

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. 22-0487.01 Jane Ritter x4342

HOUSE BILL 22-1289

HOUSE SPONSORSHIP

Gonzales-Gutierrez and McCluskie,

SENATE SPONSORSHIP

Moreno,

House Committees

Public & Behavioral Health & Human Services
Appropriations

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING IMPROVING ACCESS TO HEALTH BENEFITS FOR**
102 **ECONOMICALLY INSECURE COLORADO FAMILIES BY ENHANCING**
103 **PUBLIC HEALTH PROGRAMS, AND, IN CONNECTION THEREWITH,**
104 **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 makes the following changes to health insurance coverage for low-income pregnant people and children in low-income families:

- Provides full health insurance coverage for Colorado

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.

pregnant people who would be eligible for medicaid and the children's basic health plan (CHIP) if not for their immigration status and continues that coverage for 12 months postpartum at the CHIP federal matching rate;

- Provides comprehensive health insurance coverage to all Colorado children who would be eligible for medicaid and CHIP if not for their immigration status;
- Requires the state department of health care policy and financing to create an outreach and enrollment strategy for enrolling eligible groups into new coverage options;
- Makes comprehensive lactation supports and supplies, including breast pumps, a covered benefit for perinatal people on medicaid and CHIP;
- Draws down federal funds to improve perinatal and postpartum support and requires that priorities for the funds be determined through a stakeholder process;
- Permanently authorizes an existing survey of birthing parents, run by the state department of public health and environment and increases the ability of the survey to collect and report on the experiences of birthing people of color in Colorado;
- Creates a special enrollment period for health insurance coverage due to pregnancy so that an eligible person can sign up for insurance as soon as the person becomes pregnant; and
- Improves the quality of health insurance coverage available through the health insurance affordability enterprise.

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) Health insurance coverage is an important social determinant
5 of health because it provides both access to the health-care system and
6 financial security. Access to quality prenatal care is one of the most
7 important determinants of birth outcomes and a primary strategy to reduce
8 infant and maternal mortality.

9 (b) The stress and challenges of pregnancy and parenting with
10 limited financial resources are contributing factors to a high rate of

1 depression. One in four low-income pregnant or postpartum individuals
2 experience depression in a given year.

3 (c) Insurance coverage improves health status and mental health,
4 while decreasing infant, child, and adult mortality rates. Medicaid and the
5 children's health insurance program (CHIP) are key supports for pregnant
6 people and new parents, as well as their children in the critical early years
7 of life.

8 (d) Research shows that medicaid coverage for children and
9 pregnant people is associated with improved health and well-being.
10 Children born to medicaid-covered or otherwise insured parents are more
11 likely to be born at a healthier birth weight and are at lower risk of infant
12 mortality than babies born to people who are uninsured. Medicaid and
13 other insurance coverage of pregnant people is also associated with a
14 greater likelihood of children finishing high school and college and
15 having higher incomes as adults.

16 (e) When parents have health insurance, their children are more
17 likely to be insured;

18 (f) In Colorado, Hispanic and Latina individuals of reproductive
19 age are three times more likely to be uninsured compared to their
20 non-Hispanic peers. Research indicates that chronic stress associated with
21 being a racial or ethnic minority in the United States is largely responsible
22 for higher preterm birth rates and constitutes an independent risk factor
23 for preterm delivery.

24 (g) Approximately twenty-four percent of all pregnancy-related
25 deaths occur between forty-three to three hundred sixty-five days after a
26 pregnancy ends. There is growing evidence that providing insurance
27 coverage for at least one year of postpartum care can reduce preventable

1 maternal deaths, particularly among Black persons and immigrant
2 populations. Expanding access to prenatal and postpartum care will
3 decrease racial disparities in maternal and infant mortality.

4 (h) Prenatal care is cost effective. Studies have found that
5 providing prenatal care for low-income persons avoids costly infant
6 complications and infant death.

7 (2) The general assembly further finds that:

8 (a) All Colorado children deserve access to preventive and
9 life-saving health care. In Colorado, fourteen percent of uninsured
10 children are ineligible for medicaid or the children's basic health plan
11 because of their immigration status. Health insurance coverage is linked
12 to improved access to health-care services and increased use of preventive
13 services.

14 (b) Without expansion of health-care coverage, immigrant parents
15 with children who are ineligible for coverage are more likely to put off
16 seeking critical treatment until it is an emergency. Educational success,
17 physical health, emotional support, and family strength are inseparable.

18 (c) The COVID-19 pandemic has disproportionately harmed
19 immigrant communities across the state, exposing the dual impacts of
20 racism and xenophobia on access to health care. Ineligibility for
21 health-care coverage has led many immigrants to forgo COVID-19 testing
22 and treatment, despite both being free.

23 (d) As Colorado seeks to address these inequities to build a more
24 inclusive state, it is essential to expand coverage to the communities that
25 have been most impacted and vulnerable before, during, and well after the
26 COVID-19 health crisis; and

27 (e) Expanding health-care coverage to all children, pregnant and

1 postpartum persons, regardless of immigration status, is fundamental to
2 ensuring health equity in Colorado, allowing all parents and children to
3 thrive.

4 **SECTION 2.** In Colorado Revised Statutes, 10-16-105.7, **add**
5 (3)(a)(II)(H) as follows:

6 **10-16-105.7. Health benefit plan open enrollment periods -**
7 **special enrollment periods - rules.** (3) (a) (II) A triggering event occurs
8 when:

9 (H) BEGINNING JANUARY 1, 2024, AN INDIVIDUAL WHO DOES NOT
10 HAVE EXISTING CREDITABLE COVERAGE RECEIVES CERTIFICATION FROM A
11 HEALTH-CARE PROVIDER ACTING WITHIN THE PROVIDER'S SCOPE OF
12 PRACTICE THAT THE INDIVIDUAL IS PREGNANT. COVERAGE IS DEEMED
13 EFFECTIVE AS OF THE FIRST MONTH IN WHICH THE INDIVIDUAL RECEIVES
14 CERTIFICATION OF THE PREGNANCY, UNLESS THE INDIVIDUAL ELECTS TO
15 HAVE COVERAGE EFFECTIVE ON THE FIRST DAY OF THE MONTH FOLLOWING
16 THE DATE THAT THE INDIVIDUAL MAKES A PLAN SELECTION. ANY PERSON
17 OR ENTITY ENROLLING AN INDIVIDUAL IN COVERAGE PURSUANT TO THIS
18 SPECIAL ENROLLMENT PERIOD SHALL PROVIDE A NOTICE, DEVELOPED BY
19 THE DEPARTMENT THROUGH A STAKEHOLDER PROCESS, TO THE
20 INDIVIDUAL REGARDING THE INDIVIDUAL'S OPTION TO BEGIN COVERAGE
21 EITHER PROSPECTIVELY OR RETROACTIVELY AND THE FINANCIAL AND TAX
22 IMPLICATIONS OF THOSE OPTIONS. THE NOTICE MUST BE IN, AT A MINIMUM,
23 ENGLISH AND SPANISH.

