

## CHAPTER 399

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**HEALTH CARE POLICY AND FINANCING**

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**HOUSE BILL 22-1289**

BY REPRESENTATIVE(S) Gonzales-Gutierrez and McCluskie, Amabile, Bacon, Benavidez, Bernett, Bird, Boesenecker, Caraveo, Cutter, Duran, Esgar, Exum, Froelich, Herod, Hooton, Jodeh, Kennedy, Kipp, Lontine, Michaelson Jenet, Mullica, Ortiz, Ricks, Roberts, Sirota, Snyder, Titone, Valdez A., Weissman, Woodrow, Young, Daugherty, Lindsay, McCormick, Valdez D.; also SENATOR(S) Moreno and Fields, Bridges, Buckner, Danielson, Donovan, Ginal, Gonzales, Hansen, Hinrichsen, Jaquez Lewis, Lee, Pettersen, Priola, Rodriguez, Story, Winter, Zenzinger.

**AN ACT**

**CONCERNING IMPROVING ACCESS TO HEALTH BENEFITS FOR ECONOMICALLY INSECURE COLORADO FAMILIES BY ENHANCING PUBLIC HEALTH PROGRAMS, AND, IN CONNECTION THEREWITH, MAKING 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) Health insurance coverage is an important social determinant of health because it provides both access to the health-care system and financial security. Access to quality prenatal care is one of the most important determinants of birth outcomes and a primary strategy to reduce infant and maternal mortality.

(b) The stress and challenges of pregnancy and parenting with limited financial resources are contributing factors to a high rate of depression. One in four low-income pregnant or postpartum individuals experience depression in a given year.

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

(d) Research shows that medicaid coverage for children and pregnant people is associated with improved health and well-being. Children born to medicaid-covered

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*Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.*

or otherwise insured parents are more likely to be born at a healthier birth weight and are at lower risk of infant mortality than babies born to people who are uninsured. Medicaid and other insurance coverage of pregnant people is also associated with a greater likelihood of children finishing high school and college and having higher incomes as adults.

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

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

(g) Approximately twenty-four percent of all pregnancy-related deaths occur between forty-three to three hundred sixty-five days after a pregnancy ends. There is growing evidence that providing insurance coverage for at least one year of postpartum care can reduce preventable maternal deaths, particularly among Black persons and immigrant populations. Expanding access to prenatal and postpartum care will decrease racial disparities in maternal and infant mortality.

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

(2) The general assembly further finds that:

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

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

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

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

(e) Expanding health-care coverage to all children, pregnant and postpartum persons, regardless of immigration status, is fundamental to ensuring health equity in Colorado, allowing all parents and children to thrive.

**SECTION 2.** In Colorado Revised Statutes, 10-16-1205, **add** (2)(d)(III) as follows:

**10-16-1205. Health insurance affordability fee - special assessment on hospitals - allocation of revenues.** (2) (d) (III) NOTWITHSTANDING SUBSECTIONS (2)(d)(I) AND (2)(d)(II) OF THIS SECTION, IF THE APPROVAL OF THE DEMONSTRATION WAIVER RECEIVED PURSUANT TO SECTION 25.5-4-503 (2) SETS CONDITIONS ON THE USE OF THE MONEY RECEIVED, THE ENTERPRISE SHALL ALLOCATE THE MONEY RECEIVED PURSUANT TO SECTION 25.5-4-503 (2) AS SET FORTH IN THE APPROVAL. IF THE APPROVAL DOES NOT SET CONDITIONS ON THE USE OF MONEY RECEIVED, THE ENTERPRISE SHALL ALLOCATE THE MONEY IN THE MANNER SET FORTH IN SUBSECTIONS (2)(d)(I) AND (2)(d)(II) OF THIS SECTION.

