

First Regular Session  
Seventy-third General Assembly  
STATE OF COLORADO

**REENGROSSED**

*This Version Includes All Amendments  
Adopted in the House of Introduction*

LLS NO. 21-0583.01 Shelby Ross x4510

**SENATE BILL 21-016**

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**SENATE SPONSORSHIP**

**Pettersen and Moreno**, Buckner, Danielson, Donovan, Fenberg, Garcia, Ginal, Gonzales, Hansen, Jaquez Lewis, Lee, Story, Winter, Zenzinger

**HOUSE SPONSORSHIP**

**Esgar and Mullica**,

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**Senate Committees**

Health & Human Services  
Appropriations

**House Committees**

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**A BILL FOR AN ACT**

101     **CONCERNING SERVICES RELATED TO PREVENTIVE HEALTH CARE, AND,**  
102         **IN CONNECTION THEREWITH, REQUIRING COVERAGE FOR**  
103         **CERTAIN PREVENTIVE MEASURES, SCREENINGS, AND**  
104         **TREATMENTS THAT ARE ADMINISTERED, DISPENSED, OR**  
105         **PRESCRIBED BY HEALTH CARE PROVIDERS AND FACILITIES AND**  
106         **MAKING AN APPROPRIATION.**

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**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 codifies a number of preventive health care services

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.*

SENATE  
3rd Reading Unamended  
May 5, 2021

SENATE  
Amended 2nd Reading  
May 4, 2021

currently required to be covered by health insurance carriers pursuant to the federal "Patient Protection and Affordable Care Act" and adds them to the current list of services required to be covered by Colorado health insurance carriers, which services are not subject to policy deductibles, copayments, or coinsurance. The bill expands certain preventive health care services to include osteoporosis screening; urinary incontinence screening; and counseling, prevention, screening, and treatment of a sexually transmitted infection (STI).

Current law requires a health care provider or facility to perform a diagnostic exam for an STI and subsequently treat the STI at the request of a minor patient. The bill allows a health care provider to administer, dispense, or prescribe preventive measures or medications where applicable. The consent of a parent is not a prerequisite for a minor to receive preventive care, but a health care provider shall counsel the minor on the importance of bringing the minor's parent or legal guardian into the minor's confidence regarding the services.

Current law requires the executive director of the department of health care policy and financing to authorize reimbursement for medical or diagnostic services provided by a certified family planning clinic. The bill removes the requirement that services be provided by a certified family planning clinic and authorizes reimbursement for family planning services and family-planning-related services provided by any licensed health care provider.

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

2             **SECTION 1.** In Colorado Revised Statutes, 10-16-104, **amend**  
3     (18)(a)(I) introductory portion and (18)(a)(III)(A); and add (18)(b)(XI)  
4     and (18.1) as follows:

5             **10-16-104. Mandatory coverage provisions - rules -**  
6     **definitions.** (18) **Preventive health care services.** (a) (I) The following  
7     policies and contracts that are delivered, issued, renewed, or reinstated on  
8     or after January 1, 2010, must provide coverage for the total cost of the  
9     preventive health care services specified in paragraph (b) of this  
10    subsection (18) SUBSECTION (18)(b) OF THIS SECTION:

11             (III) (A) Except as provided in sub-subparagraph (B) of this  
12    subparagraph (III) SUBSECTION (18)(a)(III)(B) OF THIS SECTION, coverage

1 required by this subsection (18) is not subject to policy deductibles,  
2 copayments, or coinsurance.

3 (b) The coverage required by this subsection (18) must include  
4 preventive health care services for the following, in accordance with the  
5 A or B recommendations of the task force for the particular preventive  
6 health care service:

7 (XI) COUNSELING, PREVENTION, AND SCREENING FOR A SEXUALLY  
8 TRANSMITTED INFECTION, AS DEFINED IN SECTION 25-4-402 (10); EXCEPT  
9 THAT THE COVERAGE UNDER THIS SUBSECTION (18)(b)(XI) MUST BE  
10 PROVIDED TO ALL COVERED PERSONS REGARDLESS OF THE COVERED  
11 PERSON'S GENDER.

12 (18.1) Contraception. (a) POLICIES OR CONTRACTS DESCRIBED  
13 IN SUBSECTION (18)(a)(I) OF THIS SECTION ISSUED OR RENEWED IN THIS  
14 STATE MUST PROVIDE COVERAGE FOR THE TOTAL COST OF  
15 CONTRACEPTION, AS DEFINED IN SECTION 2-4-401 (1.5).

16 (b) THE COVERAGE REQUIRED BY THIS SUBSECTION (18.1) IS NOT  
17 SUBJECT TO POLICY DEDUCTIBLES, COPAYMENTS, OR COINSURANCE.

18 (c) THIS SUBSECTION (18.1) DOES NOT APPLY TO GRANDFATHERED  
19 HEALTH BENEFIT PLANS.