24 **SECTION 3.** In Colorado Revised Statutes, 10-16-1207, **repeal**
25 (4)(c)(IV)(A); and **add** (4)(c.5) as follows:

26 **10-16-1207. Health insurance affordability board - creation -**
27 **membership - powers and duties - subject to open meetings and**

1 **public records laws - commissioner rules.** (4) The board is authorized
2 to:

3 (c) Recommend, for approval and establishment by the
4 commissioner by rule:

5 (IV) The parameters for implementing the subsidies for
6 state-subsidized individual health coverage plans authorized by this part
7 12, including:

8 ~~(A) The coverage required under state-subsidized individual~~
9 ~~health coverage plans, which coverage must maximize affordability for~~
10 ~~qualified individuals and must include coverage for the lowest income~~
11 ~~group, as determined by the board, that has no premium and provides~~
12 ~~benefits actuarially equivalent to ninety percent of the full actuarial value~~
13 ~~of the benefits provided under the plan; and~~

14 (c.5) FURTHER RECOMMEND, FOR APPROVAL AND ESTABLISHMENT
15 BY THE COMMISSIONER BY RULE, ADDITIONAL PARAMETERS FOR
16 IMPLEMENTING THE SUBSIDIES FOR STATE-SUBSIDIZED INDIVIDUAL HEALTH
17 COVERAGE PLANS AUTHORIZED BY THIS PART 12, INCLUDING THAT THE
18 COVERAGE REQUIRED PURSUANT TO STATE-SUBSIDIZED INDIVIDUAL
19 HEALTH COVERAGE PLANS MUST:

20 (I) MAXIMIZE AFFORDABILITY FOR QUALIFIED INDIVIDUALS;

21 (II) COVER BENEFITS EQUIVALENT TO THOSE IN A QUALIFIED
22 HEALTH PLAN; AND

23 (III) FOR A PERSON WHO, AT THE TIME THE PERSON APPLIES FOR
24 STATE-SUBSIDIZED COVERAGE, MEETS THE INCOME REQUIREMENTS TO
25 QUALIFY FOR EMERGENCY MEDICAL ASSISTANCE PURSUANT TO SECTION
26 25.5-5-103 AND WHO IS A QUALIFIED INDIVIDUAL WHO MEETS THE
27 ELIGIBILITY CRITERIA ESTABLISHED IN RULE PURSUANT TO SUBSECTION

1 (4)(c)(IV) OF THIS SECTION, INCLUDE COVERAGE THAT:

2 (A) HAS NO PREMIUM;

3 (B) HAS AN ACTUARIAL VALUE OF NOT LESS THAN NINETY-FOUR
4 PERCENT; AND

5 (C) TO THE EXTENT POSSIBLE WITH AVAILABLE FUNDING,
6 INCLUDES COST SHARING THAT IS FURTHER REDUCED FROM SUBSECTION
7 (4)(c.5)(III)(B) OF THIS SECTION SUCH THAT THE PLAN HAS CONSUMER
8 COST SHARING RESPONSIBILITIES FOR EMERGENCY SERVICES EQUIVALENT
9 TO COST SHARING RESPONSIBILITIES FOR EMERGENCY MEDICAL
10 ASSISTANCE PURSUANT TO SECTION 25.5-5-103.

11 **SECTION 4.** In Colorado Revised Statutes, 24-75-109, **add**
12 (1)(a.7) and (1)(a.8) as follows:

13 **24-75-109. Controller may allow expenditures in excess of**
14 **appropriations - limitations - appropriations for subsequent fiscal**
15 **year restricted - repeal.** (1) For the purpose of closing the state's books,
16 and subject to the provisions of this section, the controller may, on or
17 after May 1 of any fiscal year and before the forty-fifth day after the close
18 thereof, upon approval of the governor, allow any department, institution,
19 or agency of the state, including any institution of higher education, to
20 make an expenditure in excess of the amount authorized by an item of
21 appropriation for such fiscal year if:

22 (a.7) THE OVEREXPENDITURE IS BY THE DEPARTMENT OF HEALTH
23 CARE POLICY AND FINANCING FOR THE STATE MEDICAL ASSISTANCE
24 PROGRAM, ESTABLISHED PURSUANT TO SECTION 25.5-2-104; OR

25 (a.8) THE OVEREXPENDITURE IS BY THE DEPARTMENT OF HEALTH
26 CARE POLICY AND FINANCING FOR THE STATE CHILDREN'S BASIC HEALTH
27 PLAN, ESTABLISHED PURSUANT TO SECTION 25.5-2-105; OR

1 INCLUDING:

2 (I) HOW THE PARTICIPANT FEELS PHYSICALLY AND EMOTIONALLY
3 AFTER HAVING GIVEN BIRTH;

4 (II) THE PARTICIPANT'S MENTAL HEALTH AND SUBSTANCE USE
5 BEFORE, DURING, AND AFTER PREGNANCY;

6 (III) THE PARTICIPANT'S OPINIONS ON CHILDHOOD VACCINATIONS
7 AND OTHER IMPORTANT HEALTH DECISIONS;

8 (IV) THE PARTICIPANT'S ABILITY TO TAKE LEAVE FROM WORK;

9 (V) THE PARTICIPANT'S ABILITY TO FEED THE PARTICIPANT'S BABY
10 IN THE PARTICIPANT'S PREFERRED WAY;

11 (VI) THE PARTICIPANT'S EXPERIENCES WITH DOCTORS AND OTHER
12 HEALTH-CARE WORKERS DURING AND AFTER PREGNANCY, INCLUDING ANY
13 EXPERIENCES OF DISCRIMINATION; AND

14 (VII) THE PARTICIPANT'S FAMILY'S ACCESS TO HEALTH CARE AND
15 HEALTH SERVICES, INCLUDING BEHAVIORAL HEALTH SERVICES AND ORAL
16 HEALTH SERVICES, AND OTHER RESOURCES NECESSARY FOR THE FAMILY
17 TO BE HAPPY AND HEALTHY.

18 (2) THE SURVEY MUST BE DESIGNED TO OVERSAMPLE MEMBERS OF
19 GROUPS THAT COMPRISE A SMALL PERCENTAGE OF THE POPULATION AND
20 THAT DISPROPORTIONATELY EXPERIENCE HEALTH INEQUITIES, INCLUDING
21 AFRICAN AMERICANS AND NATIVE AMERICANS, SO THAT DATA ABOUT
22 THE EXPERIENCES OF THESE POPULATIONS CAN BE MADE PUBLIC.
23 PARTICIPANT DATA ABOUT RACE, ETHNICITY, SEXUAL ORIENTATION, AND
24 GENDER IDENTITY MUST BE COLLECTED AND REPORTED IN A MANNER THAT
25 PROTECTS PERSONALLY IDENTIFYING INFORMATION.

