

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

**PREAMENDED**

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

LLS NO. 21-0760.01 Shelby Ross x4510

**SENATE BILL 21-025**

---

**SENATE SPONSORSHIP**

**Pettersen,**

**HOUSE SPONSORSHIP**

**(None),**

---

**Senate Committees**

Health & Human Services  
Appropriations

**House Committees**

---

**A BILL FOR AN ACT**

101      **CONCERNING FAMILY PLANNING SERVICES FOR INDIVIDUALS WHOSE**  
102                    **INCOME DOES NOT EXCEED THE STATE'S CURRENT EFFECTIVE**  
103                    **INCOME LEVEL FOR PREGNANT WOMEN UNDER THE CHILDREN'S**  
104                    **BASIC HEALTH PLAN.**

---

**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 department of health care policy and financing to seek federal authorization through an amendment to the state medical assistance plan to provide family planning services to individuals

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.

who are not pregnant and whose income does not exceed 250% of the federal poverty level.

---

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

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

4 (a) Our communities fare better when all Coloradans can plan  
5 their pregnancies. Unintended pregnancies are associated with an  
6 increased risk of adverse pregnancy outcomes such as preterm birth,  
7 which is the leading cause of infant mortality, and delivery of  
8 low-birth-weight infants, which is linked to several negative short- and  
9 long-term health outcomes.

10 (b) Due to the systemic barriers they face, families who  
11 experience unintended pregnancies often have poorer health outcomes for  
12 themselves and their children, struggle to and often do not complete  
13 school, have difficulty advancing in their careers, and use more public  
14 assistance;

15 (c) Access to family planning services reduces the chance of  
16 unintended pregnancy, reducing the risk factors associated with poor  
17 health and social outcomes;

18 (d) The public health and economic crisis created by the  
19 COVID-19 pandemic has shone a bright light on the need for increased  
20 access to family planning services. Recent federal administrative rules  
21 have limited individual's access to public family planning clinics.  
22 Additionally, job losses due to the pandemic are threatening access to  
23 reproductive health care for millions of Americans.

24 (e) Women, particularly women of color for whom pregnancy and  
25 childbirth can be most dangerous, increasingly want to delay having

1 children. The "Early Impacts of the COVID-19 Pandemic: 2020  
2 Guttmacher Survey of Reproductive Health Experiences" found that  
3 overall, thirty-four percent of women reported wanting to delay  
4 pregnancy or have fewer children because of the pandemic. The same  
5 survey shows that roughly twenty-seven percent of women are worried  
6 about being able to afford contraceptives, and Hispanic women, Black  
7 women, queer women, and women living in poverty are more likely to  
8 worry about access to contraceptives than their white peers.

9 (f) The Colorado department of public health and environment  
10 reported that in 2019, roughly fifty-eight thousand women in Colorado  
11 were without insurance coverage for family planning services and more  
12 than twenty-one thousand of those women had low incomes that fell  
13 between the medicaid income eligibility level and two hundred fifty  
14 percent of the federal poverty level;

15 (g) According to a national survey conducted by the Kaiser Family  
16 Foundation and the Georgetown University Center for Children and  
17 Families, as of January 2019, twenty-eight states, not including Colorado,  
18 have received federal authorization to offer family planning services to  
19 people who are not otherwise eligible for medicaid; and

20 (h) The federal centers for medicare and medicaid services have  
21 encouraged states to pursue federal authorization for family planning  
22 services by covering ninety percent of the costs, a higher federal share  
23 than it provides for other medicaid services.

24 (2) Therefore, the general assembly finds and declares that  
25 expanding coverage through the medicaid program to provide family  
26 planning services for women with low and moderate incomes who do not  
27 otherwise qualify for medicaid coverage will reduce unintended

1 pregnancies and help all Colorado families thrive.

2 **SECTION 2.** In Colorado Revised Statutes, **add** 25.5-5-327 as  
3 follows:

4 **25.5-5-327. Family planning services - federal authorization**  
5 **-rules - definitions.** (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT  
6 OTHERWISE REQUIRES:

7 (a) "ELIGIBLE INDIVIDUAL" MEANS AN INDIVIDUAL WHO IS NOT  
8 PREGNANT AND WHOSE INCOME DOES NOT EXCEED THE STATE'S CURRENT  
9 EFFECTIVE INCOME LEVEL FOR PREGNANT WOMEN UNDER THE CHILDREN'S  
10 BASIC HEALTH PLAN ESTABLISHED PURSUANT TO ARTICLE 8 OF TITLE 25.5,  
11 AND WHOSE INCOME IS ADJUSTED FOR FAMILY SIZE BASED ON THE  
12 METHODOLOGY ALLOWED UNDER FEDERAL LAW TO COUNT THE APPLICANT  
13 AS A HOUSEHOLD OF TWO IN ADDITION TO ANY OTHER HOUSEHOLD  
14 MEMBERS, AND WHO MEETS OTHER REQUIREMENTS UNDER FEDERAL LAW.