20 =====  
21 **SECTION 2.** In Colorado Revised Statutes, 25-4-409, amend  
22 (1)(a) and (2) as follows:

23 **25-4-409. Minors - treatment - consent.** (1) (a) A health care  
24 provider or facility, if consulted by a patient who is a minor, shall  
25 perform, at the minor's request, a diagnostic examination for a sexually  
26 transmitted infection. The health care provider or facility shall treat the  
27 minor for a sexually transmitted infection, if necessary; discuss,

1 prevention ADMINISTER, DISPENSE, OR PRESCRIBE PREVENTIVE measures  
2 OR MEDICATIONS, where applicable; and include appropriate therapies and  
3 prescriptions.

4 (2) The consent of a parent or legal guardian is not a prerequisite  
5 for a minor to receive a consultation, examination, PREVENTIVE CARE, or  
6 treatment for sexually transmitted infections. For the purposes of this  
7 section, health care provided to a minor is confidential, and information  
8 related to that care must not be divulged to any person other than the  
9 minor; except that the reporting required pursuant to the "Child Protection  
10 Act of 1987", part 3 of article 3 of title 19, C.R.S., still applies. If the  
11 minor is thirteen years of age or younger, the health care provider may  
12 involve the minor's parent or legal guardian. A health care provider shall  
13 counsel the minor on the importance of bringing ~~his or her~~ THE MINOR'S  
14 parent or legal guardian into the minor's confidence regarding the  
15 consultation, exam, or treatment.

16 **SECTION 3.** In Colorado Revised Statutes, **amend** 25.5-4-412  
17 as follows:

18 **25.5-4-412. Family planning services - family-planning-related  
19 services - rules - definitions.** (1) When ~~medical or diagnostic~~ FAMILY  
20 PLANNING services OR FAMILY-PLANNING-RELATED SERVICES are provided  
21 in accordance with this ~~article~~ ARTICLE 4 and articles 5 and 6 of this title  
22 by ~~a certified family planning clinic~~ TITLE 25.5, the executive director of  
23 the state department shall authorize reimbursement for the services, ~~The  
24 reimbursement shall be made directly to the certified family planning  
25 clinic~~ SUBJECT TO SECTION 50 OF ARTICLE V OF THE STATE CONSTITUTION.  
26 THE STATE DEPARTMENT, ANY INTERMEDIARY, OR ANY MANAGED CARE  
27 ORGANIZATION SHALL REIMBURSE THE PROVIDER OF THOSE SERVICES.

1 FAMILY PLANNING SERVICES AND FAMILY-PLANNING-RELATED SERVICES  
2 ARE NOT SUBJECT TO POLICY DEDUCTIBLES, COPAYMENTS, OR  
3 COINSURANCE.

4 (2) ~~For purposes of~~ AS USED IN this section, "certified family  
5 planning clinic" means a family planning clinic certified by the Colorado  
6 department of public health and environment, accredited by a national  
7 family planning organization, and staffed by medical professionals  
8 licensed to practice in the state of Colorado, including, but not limited to,  
9 doctors of medicine, doctors of osteopathy, physician assistants, and  
10 advanced practice nurses. UNLESS THE CONTEXT OTHERWISE REQUIRES:

11 (a) "FAMILY-PLANNING-RELATED SERVICES" MEANS SERVICES  
12 PROVIDED IN A FAMILY PLANNING SETTING AS PART OF OR AS A FOLLOW-UP  
13 TO A FAMILY PLANNING VISIT, INCLUDING:

14 (I) MEDICALLY NECESSARY EVALUATIONS OR PREVENTIVE  
15 SERVICES, SUCH AS TOBACCO UTILIZATION SCREENING, COUNSELING,  
16 TESTING, AND CESSATION SERVICES;

17 (II) CERVICAL CANCER SCREENING AND PREVENTION;

18 (III) DIAGNOSIS OR TREATMENT OF A SEXUALLY TRANSMITTED  
19 INFECTION OR SEXUALLY TRANSMITTED DISEASE, AND MEDICATION AND  
20 SUPPLIES TO PREVENT A SEXUALLY TRANSMITTED INFECTION OR SEXUALLY  
21 TRANSMITTED DISEASE; AND

22 (IV) ANY OTHER MEDICAL DIAGNOSIS, TREATMENT, OR  
23 PREVENTIVE SERVICE THAT IS ROUTINELY PROVIDED PURSUANT TO A  
24 FAMILY PLANNING VISIT.

25 (b) "FAMILY PLANNING SERVICES" MEANS ALL SERVICES COVERED  
26 BY THE FEDERAL TITLE X FAMILY PLANNING PROGRAM, REGARDLESS OF  
27 AN INDIVIDUAL'S AGE, SEX, OR GENDER IDENTITY, OR THE AGE, SEX, OR

1       GENDER IDENTITY OF THE INDIVIDUAL'S PARTNER, INCLUDING BUT NOT  
2       LIMITED TO:

3           (I) ALL CONTRACEPTION, AS DEFINED IN SECTION 2-4-401 (1.5);  
4           (II) HEALTH-CARE AND COUNSELING SERVICES FOCUSED ON  
5       PREVENTING, DELAYING, OR PLANNING FOR A PREGNANCY;  
6           (III) FOLLOW-UP VISITS TO EVALUATE OR MANAGE PROBLEMS  
7       ASSOCIATED WITH CONTRACEPTIVE METHODS;  
8           (IV) STERILIZATION SERVICES, REGARDLESS OF AN INDIVIDUAL'S  
9       SEX; AND  
10          (V) BASIC FERTILITY SERVICES.