26 **SECTION 7.** In Colorado Revised Statutes, 25.5-2-103, **amend**
27 (1)(b) as follows:

1 **25.5-2-103. Reproductive health-care program - report - rules**

2 **- definitions.** (1) As used in this section, unless the context otherwise
3 requires:

4 (b) "Eligible individual" means an individual with reproductive
5 capacity, regardless of gender, ~~citizenship, or immigration status,~~ who
6 would be eligible to enroll in the medical assistance program, ~~except that~~
7 ~~the individual is not a citizen of the United States and is not considered~~
8 ~~an eligible noncitizen pursuant to 8 U.S.C. secs. 1611 and 1612 and~~
9 ~~section 25.5-5-101 (2)(b)~~ AS DESCRIBED IN SECTION 25.5-4-103 (13) BUT
10 IS NOT ELIGIBLE DUE SOLELY TO THE INDIVIDUAL'S IMMIGRATION STATUS,
11 AND WHO IS NOT ELIGIBLE FOR, OR DECLINES TO ENROLL IN, STATE
12 MEDICAL ASSISTANCE, AS DESCRIBED IN SECTION 25.5-2-104.

13 **SECTION 8.** In Colorado Revised Statutes, **add** 25.5-2-104 and
14 25.5-2-105 as follows:

15 **25.5-2-104. State-funded health and medical care.**

16 (1) BEGINNING NOLATER THAN JANUARY 1, 2025, THERE IS CREATED THE
17 STATE MEDICAL ASSISTANCE PROGRAM REFERRED TO IN THIS SECTION AS
18 "STATE MEDICAL ASSISTANCE". STATE MEDICAL ASSISTANCE INCLUDES
19 ALL BENEFITS AND SERVICES AT THE SAME COST TO THE BENEFICIARY AS
20 ARE OFFERED PURSUANT TO THE MEDICAL ASSISTANCE PROGRAM DEFINED
21 IN SECTION 25.5-4-103 (13), SUCH THAT, TO THE MAXIMUM EXTENT
22 POSSIBLE, ELIGIBLE INDIVIDUALS MUST NOT BE ABLE TO TELL THAT THE
23 PERSON IS ENROLLED IN A DIFFERENT PROGRAM FROM MEDICAL
24 ASSISTANCE PURSUANT TO SECTION 25.5-4-103 (13).

25 (2) A CHILD WHO IS LESS THAN NINETEEN YEARS OF AGE IS
26 ELIGIBLE TO RECEIVE STATE MEDICAL ASSISTANCE IF THE CHILD WOULD BE
27 ELIGIBLE FOR MEDICAL ASSISTANCE AS DEFINED IN SECTION 25.5-4-103

1 (13) BUT IS NOT ELIGIBLE DUE SOLELY TO THE CHILD'S IMMIGRATION
2 STATUS.

3 (3) A CHILD WHO IS LESS THAN NINETEEN YEARS OF AGE IS
4 PRESUMPTIVELY ELIGIBLE FOR STATE MEDICAL ASSISTANCE AND WILL
5 RECEIVE SERVICES SPECIFIED BY STATE LAW ONLY IF A PARENT OR LEGAL
6 GUARDIAN OF THE CHILD DECLARES ALL PERTINENT INFORMATION
7 RELATING TO THE CRITERIA OF INCOME AND ASSETS OF THE CHILD'S
8 FAMILY.

9 (4) STATE MEDICAL ASSISTANCE MUST BE FUNDED BY STATE
10 FUNDS ONLY, EXCEPT TO THE EXTENT FEDERAL FUNDS ARE MADE
11 AVAILABLE THROUGH EXPRESS WRITTEN AUTHORIZATION THROUGH A
12 FEDERAL WAIVER, STATE PLAN AMENDMENT, OR OTHERWISE, BY THE
13 CENTERS FOR MEDICARE AND MEDICAID SERVICES.

14 (5) THE STATE DEPARTMENT SHALL SEEK ANY NECESSARY
15 FEDERAL APPROVALS TO MAXIMIZE ANY AVAILABLE FEDERAL FINANCIAL
16 PARTICIPATION IN IMPLEMENTING THIS SECTION.

17 (6) TO THE MAXIMUM EXTENT ALLOWABLE UNDER FEDERAL LAW,
18 THE STATE DEPARTMENT SHALL, USING APPROPRIATE FUNDING, USE THE
19 SAME INFRASTRUCTURE AND PROVIDER NETWORK TO DELIVER STATE
20 MEDICAL ASSISTANCE AS IT DOES TO DELIVER MEDICAL ASSISTANCE AS
21 DEFINED IN SECTION 25.5-4-103 (13).

22 (7) THIS SECTION CONSTITUTES STATE AUTHORITY WITHIN THE
23 MEANING OF 8 U.S.C. SEC. 1621 (d), AS THAT LAW EXISTED ON JANUARY
24 1, 2022.

25 (8) (a) DURING ITS 2024 PRESENTATION TO THE JOINT BUDGET
26 COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS PRESENTATION TO THE
27 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE

1 HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES,
2 OR ANY SUCCESSOR COMMITTEES, AT THE HEARING HELD PURSUANT TO
3 SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR
4 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)
5 GOVERNMENT ACT", THE STATE DEPARTMENT SHALL REPORT ON ITS
6 PLANS AND PROGRESS IN IMPLEMENTING STATE MEDICAL ASSISTANCE.

7 (b) BEGINNING JANUARY 1, 2026, AND CONTINUING EVERY
8 JANUARY THEREAFTER, THE STATE DEPARTMENT, IN ITS PRESENTATION TO
9 THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS
10 PRESENTATION TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE
11 SENATE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF
12 REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AT THE HEARING
13 HELD PURSUANT TO SECTION 2-7-203 (2)(a) OF THE "STATE
14 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
15 (SMART) GOVERNMENT ACT", SHALL REPORT ON THE COST SAVINGS AND
16 HEALTH IMPROVEMENTS ASSOCIATED WITH STATE MEDICAL ASSISTANCE.

17 **25.5-2-105. State children's basic health plan.** (1) BEGINNING
18 NO LATER THAN JANUARY 1, 2025, THERE IS CREATED THE STATE
19 CHILDREN'S BASIC HEALTH PLAN. THE STATE CHILDREN'S BASIC HEALTH
20 PLAN INCLUDES ALL BENEFITS AND SERVICES, AT THE SAME COST TO THE
21 BENEFICIARY, AS ARE OFFERED PURSUANT TO THE CHILDREN'S BASIC
22 HEALTH PLAN IN SECTION 25.5-8-107, SUCH THAT, TO THE MAXIMUM
23 EXTENT POSSIBLE, ELIGIBLE INDIVIDUALS MUST NOT BE ABLE TO TELL
24 THAT THEY ARE ENROLLED IN A DIFFERENT PROGRAM FROM THE PLAN
25 DESCRIBED IN SECTION 25.5-8-107.

26 (2) A CHILD WHO IS LESS THAN NINETEEN YEARS OF AGE IS
27 ELIGIBLE TO RECEIVE THE STATE CHILDREN'S BASIC HEALTH PLAN IF THE

1 CHILD WOULD BE ELIGIBLE FOR THE CHILDREN'S BASIC HEALTH PLAN AS
2 DESCRIBED IN 25.5-8-107, BUT IS NOT ELIGIBLE DUE SOLELY TO THE
3 CHILD'S IMMIGRATION STATUS.