**SECTION 3.** In Colorado Revised Statutes, 10-16-1206, **amend** (1)(e) and (1)(f); and **add** (1)(g) as follows:

**10-16-1206. Health insurance affordability cash fund - creation.** (1) There is hereby created in the state treasury the health insurance affordability cash fund. The fund consists of:

(e) Money that may be allocated to the fund pursuant to section 10-16-1308; ~~and~~

(f) All interest and income derived from the deposit and investment of money in the fund; AND

(g) THE FEDERAL SHARE OF THE MEDICAL ASSISTANCE PAYMENTS RECEIVED PURSUANT TO SECTION 25.5-4-503 (2).

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

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

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

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

**10-16-1207. Health insurance affordability board - creation - membership - powers and duties - subject to open meetings and public records laws - commissioner rules.** (4) The board is authorized to:

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

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

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

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

(I) MAXIMIZE AFFORDABILITY FOR QUALIFIED INDIVIDUALS;

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

(III) FOR A PERSON WHO, AT THE TIME THE PERSON APPLIES FOR STATE-SUBSIDIZED COVERAGE, MEETS THE INCOME REQUIREMENTS TO QUALIFY FOR EMERGENCY MEDICAL ASSISTANCE PURSUANT TO SECTION 25.5-5-103 AND WHO IS A QUALIFIED INDIVIDUAL WHO MEETS THE ELIGIBILITY CRITERIA ESTABLISHED IN RULE PURSUANT TO SUBSECTION (4)(c)(IV) OF THIS SECTION, INCLUDE COVERAGE THAT:

(A) HAS NO PREMIUM;

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

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

**SECTION 6.** In Colorado Revised Statutes, 24-75-109, **add** (1)(a.7) and (1)(a.8) as follows:

**24-75-109. Controller may allow expenditures in excess of appropriations - limitations - appropriations for subsequent fiscal year restricted - repeal.**

(1) For the purpose of closing the state's books, and subject to the provisions of this section, the controller may, on or after May 1 of any fiscal year and before the forty-fifth day after the close thereof, upon approval of the governor, allow any department, institution, or agency of the state, including any institution of higher

education, to make an expenditure in excess of the amount authorized by an item of appropriation for such fiscal year if:

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

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

**SECTION 7.** In Colorado Revised Statutes, 25-1.5-101, **add** (1)(cc) as follows:

**25-1.5-101. Powers and duties of department - laboratory cash fund - report - dispensation of payments under contracts with grantees - definitions - repeal.**

(1) The department has, in addition to all other powers and duties imposed upon it by law, the powers and duties provided in this section as follows:

(cc) TO CARRY OUT THE HEALTH SURVEY FOR BIRTHING PARENTS AND REPORTING REQUIREMENTS SET FORTH IN PART 7 OF THIS ARTICLE 1.5.

**SECTION 8.** In Colorado Revised Statutes, **add** part 7 to article 1.5 of title 25 as follows:

#### PART 7 HEALTH SURVEY FOR BIRTHING PARENTS

**25-1.5-701. Health survey for birthing parents.** (1) BEGINNING JULY 1, 2022, THE DEPARTMENT SHALL BEGIN DEVELOPING A METHODOLOGY AND BUILDING A HEALTH SURVEY FOR BIRTHING PARENTS, REFERRED TO IN THIS SECTION AS THE "SURVEY", TO GIVE PEOPLE WHO HAVE GIVEN BIRTH THE OPPORTUNITY TO SHARE OPINIONS AND EXPERIENCES DURING THE FIRST FEW YEARS OF THEIR BABIES' LIVES. THE PURPOSE OF THE SURVEY IS TO INFORM COLORADO POLICIES AND PROGRAMS DESIGNED TO ADVANCE HEALTH EQUITY. AS PART OF THE SURVEY, THE DEPARTMENT SHALL:

(a) INVITE A STATEWIDE COHORT OF PEOPLE WHO HAVE RECENTLY GIVEN BIRTH TO JOIN THE SURVEY;

(b) ANNUALLY AND UP UNTIL A SURVEY PARTICIPANT'S CHILD'S THIRD BIRTHDAY, PROVIDE TO EACH PARTICIPANT AT LEAST TWO BRIEF ONLINE QUESTIONNAIRES ON A VARIETY OF HEALTH AND SOCIAL TOPICS, INCLUDING:

