Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO

PREAMENDED

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

LLS NO. 22-0815.01 Shelby Ross x4510

HOUSE BILL 22-1302

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A BILL FOR AN ACT

CONCERNING HEALTH-CARE PRACTICE TRANSFORMATION TO SUPPORT WHOLE-PERSON HEALTH THROUGH INTEGRATED CARE MODELS, 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 creates the primary care and behavioral health statewide integration grant program in the department of health care policy and financing to provide grants to primary care clinics for implementation of evidence-based clinical integration care models.

The bill requires the department of health care policy and

HOUSE
3rd Reading Unamended
April 11, 2022

HOUSE
Amended 2nd Reading
April 8, 2022

financing, in collaboration with the behavioral health administration and other agencies, to develop a universal contract for behavioral health services.

The bill makes an appropriation.

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

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

(a) Since the COVID-19 pandemic began, rates of psychological distress, including anxiety, depression, and other behavioral and mental health disorders, among them substance use disorders, have increased;

(b) From 2015 to 2019, Colorado's state innovation model used federal grant funding to support 344 primary care practices and four community mental health centers to integrate behavioral and physical health care, build a network of regional health connectors that links practices with community resources, and advance the development of value-based payment structures;

(c) A federal evaluation showed that Colorado's practice transformation program was associated with greater access to behavioral health care and fewer behavioral-health-related emergency visits;

(d) Efforts to continue the progress of the state innovation model have continued, but too few Coloradans have access to behavioral health services, and even fewer have access to these services in their primary care provider's office;

(e) The federal government enacted the "American Rescue Plan Act of 2021" (ARPA), Pub.L. 117-2, to provide support to state, local, and tribal governments in responding to the impact of the COVID-19 pandemic; and

(f) Regulations construing ARPA promulgated by the federal department of treasury identify a nonexclusive list of uses for the COVID-19 pandemic and its negative public health impacts.

(2) Therefore, the general assembly declares that:

(a) Investments in practice transformation, including behavioral health integration, will increase access to behavioral health-care services for Coloradans struggling due to the public health emergency; and

(b) The programs and services funded by the federal money in this act are important government services and appropriate uses of the money transferred to Colorado under ARPA.

SECTION 2. In Colorado Revised Statutes, **add** 25.5-5-332 as follows:

25.5-5-332. Primary care and behavioral health statewide integration grant program - creation - report - definition - repeal. (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES, "GRANT PROGRAM" MEANS THE PRIMARY CARE AND BEHAVIORAL HEALTH STATEWIDE INTEGRATION GRANT PROGRAM CREATED IN SUBSECTION (2) OF THIS SECTION.

(2) THERE IS CREATED IN THE STATE DEPARTMENT THE PRIMARY CARE AND BEHAVIORAL HEALTH STATEWIDE INTEGRATION GRANT PROGRAM TO PROVIDE GRANTS TO PHYSICAL AND BEHAVIORAL HEALTH CARE PROVIDERS FOR IMPLEMENTATION OF EVIDENCE-BASED CLINICAL INTEGRATION CARE MODELS, AS DEFINED BY THE STATE DEPARTMENT, IN COLLABORATION WITH THE BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES.

(3) (a) GRANT RECIPIENTS MAY USE THE MONEY RECEIVED THROUGH THE GRANT PROGRAM FOR THE FOLLOWING PURPOSES:

(I) DEVELOPING INFRASTRUCTURE FOR PRIMARY CARE, PEDIATRIC, AND BEHAVIORAL HEALTH-CARE PROVIDERS TO BETTER SERVE INDIVIDUALS WITH BEHAVIORAL HEALTH NEEDS IN OUTPATIENT HEALTH CARE SETTINGS;

(II) INCREASING ACCESS TO QUALITY HEALTH CARE FOR INDIVIDUALS WITH BEHAVIORAL HEALTH NEEDS;

(III) INVESTING IN EARLY INTERVENTIONS FOR CHILDREN, YOUTH, AND ADULTS THAT REDUCE ESCALATION AND EXACERBATION OF BEHAVIORAL HEALTH CONDITIONS;

(IV) ADDRESSING THE NEED TO EXPAND THE BEHAVIORAL HEALTH-CARE WORKFORCE; ___

(V) DEVELOPING AND IMPLEMENTING ALTERNATIVE PAYMENT MODELS, INCLUDING THE DEVELOPMENT OF PROTOCOLS, PROCESSES, WORK FLOW, AND PARTNERSHIPS; AND

(VI) TRAINING PRIMARY CARE PROVIDERS IN TRAUMA-INFORMED CARE, ADVERSE CHILDHOOD EXPERIENCES, AND TRAUMA RECOVERY.