4 (3) A CHILD WHO LESS THAN NINETEEN YEARS OF AGE IS
5 PRESUMPTIVELY ELIGIBLE FOR THE STATE CHILDREN'S BASIC HEALTH PLAN
6 AND WILL RECEIVE SERVICES SPECIFIED BY STATE LAW ONLY IF A PARENT
7 OR LEGAL GUARDIAN OF THE CHILD DECLARES ALL PERTINENT
8 INFORMATION RELATING TO THE CRITERIA OF INCOME AND ASSETS OF THE
9 CHILD'S FAMILY.

10 (4) THE STATE CHILDREN'S BASIC HEALTH PLAN MUST BE FUNDED
11 BY STATE FUNDS ONLY, EXCEPT TO THE EXTENT FEDERAL FUNDS ARE
12 MADE AVAILABLE THROUGH EXPRESS WRITTEN AUTHORIZATION THROUGH
13 A FEDERAL WAIVER, STATE PLAN AMENDMENT, OR OTHERWISE, BY THE
14 CENTERS FOR MEDICARE AND MEDICAID SERVICES.

15 (5) THE STATE DEPARTMENT SHALL SEEK ANY NECESSARY
16 FEDERAL APPROVALS TO MAXIMIZE ANY AVAILABLE FEDERAL FINANCIAL
17 PARTICIPATION IN IMPLEMENTING THIS SECTION.

18 (6) TO THE MAXIMUM EXTENT ALLOWABLE UNDER FEDERAL LAW,
19 THE STATE DEPARTMENT SHALL, USING APPROPRIATE FUNDING, USE THE
20 SAME INFRASTRUCTURE AND PROVIDER NETWORK TO DELIVER THE STATE'S
21 CHILDREN'S BASIC HEALTH PLAN AS IT DOES TO DELIVER THE CHILDREN'S
22 BASIC HEALTH PLAN DESCRIBED IN SECTION 25.5-8-107.

23 (7) THIS SECTION CONSTITUTES STATE AUTHORITY WITHIN THE
24 MEANING OF 8 U.S.C. SEC. 1621 (d), AS THAT LAW EXISTED ON JANUARY
25 1, 2022.

26 (8) (a) DURING ITS 2024 PRESENTATION TO THE JOINT BUDGET
27 COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS PRESENTATION TO THE

1 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE
2 HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES,
3 OR ANY SUCCESSOR COMMITTEES, AT THE HEARING HELD PURSUANT TO
4 SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR
5 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)
6 GOVERNMENT ACT", THE STATE DEPARTMENT SHALL REPORT ON ITS
7 PLANS AND PROGRESS IN IMPLEMENTING THE STATE BASIC HEALTH PLAN.

8 (b) BEGINNING JANUARY 1, 2026, AND CONTINUING EVERY
9 JANUARY THEREAFTER, THE STATE DEPARTMENT, IN ITS PRESENTATION TO
10 THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS
11 PRESENTATION TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE
12 SENATE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF
13 REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AT THE HEARING
14 HELD PURSUANT TO SECTION 2-7-203 (2)(a) OF THE "STATE
15 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
16 (SMART) GOVERNMENT ACT", SHALL REPORT ON THE COST SAVINGS AND
17 HEALTH IMPROVEMENTS ASSOCIATED WITH THE STATE BASIC HEALTH
18 PLAN.

19 **SECTION 9.** In Colorado Revised Statutes, 25.5-4-103, **amend**
20 (10) as follows:

21 **25.5-4-103. Definitions.** As used in this article 4 and articles 5
22 and 6 of this title 25.5, unless the context otherwise requires:

23 (10) ~~"Legal immigrant"~~ "LAWFULLY RESIDING" means an
24 individual who is not a citizen or national of the United States and who
25 was lawfully admitted to the United States by the immigration and
26 naturalization service, or any successor agency, as an actual or
27 prospective permanent resident or whose extended physical presence in

1 the United States is known to and allowed by the immigration and
2 naturalization service, or any successor agency.

3 **SECTION 10.** In Colorado Revised Statutes, 25.5-4-201, **amend**
4 (1) as follows:

5 **25.5-4-201. Cash system of accounting - financial**
6 **administration of medical services premiums - medical programs**
7 **administered by department of human services - federal**
8 **contributions - rules.** (1) The state department shall utilize the cash
9 system of accounting, as enunciated by the governmental accounting
10 standards board, regardless of the source of revenues involved, for all
11 activities of the state department relating to the financial administration
12 of any nonadministrative expenditure that qualifies for federal financial
13 participation under Title XIX of the federal "Social Security Act", AND
14 FOR THE ADMINISTRATION OF THE STATE-FUNDED HEALTH AND MEDICAL
15 CARE PROGRAM, CREATED PURSUANT TO SECTION 25.5-2-104, AND FOR
16 THE STATE CHILDREN'S BASIC HEALTH PLAN, CREATED PURSUANT TO
17 SECTION 25.5-2-105, except for expenditures under the program for the
18 medically indigent, article 3 of this title TITLE 25.5.

19 **SECTION 11.** In Colorado Revised Statutes, 25.5-4-301, **amend**
20 (13) as follows:

21 **25.5-4-301. Recoveries - overpayments - penalties - interest -**
22 **adjustments - liens - review or audit procedures.** (13) To the extent
23 allowable under federal law, the state department shall recover from a
24 ~~legal immigrant's~~ THE SPONSOR OF A LAWFULLY RESIDING INDIVIDUAL all
25 medical assistance paid on behalf of a ~~THE sponsored legal immigrant~~
26 LAWFULLY RESIDING INDIVIDUAL who is enrolled in the medical assistance
27 program.

1 **SECTION 12.** In Colorado Revised Statutes, **amend** 25.5-4-503
2 as follows:

3 **25.5-4-503. Waiver applications - authorization.** (1) The state
4 department is authorized to apply for health insurance flexibility and
5 accountability waivers that will enable the state to add more flexibility to
6 Colorado's medicaid program and that will result in a cost-effective
7 method of providing health-care services to Coloradans.

8 (2) THE STATE DEPARTMENT SHALL PURSUE AND, IF APPROVED,
9 IMPLEMENT A DEMONSTRATION WAIVER THAT AUTHORIZES THE STATE TO
10 USE FEDERAL MEDICAL ASSISTANCE PAYMENTS AUTHORIZED PURSUANT TO
11 SECTION 1903(v) OF THE FEDERAL "SOCIAL SECURITY ACT", AS AMENDED,
12 IN COORDINATION WITH THE DIVISION OF INSURANCE TO ENHANCE OR
13 EXPAND A STATE-SUBSIDIZED INDIVIDUAL HEALTH COVERAGE PLAN AS
14 DEFINED IN SECTION 10-16-1203 (15) AND, ONLY IF NEEDED TO MAXIMIZE
15 FEDERAL FINANCIAL PARTICIPATION, FOR COLORADANS RECEIVING STATE
16 MEDICAL ASSISTANCE PURSUANT TO SECTION 25.5-2-104 OR 25.5-5-201

17 (6). TO THE EXTENT SUCH FEDERAL FUNDS ARE USED TO ENHANCE OR
18 EXPAND A STATE-SUBSIDIZED INDIVIDUAL HEALTH COVERAGE PLAN, AS
19 DEFINED IN SECTION 10-16-1203 (15), THE HEALTH INSURANCE
20 AFFORDABILITY ENTERPRISE CREATED PURSUANT TO SECTION 10-16-1204
21 MUST RECEIVE, DEPOSIT INTO THE HEALTH INSURANCE AFFORDABILITY
22 CASH FUND CREATED IN SECTION 10-16-1206, AND ALLOCATE THE
23 FEDERAL SHARE OF THE MEDICAL ASSISTANCE PAYMENTS PURSUANT TO
24 SECTION 10-16-1205 (2), SUBJECT TO ANY CONDITIONS SET FORTH IN THE
25 APPROVAL OF THE WAIVER.