15 (b) "FAMILY PLANNING SERVICES" INCLUDES, AS PERMITTED  
16 UNDER FEDERAL LAW:

17 (I) CONTRACEPTION, AS DEFINED IN SECTION 2-4-401 (1.5);

18 (II) HEALTH CARE OR COUNSELING SERVICES FOCUSED ON  
19 PREVENTING, DELAYING, OR PLANNING FOR A PREGNANCY, WHICH MUST  
20 INCLUDE MEDICALLY NECESSARY EVALUATIONS OR PREVENTIVE SERVICES  
21 SUCH AS TOBACCO UTILIZATION SCREENING, COUNSELING, TESTING, AND  
22 CESSATION SERVICES;

23 (III) FOLLOW-UP VISITS TO EVALUATE OR MANAGE PROBLEMS  
24 ASSOCIATED WITH CONTRACEPTIVE METHODS;

25 (IV) STERILIZATION SERVICES, REGARDLESS OF SEX;

26 (V) CERVICAL CANCER SCREENING AND PREVENTION;

27 (VI) BASIC FERTILITY TESTING;

1           (VII) DIAGNOSIS OR TREATMENT OF A SEXUALLY TRANSMITTED  
2 INFECTION OR SEXUALLY TRANSMITTED DISEASE, OR MEDICATION TO  
3 PREVENT A SEXUALLY TRANSMITTED INFECTION OR SEXUALLY  
4 TRANSMITTED DISEASE, THAT IS PROVIDED PURSUANT TO A FAMILY  
5 PLANNING VISIT; AND

6           (VIII) ANY OTHER MEDICAL DIAGNOSIS, TREATMENT, OR  
7 PREVENTIVE SERVICE THAT IS ROUTINELY PROVIDED PURSUANT TO A  
8 FAMILY PLANNING VISIT.

9           (c) "PRESUMPTIVE ELIGIBILITY" HAS THE SAME MEANING AS  
10 DEFINED IN SECTION 25.5-5-204 (1).

11           (2) (a) NO LATER THAN JANUARY 31, 2022, THE STATE  
12 DEPARTMENT SHALL SEEK FEDERAL AUTHORIZATION THROUGH AN  
13 AMENDMENT TO THE STATE MEDICAL ASSISTANCE PLAN TO PROVIDE  
14 FAMILY PLANNING SERVICES TO ELIGIBLE INDIVIDUALS.

15           (b) THE STATE PLAN AMENDMENT MUST:

16           (I) NOT IMPOSE AGE, SEX, OR GENDER IDENTITY LIMITATIONS ON  
17 ELIGIBLE INDIVIDUALS; AND

18           (II) INCLUDE A PROCESS BY WHICH AN ELIGIBLE INDIVIDUAL MAY  
19 BE PRESUMPTIVELY ELIGIBLE TO RECEIVE FAMILY PLANNING SERVICES.

20           (3) UPON APPROVAL OF THE STATE PLAN AMENDMENT, THE STATE  
21 DEPARTMENT SHALL:

22           (a) UNLESS REQUESTED OTHERWISE BY THE ELIGIBLE INDIVIDUAL,  
23 ENSURE THAT AN ELIGIBLE INDIVIDUAL RECEIVES     A ONE-YEAR SUPPLY  
24 OF SELF-ADMINISTERED HORMONAL CONTRACEPTIVES AT ONE TIME AS  
25 PERMITTED BY THE ELIGIBLE INDIVIDUAL'S PRESCRIPTION; AND

26           (b) COLLABORATE WITH THE STATE INSURANCE MARKETPLACE,  
27 HEALTH CARE CONSUMER ADVOCATES, AND OTHER INTERESTED

1 STAKEHOLDERS TO EDUCATE ELIGIBLE INDIVIDUALS ABOUT ALL  
2 AVAILABLE HEALTH CARE COVERAGE OPTIONS AND ENCOURAGE ELIGIBLE  
3 INDIVIDUALS TO ENROLL IN FULL HEALTH INSURANCE COVERAGE THROUGH  
4 AVAILABLE SOURCES, INCLUDING THE MEDICAL ASSISTANCE PROGRAM,  
5 CHILDREN'S BASIC HEALTH PLAN, A PUBLIC BENEFIT CORPORATION, OR THE  
6 STATE INSURANCE MARKETPLACE.

7 (4) THE STATE DEPARTMENT SHALL PROMULGATE ANY RULES  
8 NECESSARY TO IMPLEMENT THIS SECTION.

9 **SECTION 3. Act subject to petition - effective date.** This act  
10 takes effect at 12:01 a.m. on the day following the expiration of the  
11 ninety-day period after final adjournment of the general assembly; except  
12 that, if a referendum petition is filed pursuant to section 1 (3) of article V  
13 of the state constitution against this act or an item, section, or part of this  
14 act within such period, then the act, item, section, or part will not take  
15 effect unless approved by the people at the general election to be held in  
16 November 2022 and, in such case, will take effect on the date of the  
17 official declaration of the vote thereon by the governor.