11           (3) ~~For purposes of this section, all medical care services or goods~~  
12 ~~rendered by a certified family planning clinic that are benefits of the~~  
13 ~~Colorado medical assistance program. shall be ordered by a physician~~  
14 ~~who need not be physically present on the premises of the certified family~~  
15 ~~planning clinic at the time services are rendered.~~

16           (4) ~~Nothing in this section shall be construed as expanding the~~  
17 ~~provision of services available as a part of the medical assistance program~~  
18 ~~established pursuant to this article and articles 5 and 6 of this title. For~~  
19 ~~purposes of making payments to certified family planning clinics pursuant~~  
20 ~~to this section~~ PROVIDERS, the state board shall establish rules  
21 implementing this section. The rules promulgated pursuant to this  
22 subsection (4) shall ensure that the reimbursement for services rendered  
23 by a certified family planning clinic pursuant to this section shall not be  
24 the sole result of an increase in the costs to the state medical assistance  
25 program.

26           (5) ANY RECIPIENT MAY OBTAIN FAMILY PLANNING SERVICES OR  
27 FAMILY-PLANNING-RELATED SERVICES FROM ANY LICENSED HEALTH CARE

1 PROVIDER, INCLUDING BUT NOT LIMITED TO A DOCTOR OF MEDICINE,  
2 DOCTOR OF OSTEOPATHY, PHYSICIAN ASSISTANT, OR ADVANCED PRACTICE  
3 NURSE, WHO PROVIDES SUCH SERVICES. THE ENROLLMENT OF A RECIPIENT  
4 IN A MANAGED CARE ORGANIZATION, OR A SIMILAR ENTITY, DOES NOT  
5 RESTRICT A RECIPIENT'S CHOICE OF THE LICENSED PROVIDER FROM WHOM  
6 THE RECIPIENT MAY RECEIVE THOSE SERVICES.

7 (6) THE STATE BOARD SHALL PROMULGATE RULES ESTABLISHING  
8 THE SPECIFIC FAMILY-PLANNING-RELATED SERVICES AND FAMILY  
9 PLANNING SERVICES IDENTIFIED IN SUBSECTIONS (2)(a) AND (2)(b) OF THIS  
10 SECTION. PRIOR TO PROMULGATING THE RULES, THE STATE DEPARTMENT  
11 SHALL ENGAGE IN A STAKEHOLDER PROCESS THAT ATTEMPTS TO INCLUDE  
12 INDIVIDUALS WHO HAVE RECEIVED FAMILY PLANNING SERVICES THROUGH  
13 THE STATE'S MEDICAL ASSISTANCE PROGRAM OR THE CHILDREN'S BASIC  
14 HEALTH PLAN, REPRESENTATIVES OF CONSUMER ADVOCACY  
15 ORGANIZATIONS, AND FAMILY PLANNING PROVIDERS. THE STAKEHOLDERS  
16 MUST BE DIVERSE WITH REGARD TO RACE, ETHNICITY, IMMIGRATION  
17 STATUS, AGE, ABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, OR  
18 GEOGRAPHIC REGION OF THE STATE.

19 **SECTION 4. Appropriation.** (1) For the 2021-22 state fiscal  
20 year, \$90,547 is appropriated to the department of health care policy and  
21 financing. This appropriation is from the general fund. To implement this  
22 act, the department may use this appropriation for the Medicaid  
23 management information system maintenance and projects.

24 (2) For the 2021-22 state fiscal year, the general assembly  
25 anticipates that the department of health care policy and financing will  
26 receive \$814,920 in federal funds for the Medicaid management  
27 information system maintenance and projects to implement this act. The

1       appropriation in subsection (1) of this section is based on the assumption  
2       that the department will receive this amount of federal funds, which is  
3       subject to the "(I)" notation as defined in the annual general appropriation  
4       act for the same fiscal year.

5           (3) For the 2021-22 state fiscal year, \$13,353 is appropriated to  
6       the department of regulatory agencies for use by the division of insurance.  
7       This appropriation is from the division of insurance cash fund created in  
8       section 10-1-103 (3), C.R.S., and is based on an assumption that the  
9       division will require an additional 0.2 FTE. To implement this act, the  
10      division may use this appropriation for personal services.

11           **SECTION 5. Applicability.** Section 1 of this act applies to health  
12      benefit plans issued or renewed on or after January 1, 2023.

13           **SECTION 6. Safety clause.** The general assembly hereby finds,  
14      determines, and declares that this act is necessary for the immediate  
15      preservation of the public peace, health, or safety.