26 **SECTION 13.** In Colorado Revised Statutes, 25.5-5-101, **amend**
27 (3) as follows:

1 **25.5-5-101. Mandatory provisions - eligible groups.**

2 (3) Notwithstanding any other provision of this article and articles 4 and
3 6 of this ~~title~~ TITLE 25.5, as a condition of eligibility for medical
4 assistance under this ~~article~~ ARTICLE 5 and articles 4 and 6 of this ~~title~~
5 TITLE 25.5, a ~~legal immigrant~~ PERSON WHO IS LAWFULLY RESIDING IN THE
6 STATE shall agree to refrain from executing an affidavit of support for the
7 purpose of sponsoring an alien on or after July 1, 1997, under rules
8 promulgated by the immigration and naturalization service, or any
9 successor agency, during the pendency of ~~such legal immigrant's~~ THE
10 LAWFULLY RESIDING PERSON'S receipt of medical assistance. Nothing in
11 this subsection (3) ~~shall be construed to affect a legal immigrant's~~
12 AFFECTS A LAWFULLY RESIDING PERSON'S eligibility for medical assistance
13 ~~under this article~~ PURSUANT TO THIS ARTICLE 5 and articles 4 and 6 of this
14 ~~title~~ TITLE 25.5 based upon ~~such legal immigrant's~~ THE LAWFULLY
15 RESIDING PERSON'S responsibilities under an affidavit of support entered
16 into before July 1, 1997.

17 **SECTION 14.** In Colorado Revised Statutes, 25.5-5-201, **amend**
18 (3), (4) and (4.5)(a); and **add** (6) as follows:

19 **25.5-5-201. Optional provisions - optional groups.** (3) A ~~legal~~
20 ~~immigrant~~ LAWFULLY RESIDING PERSON who is receiving medicaid
21 nursing facility care or home- and community-based services on July 1,
22 1997, ~~shall~~ MUST continue to receive such services as long as ~~he or she~~
23 THE PERSON meets the eligibility requirements other than citizen status.
24 State general funds may be used to reimburse such care in the event that
25 federal financial participation is not available.

26 (4) A pregnant ~~legal immigrant shall be~~ PERSON WHO IS LAWFULLY
27 RESIDING IS eligible to receive ~~prenatal and medical services for labor and~~

1 ~~delivery as long as she~~ MEDICAL ASSISTANCE AS LONG AS THE INDIVIDUAL
2 meets eligibility requirements other than THOSE RELATED TO citizen OR
3 IMMIGRATION status. State general funds may be used to reimburse such
4 care in the event that federal financial participation is not available.

5 (4.5) (a) Subject to the receipt of federal financial participation,
6 to the maximum extent allowed under federal law, a person who was
7 eligible for ~~all pregnancy-related and postpartum services under the~~
8 medical assistance program for the sixty days following the pregnancy
9 remains continuously eligible for all services under the medical assistance
10 program for the twelve-month postpartum period.

11 (6) (a) BEGINNING NOLATER THAN JANUARY 1, 2025, A PREGNANT
12 PERSON WHO IS NOT A CITIZEN AND WHO IS NOT ELIGIBLE FOR MEDICAL
13 ASSISTANCE PURSUANT TO SUBSECTION (4) OF THIS SECTION IS ELIGIBLE TO
14 RECEIVE MEDICAL ASSISTANCE PURSUANT TO THIS SUBSECTION (6)(a) IF
15 THE INDIVIDUAL MEETS THE ELIGIBILITY REQUIREMENTS OTHER THAN
16 THOSE RELATED TO CITIZENSHIP AND IMMIGRATION STATUS.

17 (b) A PREGNANT PERSON WHO IS ELIGIBLE FOR MEDICAL
18 ASSISTANCE PURSUANT TO THIS SUBSECTION (6) REMAINS CONTINUOUSLY
19 ELIGIBLE FOR ALL MEDICAL SERVICES PURSUANT TO THE MEDICAL
20 ASSISTANCE PROGRAM FOR THE TWELVE-MONTH POSTPARTUM PERIOD, SO
21 LONG AS ELIGIBILITY REMAINS IN EFFECT PURSUANT TO SUBSECTION
22 (4.5)(a) OF THIS SECTION.

23 (c) THE STATE DEPARTMENT SHALL SEEK ANY NECESSARY
24 FEDERAL APPROVALS TO MAXIMIZE ANY AVAILABLE FEDERAL FINANCIAL
25 PARTICIPATION IN IMPLEMENTING THIS SUBSECTION (6). BENEFITS FOR
26 SERVICES OBTAINED PURSUANT TO THIS SUBSECTION (6) MUST BE
27 PROVIDED WITH ONLY STATE FUNDS IF FEDERAL FINANCIAL PARTICIPATION

1 IS UNAVAILABLE FOR SUCH SERVICES.

2 (d) (I) DURING ITS 2024 PRESENTATION TO THE JOINT BUDGET
3 COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS PRESENTATION TO THE
4 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE
5 HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES,
6 OR ANY SUCCESSOR COMMITTEES, AT THE HEARING HELD PURSUANT TO
7 SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR
8 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)
9 GOVERNMENT ACT", THE STATE DEPARTMENT SHALL REPORT ON ITS
10 PLANS AND PROGRESS IN IMPLEMENTING THE COVERAGE EXPANSION
11 CREATED PURSUANT TO THIS SUBSECTION (6).

12 (II) BEGINNING JANUARY 1, 2026, AND CONTINUING EVERY
13 JANUARY THEREAFTER, THE STATE DEPARTMENT, IN ITS PRESENTATION TO
14 THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS
15 PRESENTATION TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE
16 SENATE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF
17 REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AT THE HEARING
18 HELD PURSUANT TO SECTION 2-7-203 (2)(a) OF THE "STATE
19 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
20 (SMART) GOVERNMENT ACT", SHALL REPORT ON THE COST SAVINGS AND
21 HEALTH IMPROVEMENTS ASSOCIATED WITH THE COVERAGE EXPANSION
22 CREATED PURSUANT TO THIS SUBSECTION (6).

