICIAL DUTIES OF THE ANALYSIS COLLABORATIVE.
19 LEGISLATORS WHO SERVE ON THE ANALYSIS COLLABORATIVE ARE
20 REIMBURSED PURSUANT TO SECTION 2-2-307 (3).

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

22 **SECTION 3.** In Colorado Revised Statutes, 23-18-308, add
23 (1)(m) as follows:

24 **23-18-308. Fee-for-service contracts - grants to local district**
25 **colleges - limited purpose - repeal.** (1) Subject to available
26 appropriations, the department shall enter into fee-for-service contracts
27 for the following purposes:

1 (m) THE COLORADO SCHOOL OF PUBLIC HEALTH'S ANALYSIS OF
2 MODEL LEGISLATION RELATED TO A STATEWIDE UNIVERSAL HEALTH-CARE
3 SYSTEM CONDUCTED PURSUANT TO SECTION 23-20-146.

4 **SECTION 4. Appropriation.** (1) For the 2024-25 state fiscal
5 year, \$240,735 is appropriated to the department of higher education. This
6 appropriation is from the general fund. To implement this act, the
7 department may use this appropriation for the college opportunity fund
8 program to be used for limited purpose fee-for-service contracts with
9 state institutions.

10 (2) For the 2024-25 state fiscal year, \$240,735 is appropriated to
11 the department of higher education. This appropriation is from
12 reappropriated funds received from the limited purpose fee-for-service
13 contracts with state institutions under subsection (1) of this section. To
14 implement this act, the department may use this appropriation for the
15 regents of the university of Colorado for allocation to the school of public
16 health.

17 (3) For the 2024-25 state fiscal year, \$448 is appropriated to the
18 legislative department. This appropriation is from the general fund. To
19 implement this act, the department may use this appropriation for the
20 general assembly.

21 **SECTION 5. Safety clause.** The general assembly finds,
22 determines, and declares that this act is necessary for the immediate
23 preservation of the public peace, health, or safety or for appropriations for
24 the support and maintenance of the departments of the state and state
25 institutions.