(b) ANY MONEY RECEIVED THROUGH THE GRANT PROGRAM MUST SUPPLEMENT AND NOT SUPPLANT EXISTING HEALTH-CARE SERVICES. GRANT RECIPIENTS SHALL NOT USE MONEY RECEIVED THROUGH THE GRANT PROGRAM FOR:

(I) ONGOING OR EXISTING EXECUTIVE AND SENIOR STAFF SALARIES;

(II) SERVICES ALREADY COVERED BY MEDICAID OR A CLIENT'S INSURANCE; OR

(III) ONGOING OR EXISTING ELECTRONIC HEALTH RECORDS COSTS.

(c) (I) (A) IF A GRANT RECIPIENT IS A HOSPITAL-OWNED OR HOSPITAL-AFFILIATED PRACTICE THAT IS NOT PART OF A HOSPITAL SYSTEM

AND HAS LESS THAN TEN PERCENT TOTAL PROFIT AS MEASURED BY STATE DEPARTMENT TRANSPARENCY REPORTING, THE GRANT RECIPIENT SHALL PROVIDE A TWENTY-FIVE PERCENT MATCH FOR THE AWARDED AMOUNT. THE GRANT RECIPIENT MAY USE COMMUNITY BENEFIT FUNDS, IN-KIND PERSONNEL TIME, OR FEDERAL RELIEF FUNDING FOR THE TWENTY-FIVE PERCENT MATCH REQUIRED PURSUANT TO THIS SUBSECTION (3)(c)(I)(A).

(B) IF A GRANT RECIPIENT IS A HOSPITAL-OWNED OR HOSPITAL-AFFILIATED PRACTICE THAT IS PART OF A HOSPITAL SYSTEM OR HAS TEN PERCENT OR MORE TOTAL PROFIT AS MEASURED BY STATE DEPARTMENT TRANSPARENCY REPORTING, THE GRANT RECIPIENT SHALL PROVIDE A FIFTY PERCENT MATCH FOR THE AWARDED AMOUNT. THE GRANT RECIPIENT MAY USE COMMUNITY BENEFIT FUNDS, IN-KIND PERSONNEL TIME, OR FEDERAL RELIEF FUNDING FOR THE FIFTY PERCENT MATCH REQUIRED PURSUANT TO THIS SUBSECTION (3)(c)(I)(B).

(C) IF A GRANT RECIPIENT IS A CRITICAL ACCESS HOSPITAL, AS DEFINED IN SECTION 10-16-1303 (2), THE GRANT RECIPIENT SHALL PROVIDE A TEN PERCENT MATCH FOR THE AWARDED AMOUNT. THE GRANT RECIPIENT MAY USE COMMUNITY BENEFIT FUNDS, IN-KIND PERSONNEL TIME, OR FEDERAL RELIEF FUNDING FOR THE TEN PERCENT MATCH REQUIRED PURSUANT TO THIS SUBSECTION (3)(c)(I)(C).

(II) FOR THE PURPOSES OF THIS SUBSECTION (3)(c), "HOSPITAL-AFFILIATED" MEANS THERE IS A CONTRACTUAL RELATIONSHIP BETWEEN A HOSPITAL OR AN ENTITY THAT IS OWNED BY OR UNDER COMMON OWNERSHIP AND CONTROL WITH THE HOSPITAL IN WHICH THE CONTRACTUAL RELATIONSHIP ENABLES THE HOSPITAL OR ENTITY THAT IS OWNED BY OR UNDER COMMON OWNERSHIP AND CONTROL WITH THE HOSPITAL TO EXERCISE CONTROL OVER ONE OF THE FOLLOWING ENTITIES:

(A) ANOTHER HOSPITAL;

(B) AN ENTITY OWNED BY OR UNDER COMMON OWNERSHIP AND CONTROL WITH ANOTHER HOSPITAL; OR

(C) A PHYSICIAN GROUP PRACTICE.

(d) THE STATE DEPARTMENT MAY PROVIDE FUNDING TO PHYSICAL AND BEHAVIORAL HEALTH-CARE PROVIDERS THROUGH INFRASTRUCTURE BUILDING AND POPULATION-BASED PAYMENT MECHANISMS.