23 **SECTION 15.** In Colorado Revised Statutes, 25.5-5-202, **add**
24 (1)(y) as follows:

25 **25.5-5-202. Basic services for the categorically needy - optional**
26 **services.** (1) Subject to the provisions of subsection (2) of this section,
27 the following are services for which federal financial participation is

1 available and that Colorado has selected to provide as optional services
2 under the medical assistance program:

3 (y) FOR ANY PERINATAL PERSON, COMPREHENSIVE LACTATION
4 SUPPORT SERVICES, LACTATION SUPPLIES AND EQUIPMENT, AND
5 MAINTENANCE OF MULTI-USER LOANED EQUIPMENT. AN INDIVIDUAL
6 TRAINED IN ADVANCED LACTATION SUPPORT SHALL PROVIDE THE
7 LACTATION SUPPORT SERVICES. LACTATION EQUIPMENT MUST INCLUDE A
8 SINGLE-USER DOUBLE ELECTRIC BREAST PUMP, PUMP PARTS AND PUMP
9 COLLECTION KIT, AND ACCESS TO A LOANED MULTI-USER HOSPITAL GRADE
10 ELECTRIC BREAST PUMP ALONG WITH A COMPATIBLE INDIVIDUAL
11 COLLECTION KIT. INDIVIDUALS MUST HAVE ACCESS TO SINGLE-USER
12 LACTATION SUPPLIES AND EQUIPMENT PRIOR TO DELIVERY. ACCESS TO
13 MULTI-USER LOANED BREAST PUMPS SHALL BE AUTHORIZED BY A
14 HEALTH-CARE PROVIDER. ACCESS TO MULTI-USER LOANED BREAST PUMPS
15 IS PRIORITIZED FOR INDIVIDUALS WITH PREMATURE, MEDICALLY FRAGILE,
16 LOW BIRTH WEIGHT INFANTS, AND WITH LACTATION COMPLICATIONS.
17 INDIVIDUALS CANNOT BE REQUIRED TO ENROLL IN SEPARATE OR
18 ADDITIONAL PROGRAMS IN ORDER TO RECEIVE COVERED LACTATION
19 EQUIPMENT OR LACTATION SUPPORT SERVICES.

20 **SECTION 16.** In Colorado Revised Statutes, 25.5-5-204, **amend**
21 (2) and (2.5) as follows:

22 **25.5-5-204. Presumptive eligibility - pregnant person -**
23 **children - long-term care - state plan.** (2) (a) A pregnant ~~woman~~ shall
24 ~~be~~ PERSON IS presumptively eligible for the medical assistance program
25 and shall receive services specified by federal law only if the ~~woman~~
26 PERSON declares all pertinent information relating to the criteria of
27 income, assets, ~~and status~~ AND, ONLY IF NECESSARY TO ADMINISTER

1 REIMBURSEMENT FOR SERVICES, STATUS.

2 (b) ~~A woman shall declare her immigration status unless the~~
3 ~~general assembly provides funding for prenatal care services for~~
4 ~~undocumented residents.~~

5 (2.5) A child ~~under the age of eighteen years shall be~~ LESS THAN
6 NINETEEN YEARS OF AGE IS presumptively eligible for the medical
7 assistance program and shall receive services specified by federal law
8 only if a parent or legal guardian of the child declares all pertinent
9 information relating to the criteria of income, assets, ~~and status~~ AND,
10 ONLY IF NECESSARY TO ADMINISTER REIMBURSEMENT FOR SERVICES,
11 STATUS of the child's family.

12 **SECTION 17.** In Colorado Revised Statutes, **add** 25.5-6-115 as
13 follows:

14 **25.5-6-115. Notification of federal immigration consequences.**
15 THE STATE DEPARTMENT SHALL CONSULT WITH STAKEHOLDERS,
16 INCLUDING PEOPLE WITH LIVED EXPERIENCE, IMMIGRANTS RIGHTS
17 ADVOCATES, HEALTH-CARE ADVOCATES, AND IMMIGRATION LAWYERS, TO
18 PROVIDE CLEAR AND ACCURATE INFORMATION AND REFERRALS
19 REGARDING CURRENT PUBLIC CHARGE POLICIES.

20 **SECTION 18.** In Colorado Revised Statutes, 25.5-8-103, **amend**
21 (4)(a)(I) and (4)(b)(I) as follows:

22 **25.5-8-103. Definitions.** As used in this article 8, unless the
23 context otherwise requires:

24 (4) "Eligible person" means:

25 (a) (I) A person who is less than nineteen years of age, WHO IS A
26 CITIZEN OR MEETS THE IMMIGRATION STATUS REQUIREMENTS SET FORTH
27 IN SECTION 25.5-8-109 (6) OR 25.5-8-109 (7), whose family income does

1 not exceed two hundred fifty percent of the federal poverty line, adjusted
2 for family size, AND WHO IS NOT ELIGIBLE FOR MEDICAL ASSISTANCE
3 PURSUANT TO ARTICLES 4, 5, AND 6 OF THIS TITLE 25.5.

4 (b) (I) A pregnant ~~woman~~ PERSON WHO IS A CITIZEN OR MEETS THE
5 IMMIGRATION STATUS REQUIREMENTS SET FORTH IN SECTION 25.5-8-109
6 (6) OR 25.5-8-109 (7), whose family income does not exceed two hundred
7 fifty percent of the federal poverty line, adjusted for family size, and who
8 is not eligible for ~~medicaid~~ MEDICAL ASSISTANCE PURSUANT TO ARTICLES
9 4, 5, AND 6 OF THIS TITLE 25.5.

10 **SECTION 19.** In Colorado Revised Statutes, 25.5-8-107, **add**
11 (1)(a)(V) and (1)(i) as follows:

12 **25.5-8-107. Duties of the department - schedule of services -**
13 **premiums - copayments - subsidies - purchase of childhood**
14 **immunizations.** (1) In addition to any other duties pursuant to this article
15 8, the department has the following duties:

16 (a) (V) IN ADDITION TO THE ITEMS SPECIFIED IN SUBSECTIONS
17 (1)(a)(I), (1)(a)(II), AND (1)(a)(III) OF THIS SECTION, AND ANY
18 ADDITIONAL ITEMS APPROVED BY THE MEDICAL SERVICES BOARD, THE
19 MEDICAL SERVICES BOARD SHALL INCLUDE, FOR ALL PERINATAL PEOPLE,
20 COMPREHENSIVE LACTATION SUPPORT SERVICES, **LACTATION SUPPLIES**
21 **ANDEQUIPMENT, AND MAINTENANCE OF MULTI-USER LOANED EQUIPMENT.**
22 **AN INDIVIDUAL TRAINED IN ADVANCED LACTATION SUPPORT SHALL**
23 **PROVIDE THE LACTATION SUPPORT SERVICES. LACTATION EQUIPMENT**
24 **MUST INCLUDE A SINGLE-USER DOUBLE ELECTRIC BREAST PUMP, PUMP**
25 **PARTS AND PUMP COLLECTION KIT, AND ACCESS TO A LOANED MULTI-USER**
26 **HOSPITAL GRADE ELECTRIC BREAST PUMP ALONG WITH A COMPATIBLE**
27 **INDIVIDUAL COLLECTION KIT. INDIVIDUALS MUST HAVE ACCESS TO**

1 SINGLE-USER LACTATION SUPPLIES AND EQUIPMENT PRIOR TO DELIVERY.
2 ACCESS TO MULTI-USER LOANED BREAST PUMPS SHALL BE AUTHORIZED BY
3 A HEALTH-CARE PROVIDER. ACCESS TO MULTI-USER LOANED BREAST
4 PUMPS IS PRIORITIZED FOR INDIVIDUALS WITH PREMATURE, MEDICALLY
5 FRAGILE, LOW BIRTH WEIGHT INFANTS, AND WITH LACTATION
6 COMPLICATIONS. INDIVIDUALS CANNOT BE REQUIRED TO ENROLL IN
7 SEPARATE OR ADDITIONAL PROGRAMS IN ORDER TO RECEIVE COVERED
8 LACTATION EQUIPMENT OR LACTATION SUPPORT SERVICES.