(e) GRANT RECIPIENTS SHALL PARTICIPATE IN TECHNICAL ASSISTANCE EDUCATION AND TRAINING AND RELATED WORKGROUPS AS DETERMINED BY THE STATE DEPARTMENT.

(4) (a) THE STATE DEPARTMENT SHALL ADMINISTER THE GRANT PROGRAM AND, SUBJECT TO AVAILABLE APPROPRIATIONS, SHALL AWARD GRANTS AS PROVIDED IN THIS SECTION. SUBJECT TO AVAILABLE APPROPRIATIONS, GRANTS SHALL BE PAID OUT OF THE BEHAVIORAL AND MENTAL HEALTH CASH FUND CREATED IN SECTION 24-75-230.

(b) IN ORDER TO SUPPORT REAL-TIME TRANSFORMATION AND ACCESS TO CARE, THE STATE DEPARTMENT SHALL ENSURE TIMELY PAYMENT TO GRANT RECIPIENTS FOR SERVICES RELATED TO THE GRANT PROGRAM.

(5) GRANT APPLICANTS SHALL DEMONSTRATE A COMMITMENT TO MAINTAINING MODELS AND PROGRAMS THAT, AT A MINIMUM:

(a) MEASURABLY INCREASE ACCESS TO BEHAVIORAL HEALTH SCREENING, REFERRAL, TREATMENT, AND RECOVERY CARE;

(b) IMPLEMENT OR EXPAND EVIDENCE-BASED MODELS FOR INTEGRATION THAT IMPROVE PATIENT HEALTH AS EVIDENCED BY RELEVANT AND MEANINGFUL OUTCOMES MEASURES, INCLUDING PATIENT-REPORTED OUTCOMES;

(c) LEVERAGE MULTIDISCIPLINARY TREATMENT TEAMS;

(d) SERVE PUBLICLY FUNDED CLIENTS;

(e) MAINTAIN A PLAN FOR HOW TO ADDRESS A CLIENT WITH EMERGENCY NEEDS;

(f) MAINTAIN A PLAN FOR HOW TECHNOLOGY WILL BE LEVERAGED FOR WHOLE-PERSON CARE, WHICH MAY INCLUDE PLANS FOR DATA SECURITY, ELECTRONIC HEALTH RECORDS REFORMS, CASE MANAGEMENT PLATFORMS, AND TELEHEALTH IMPLEMENTATION OR EXPANSION; AND

(g) IMPLEMENT OR ENGAGE IN STATE-DEPARTMENT-SPECIFIED TOOLS AND SHARED LEARNING AND RESOURCES, INCLUDING BUT NOT LIMITED TO:

(I) PEER LEARNING COLLABORATIVES TO DEVELOP SUSTAINABLE POPULATION-BASED PAYMENT MODELS LED BY THE STATE DEPARTMENT;

(II) USE OF ELECTRONIC TOOLS FOR SCREENING, MEASUREMENT-BASED CARE MANAGEMENT, AND REFERRALS; AND

(III) DATA-SHARING BEST PRACTICES.

(6) IN SELECTING GRANT RECIPIENTS, THE STATE DEPARTMENT SHALL FIRST PRIORITIZE APPLICANTS THAT SERVE PRIORITY POPULATIONS THAT EXPERIENCE DISPARITIES IN HEALTH-CARE ACCESS AND OUTCOMES, INCLUDING BUT NOT LIMITED TO HISTORICALLY MARGINALIZED AND UNDERSERVED COMMUNITIES, DETERMINED BY THE COMMUNITIES WITH THE HIGHEST PROPORTION OF PATIENTS RECEIVING ASSISTANCE THROUGH THE "COLORADO MEDICAL ASSISTANCE ACT", ARTICLES 4, 5, AND 6 OF TITLE 25.5. THE STATE DEPARTMENT SHALL THEN PRIORITIZE APPLICANTS THAT MEET AS MANY OF THE FOLLOWING CRITERIA AS POSSIBLE:

(a) SERVE INDIVIDUALS WITH CO-OCCURRING AND COMPLEX CARE NEEDS, SERIOUS MENTAL ILLNESSES, OR DISABILITIES;

(b) SERVE CHILDREN AND YOUTH;

(c) INCLUDE OPPORTUNITIES TO BUILD OUT COMMUNITY HEALTH WORKER, BEHAVIORAL HEALTH AIDE, OR SIMILAR PROGRAMS, SUPPORTED BY POPULATION-BASED PAYMENTS;