9 (i) (I) THE DEPARTMENT SHALL DEVELOP AND IMPLEMENT AN
10 OUTREACH STRATEGY FOR COLORADANS WHO BECOME ELIGIBLE FOR
11 HEALTH COVERAGE PURSUANT TO SECTION 25.5-2-104, 25.5-2-105,
12 25.5-5-201 (6), OR 25.5-8-109 (7). THE STATE DEPARTMENT SHALL WORK
13 WITH STAKEHOLDERS TO DEVELOP AN OUTREACH STRATEGY THAT
14 INCLUDES:

15 (A) FUNDING FOR COMMUNITY-BASED ORGANIZATIONS TO
16 PARTNER WITH THE DEPARTMENT ON OUTREACH;

17 (B) A METHOD FOR PROVIDING INFORMATION RELATED TO
18 ELIGIBILITY AND ENROLLMENT THAT CAN BE PROVIDED TO NONPROFIT
19 PARTNERS, SCHOOL DISTRICTS, AND CHARTER SCHOOLS FOR OUTREACH
20 PURPOSES; AND

21 (C) AT A MINIMUM, PROVIDING INFORMATION RELATED TO
22 ELIGIBILITY AND COVERAGE IN ENGLISH, SPANISH, AND IN EACH
23 LANGUAGE SPOKEN BY AT LEAST TWO-AND-ONE-HALF PERCENT OF THE
24 POPULATION OF ANY COUNTY WHO SPEAK ENGLISH LESS THAN VERY WELL,
25 AS DEFINED BY THE UNITED STATES BUREAU OF THE CENSUS AMERICAN
26 COMMUNITY SURVEY, AND WHO SPEAK THE MINORITY LANGUAGE AT
27 HOME;

1 (II) APPROXIMATELY TWELVE AND TWENTY-FOUR MONTHS AFTER
2 IMPLEMENTATION OF THE STRATEGY REQUIRED PURSUANT TO SUBSECTION
3 (1)(i)(I) OF THIS SECTION, THE DEPARTMENT SHALL CONVENE
4 STAKEHOLDERS, INCLUDING DIRECTLY IMPACTED INDIVIDUALS, SERVICE
5 PROVIDERS, AND ADVOCACY ORGANIZATIONS THAT ARE DIVERSE WITH
6 REGARD TO RACE, ETHNICITY, IMMIGRATION STATUS, SEXUAL
7 ORIENTATION, AND GENDER IDENTITY AND WHO ARE AFFECTED BY HIGHER
8 RATES OF HEALTH DISPARITIES AND INEQUITIES. THE DEPARTMENT SHALL
9 REPORT ON THE OUTREACH AND ENROLLMENT STRATEGY OUTCOMES,
10 INCLUDING ENROLLMENT OF ELIGIBLE PERSONS INTO THESE PROGRAMS
11 COMPARED TO THOSE PERSONS WHO ARE ELIGIBLE FOR COVERAGE, BUT
12 NOT ENROLLED.

13 
14 **SECTION 20.** In Colorado Revised Statutes, 25.5-8-109, **amend**
15 (5.5)(a) and (6); and **add** (7) as follows:

16 **25.5-8-109. Eligibility - children - pregnant women - repeal.**
17 (5.5) (a) Subject to the receipt of federal financial participation, to the
18 maximum extent allowed under federal law, a person who was eligible for
19 the plan while pregnant and who remains eligible for ~~all~~
20 ~~pregnancy-related and postpartum services under~~ the plan for the sixty
21 days following the pregnancy remains continuously eligible for all
22 services under the plan for the twelve-month postpartum period.

23 (6) (a) Notwithstanding any other provision of law, but subject to
24 ~~the availability of sufficient appropriations and~~ the receipt of federal
25 financial participation, the department ~~may~~ SHALL provide benefits ~~under~~
26 ~~this article~~ PURSUANT TO THIS ARTICLE 8 to a pregnant ~~woman who is a~~
27 ~~qualified alien~~ PERSON WHO IS LAWFULLY RESIDING, AS DEFINED IN

1 SECTION 25.5-4-103 (10), and a child ~~under~~ LESS THAN nineteen years of
2 age, ~~who is a qualified alien~~ WHO IS LAWFULLY RESIDING, so long as such
3 ~~woman~~ PREGNANT PERSON or child meets eligibility criteria ~~other than~~
4 ~~citizenship~~ OTHER THAN THOSE RELATED TO CITIZENSHIP OR IMMIGRATION
5 STATUS.

6 (7) (a) BEGINNING NO LATER THAN JANUARY 1, 2025,
7 NOTWITHSTANDING ANY OTHER PROVISION OF LAW, THE DEPARTMENT
8 SHALL PROVIDE BENEFITS PURSUANT TO THIS ARTICLE 8 TO A PREGNANT
9 PERSON WHO IS NOT A CITIZEN AND IS NOT ELIGIBLE PURSUANT TO
10 SUBSECTION (6) OF THIS SECTION, SO LONG AS THE PREGNANT PERSON
11 MEETS THE ELIGIBILITY CRITERIA OTHER THAN THOSE RELATED TO
12 CITIZENSHIP OR IMMIGRATION STATUS. ELIGIBILITY PURSUANT TO THIS
13 SECTION EXTENDS CONTINUOUSLY THROUGH THE TWELVE-MONTH
14 POSTPARTUM PERIOD, SO LONG AS ELIGIBILITY REMAINS IN EFFECT
15 PURSUANT TO SUBSECTION (5.5)(a) OF THIS SECTION.

16 (b) THE DEPARTMENT SHALL SEEK ANY NECESSARY FEDERAL
17 APPROVALS TO MAXIMIZE ANY AVAILABLE FEDERAL FINANCIAL
18 PARTICIPATION IN IMPLEMENTING THIS SUBSECTION (7).

19 (c) (I) DURING ITS 2024 PRESENTATION TO THE JOINT BUDGET
20 COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS PRESENTATION TO THE
21 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE
22 HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES,
23 OR ANY SUCCESSOR COMMITTEES, AT THE HEARING HELD PURSUANT TO
24 SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR
25 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)
26 GOVERNMENT ACT", THE STATE DEPARTMENT SHALL REPORT ON ITS
27 PLANS AND PROGRESS IN IMPLEMENTING THE COVERAGE EXPANSION

1 CREATED PURSUANT TO THIS SUBSECTION (7).
2 (II) BEGINNING JANUARY 1, 2026, AND CONTINUING EVERY
3 JANUARY THEREAFTER, THE STATE DEPARTMENT, IN ITS PRESENTATION TO
4 THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS
5 PRESENTATION TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE
6 SENATE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF
7 REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AT THE HEARING
8 HELD PURSUANT TO SECTION 2-7-203 (2)(a) OF THE "STATE
9 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
10 (SMART) GOVERNMENT ACT", SHALL REPORT ON THE COST SAVINGS AND
11 HEALTH IMPROVEMENTS ASSOCIATED WITH THE COVERAGE EXPANSION
12 CREATED PURSUANT TO THIS SUBSECTION (7).

13 (d) THIS SUBSECTION (7) CONSTITUTES STATE AUTHORITY WITHIN
14 THE MEANING OF 8 U.S.C. SEC. 1621 (d), AS THAT LAW EXISTED ON
15 JANUARY 1, 2022.

16 **SECTION 21.** In Colorado Revised Statutes, **add** 25.5-8-109.3
17 as follows:

18 **25.5-8-109.3. Health services initiatives.** (1) TO THE EXTENT
19 FEDERAL FINANCIAL PARTICIPATION IS AVAILABLE, THE DEPARTMENT
20 SHALL DESIGN AND IMPLEMENT HEALTH SERVICE INITIATIVES PURSUANT
21 TO SECTION 2105(a)(1)(D)(ii) OF THE FEDERAL "SOCIAL SECURITY ACT",
22 AS AMENDED, TO PROVIDE FUNDING FOR CONTINUOUS ENROLLMENT FOR
23 THE TWELVE-MONTH POSTPARTUM PERIOD FOR A PERSON WHO IS
24 ENROLLED IN HEALTH-CARE COVERAGE PURSUANT TO SECTION 25.5-5-201
25 (6) OR 25.5-8-109 (7).

26 (2) TO THE EXTENT ADDITIONAL FEDERAL FINANCIAL
27 PARTICIPATION IS AVAILABLE, THE DEPARTMENT SHALL ESTABLISH A

1 STAKEHOLDER PROCESS IN COLLABORATION WITH DEPARTMENT STAFF TO
2 DETERMINE ADDITIONAL PRIORITIES AND BUDGET ALLOCATIONS THAT
3 DRAW DOWN AT LEAST FIFTY PERCENT OF THE REMAINING HEALTH
4 SERVICES INITIATIVE FUNDS TO EXPAND ACCESS TO PERINATAL AND
5 POSTPARTUM SUPPORTS. IN CONDUCTING THE STAKEHOLDER PROCESS, THE
6 DEPARTMENT SHALL:

7 (a) ENGAGE DIRECTLY WITH IMPACTED INDIVIDUALS, SERVICE
8 PROVIDERS, ADVOCACY ORGANIZATIONS, AND INDIVIDUALS WORKING IN
9 OR REPRESENTING COMMUNITIES WHO ARE DIVERSE WITH REGARD TO
10 RACE, ETHNICITY, IMMIGRATION STATUS, AGE, ABILITY, SEXUAL
11 ORIENTATION, GENDER IDENTITY, OR GEOGRAPHIC REGION OF THE STATE
12 AND WHO ARE AFFECTED BY HIGHER RATES OF HEALTH DISPARITIES AND
13 INEQUITIES;

14 (b) PUBLICIZE, CONDUCT, AND REPORT OUTCOMES OF
15 STAKEHOLDER MEETINGS IN, AT A MINIMUM, ENGLISH AND SPANISH;

16 (c) INCLUDE OPPORTUNITIES FOR PARTICIPATION IN THE
17 STAKEHOLDER PROCESS OUTSIDE OF REGULAR WORK HOURS;

18 (d) TAKE INTO CONSIDERATION RESEARCH AND INFORMATION
19 FROM REPORTS ISSUED BY THE MATERNAL MORTALITY REVIEW
20 COMMITTEE, AS REQUIRED BY SECTION 25-52-104 (6);

21 (e) TAKE INTO CONSIDERATION DATA FROM THE HEALTH SURVEY
22 FOR BIRTHING PARENTS TO INFORM STAKEHOLDER DECISION-MAKING; AND

23 (f) CONSIDER INITIATIVES TO REDUCE DIAPER NEED, EXPAND
24 ACCESS TO GROUP-BASED PRENATAL AND PEDIATRIC CARE MODELS, AND
25 EXPAND HOME VISITATION PROGRAMS, INCLUDING VOLUNTARY NEWBORN
26 NURSE VISITATION PROGRAMS THAT ARE UNIVERSALLY OFFERED TO ALL
27 FAMILIES IN A GIVEN COMMUNITY AND PROVIDE AT LEAST ONE NURSE VISIT

1 WITHIN THE FIRST THREE MONTHS OF LIFE.

2 (3) (a) THE DEPARTMENT SHALL SEEK ANY NECESSARY FEDERAL
3 APPROVALS TO OBTAIN FEDERAL FINANCIAL PARTICIPATION IN
4 IMPLEMENTING SUBSECTION (1) OF THIS SECTION.

5 (b) TO THE EXTENT ALLOWABLE, THE DEPARTMENT SHALL
6 MAXIMIZE FEDERAL FINANCIAL PARTICIPATION IN IMPLEMENTING THIS
7 SECTION.

8 **SECTION 22. Appropriation.** (1) For the 2022-23 state fiscal
9 year, \$730,573 is appropriated to the department of health care policy and
10 financing. This appropriation is from the general fund. To implement this
11 act, the department may use this appropriation as follows:

12 (a) \$258,733 for use by the executive director's office for personal
13 services, which amount is based on an assumption that the office will
14 require an additional 5.1 FTE;

15 (b) \$29,707 for use by the executive director's office for operating
16 expenses;

17 (c) \$262,500 for general professional services and special
18 projects;

19 (d) \$161,069 for medical and long-term care services for
20 Medicaid eligible individuals, which amount is subject to the "(M)"
21 notation as defined in the annual general appropriation act for the same
22 fiscal year; and

23 (e) \$18,564 for children's basic health plan medical and dental
24 costs.

25 (2) For the 2022-23 state fiscal year, the general assembly
26 anticipates that the department of health care policy and financing will
27 receive \$885,480 in federal funds. The appropriation in subsection (1) of

1 this section is based on the assumption that the office will receive this
2 amount of federal funds to be used as follows:

3 (a) \$181,587 for use by the executive director's office for personal
4 services, which amount is subject to the "(I)" notation as defined in the
5 annual general appropriation act for the same fiscal year;

6 (b) \$20,848 for use by the executive director's office for operating
7 expenses, which amount is subject to the "(I)" notation as defined in the
8 annual general appropriation act for the same fiscal year;

9 (c) \$487,500 for general professional services and special
10 projects, which amount is subject to the "(I)" notation as defined in the
11 annual general appropriation act for the same fiscal year;

12 (d) \$161,069 for medical and long-term care services for
13 Medicaid eligible individuals; and

14 (e) \$34,476 for children's basic health plan medical and dental
15 costs.

16 (3) For the 2022-23 state fiscal year, \$423,626 is appropriated to
17 the department of public health and environment for use by the center for
18 health and environmental information. This appropriation is from the
19 general fund and is based on an assumption that the center will require an
20 additional 2.5 FTE. To implement this act, the center may use this
21 appropriation for health statistics and vital records for health surveys.

22 **SECTION 23. Safety clause.** The general assembly hereby finds,
23 determines, and declares that this act is necessary for the immediate
24 preservation of the public peace, health, or safety.