(d) SERVE PREGNANT AND POSTPARTUM PEOPLE;

(e) THE PRACTICE IS CONSIDERED A SMALL AND INDEPENDENT PRACTICE;

(f) DEMONSTRATE THE ABILITY AND INTENT TO SERVE CULTURALLY DIVERSE POPULATIONS AND POPULATIONS WITH LIMITED ENGLISH PROFICIENCY;

(g) INCLUDE WORKFORCE CAPACITY-BUILDING COMPONENTS;

(h) INCLUDE HIGH-INTENSITY OUTPATIENT SERVICES;

(i) IMPROVE DATA EXCHANGE AND DATA INTEGRATION THAT SUPPORTS WHOLE-PERSON CARE;

(j) UTILIZE TELEHEALTH;

(k) ALIGN WITH OR PARTICIPATE IN COMMERCIAL ALTERNATIVE PAYMENT MODELS;

(l) DEMONSTRATE COMMUNITY PARTNERSHIPS; OR

(m) PARTICIPATE IN THE REGIONAL HEALTH CONNECTOR WORKFORCE PROGRAM CREATED IN SECTION 23-21-901.

(7) (a) THE STATE DEPARTMENT SHALL ESTABLISH A SET OF STATEWIDE RESOURCES TO SUPPORT GRANT RECIPIENTS. AT A MINIMUM, THE RESOURCES MUST INCLUDE:

(I) A CLINICAL CONSULTATION AND PRACTICE TRANSFORMATION SUPPORT TEAM PROVIDED BY THE COLORADO HEALTH EXTENSION SYSTEM IN THE PRACTICE INNOVATION PROGRAM; AND

(II) A SUSTAINABLE BILLING AND DATA PARTNERSHIP TEAM THAT

WILL TRAIN AND SUPPORT GRANT RECIPIENTS IN MEETING STANDARDS AND CORE COMPETENCIES FOR ALTERNATIVE PAYMENT MODELS, TRANSFORMING THE PRIMARY CARE PROVIDERS' PAYMENT SYSTEMS TO FOCUS ON INTEGRATIVE, WHOLE-PERSON CARE, AND CREATING AND IMPLEMENTING DATA-SHARING PRACTICES AND POLICIES THAT SUPPORT MENTAL HEALTH DISORDERS, SUBSTANCE USE DISORDERS, AND CO-OCCURRING DISORDERS.

(b) THE STATE DEPARTMENT MAY ENTER INTO INTERAGENCY AGREEMENTS OR PROCURE CONTRACTS TO ESTABLISH THE RESOURCES PURSUANT TO THIS SUBSECTION (7).

(8) THE STATE DEPARTMENT MAY PROCURE A GRANT APPLICATION AND SUPPORT TEAM TO ASSIST THE STATE DEPARTMENT WITH DRAFTING THE GRANT APPLICATION, REVIEWING APPLICATIONS, AND ADMINISTERING AND PROCESSING GRANT AWARDS.

(9) A GRANT RECIPIENT SHALL SPEND OR OBLIGATE ANY MONEY RECEIVED PURSUANT TO THIS SECTION NO LATER THAN DECEMBER 30, 2024. ANY MONEY A GRANT RECIPIENT OBLIGATES MUST BE EXPENDED NO LATER THAN DECEMBER 30, 2026.

(10) (a) THE STATE DEPARTMENT SHALL ESTABLISH A STEERING COMMITTEE TO:

(I) PROVIDE CONTINUOUS INPUT INTO GRANT APPLICATION REQUIREMENTS;

(II) PROVIDE FEEDBACK AND DIRECTION ON DATA COLLECTION STANDARDS AND REVIEW; AND

(III) ENGAGE WITH COMMUNITY PARTNERS WHO WILL HELP SUPPORT THE INTEGRATED CARE PRACTICES THROUGH REFERRALS AND TRUSTED COMMUNICATIONS.

(b) THE STATE DEPARTMENT SHALL SELECT A STATE DEPARTMENT EMPLOYEE TO CHAIR THE STEERING COMMITTEE, STAFF THE STEERING COMMITTEE, AND REIMBURSE ANY PARTICIPANT WHO IS NOT A STATE EMPLOYEE FOR REASONABLE TRAVEL EXPENSES.

(11) THE STATE DEPARTMENT SHALL, IN COLLABORATION WITH THE BEHAVIORAL HEALTH ADMINISTRATION AND THE DIVISION OF INSURANCE, PREPARE A REPORT THAT INCLUDES RECOMMENDATIONS ON BEST PRACTICES FOR SUSTAINING INTEGRATED CARE MODELS. IN PREPARING THE REPORT, THE STATE DEPARTMENT SHALL COLLECT DATA FROM EACH GRANT RECIPIENT RELATED TO CLINICAL QUALITY IMPROVEMENT AND ACCESS TO CARE. GRANT RECIPIENTS SHALL PROVIDE DATA TO THE STATE DEPARTMENT IN A TIMELY MANNER, AS DETERMINED BY THE STATE DEPARTMENT. THE STATE DEPARTMENT IS AUTHORIZED TO RECOUP OR DISCONTINUE GRANT FUNDING FOR GRANT RECIPIENTS THAT DO NOT COMPLY WITH THE DATA REPORTING REQUIREMENTS OR GRANT STANDARDS SET BY THE STATE DEPARTMENT.

(12) THE STATE DEPARTMENT AND ANY PERSON WHO RECEIVES MONEY FROM THE STATE DEPARTMENT PURSUANT TO THIS SECTION SHALL COMPLY WITH THE COMPLIANCE, REPORTING, RECORD-KEEPING, AND PROGRAM EVALUATION REQUIREMENTS ESTABLISHED BY THE OFFICE OF STATE PLANNING AND BUDGETING AND THE STATE CONTROLLER IN ACCORDANCE WITH SECTION 24-75-226 (5).

(13) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2027.

SECTION 3. In Colorado Revised Statutes, 25.5-5-402, **add** (3.5) as follows:

25.5-5-402. Statewide managed care system - rules - definition - repeal. (3.5) (a) NO LATER THAN JULY 1, 2023, THE STATE

DEPARTMENT, IN COLLABORATION WITH THE BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES AND OTHER STATE AGENCIES, SHALL DEVELOP THE UNIVERSAL CONTRACT AS DESCRIBED IN SECTION 27-50-203.

(b) (I) FOR THE 2022-23 STATE FISCAL YEAR, THE GENERAL ASSEMBLY SHALL APPROPRIATE THREE MILLION DOLLARS FROM THE BEHAVIORAL AND MENTAL HEALTH CASH FUND, CREATED IN SECTION 24-75-230, TO THE STATE DEPARTMENT FOR THE DEVELOPMENT, IMPLEMENTATION, AND ADMINISTRATION OF THE UNIVERSAL CONTRACT.

(II) THIS SUBSECTION (3.5)(b) IS REPEALED, EFFECTIVE JULY 1, 2024.

SECTION 4. Appropriation. (1) For the 2022-23 state fiscal year, $31,750,000 is appropriated to the department of health care policy and financing for use by other medical services. This appropriation is from the behavioral and mental health cash fund created in section 24-75-230 (2)(a), C.R.S., is of money the state received from the federal coronavirus state fiscal recovery fund, and is based on an assumption that the division will require an additional 2.3 FTE. To implement this act, the division may use this appropriation for the primary care and behavioral health statewide integration grant program. Any money appropriated in this section not expended prior to July 1, 2023, is further appropriated to the division from July 1, 2023, through December 30, 2024, for the same purpose.

(2) For the 2022-23 state fiscal year, $3,000,000 is appropriated to the department of health care policy and financing for use by the executive director's office, general administration. This appropriation is from the behavioral and mental health cash fund created in section

24-75-230 (2)(a), C.R.S., and is of money the state received from the federal coronavirus state fiscal recovery fund. To implement this act, the division may use this appropriation for the universal contract for behavioral health services. Any money appropriated in this section not expended prior to July 1, 2023, is further appropriated to the division from July 1, 2023, through December 30, 2024, for the same purpose.

(3) For the 2022-23 fiscal year, $250,000 is appropriated to the department of higher education for use by the regents of the university of Colorado. This appropriation is from the behavioral and mental health cash fund created in section 24-75-230 (2)(a), C.R.S., and is of money the state received from the federal coronavirus state fiscal recovery fund. To implement this act, the regents may use this appropriation for allocation to the school of medicine for the regional health connector workforce program.

SECTION 5. Effective date. This act takes effect upon passage; except that section 3 of this act takes effect only if House Bill 22-1278 becomes law, in which case section 3 takes effect either upon the effective date of this act or House Bill 22-1278, whichever is later.

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