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

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

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

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

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

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

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

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

**SECTION 9.** In Colorado Revised Statutes, 25.5-2-103, **amend** (1)(b) as follows:

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

(1) As used in this section, unless the context otherwise requires:

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

**SECTION 10.** In Colorado Revised Statutes, **add** 25.5-2-104 and 25.5-2-105 as follows:

**25.5-2-104. State-funded health and medical care.** (1) BEGINNING NO LATER THAN JANUARY 1, 2025, THERE IS CREATED THE STATE MEDICAL ASSISTANCE PROGRAM REFERRED TO IN THIS SECTION AS "STATE MEDICAL ASSISTANCE". STATE MEDICAL ASSISTANCE INCLUDES ALL BENEFITS AND SERVICES AT THE SAME COST TO THE BENEFICIARY AS ARE OFFERED PURSUANT TO THE MEDICAL ASSISTANCE PROGRAM DEFINED IN SECTION 25.5-4-103 (13), SUCH THAT, TO THE MAXIMUM EXTENT POSSIBLE, ELIGIBLE INDIVIDUALS MUST NOT BE ABLE TO TELL THAT THE PERSON IS ENROLLED IN A DIFFERENT PROGRAM FROM MEDICAL ASSISTANCE PURSUANT TO SECTION 25.5-4-103 (13).

(2) A CHILD WHO IS LESS THAN NINETEEN YEARS OF AGE IS ELIGIBLE TO RECEIVE STATE MEDICAL ASSISTANCE IF THE CHILD WOULD BE ELIGIBLE FOR MEDICAL

ASSISTANCE AS DEFINED IN SECTION 25.5-4-103 (13) BUT IS NOT ELIGIBLE DUE SOLELY TO THE CHILD'S IMMIGRATION STATUS.

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

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

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

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

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

(8)(a) DURING ITS 2024 PRESENTATION TO THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS PRESENTATION TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AT THE HEARING HELD PURSUANT TO SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT", THE STATE DEPARTMENT SHALL REPORT ON ITS PLANS AND PROGRESS IN IMPLEMENTING STATE MEDICAL ASSISTANCE.

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

**25.5-2-105. State children's basic health plan.** (1) BEGINNING NO LATER THAN JANUARY 1, 2025, THERE IS CREATED THE STATE CHILDREN'S BASIC HEALTH PLAN. THE STATE CHILDREN'S BASIC HEALTH PLAN INCLUDES ALL BENEFITS AND SERVICES, AT THE SAME COST TO THE BENEFICIARY, AS ARE OFFERED PURSUANT TO THE CHILDREN'S BASIC HEALTH PLAN IN SECTION 25.5-8-107, SUCH THAT, TO THE MAXIMUM EXTENT POSSIBLE, ELIGIBLE INDIVIDUALS MUST NOT BE ABLE TO TELL

THAT THEY ARE ENROLLED IN A DIFFERENT PROGRAM FROM THE PLAN DESCRIBED IN SECTION 25.5-8-107.

(2) A CHILD WHO IS LESS THAN NINETEEN YEARS OF AGE IS ELIGIBLE TO RECEIVE THE STATE CHILDREN'S BASIC HEALTH PLAN IF THE CHILD WOULD BE ELIGIBLE FOR THE CHILDREN'S BASIC HEALTH PLAN AS DESCRIBED IN 25.5-8-107, BUT IS NOT ELIGIBLE DUE SOLELY TO THE CHILD'S IMMIGRATION STATUS.

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

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

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

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

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

(8)(a) DURING ITS 2024 PRESENTATION TO THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS PRESENTATION TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AT THE HEARING HELD PURSUANT TO SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT", THE STATE DEPARTMENT SHALL REPORT ON ITS PLANS AND PROGRESS IN IMPLEMENTING THE STATE BASIC HEALTH PLAN.

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



**SECTION 11.** In Colorado Revised Statutes, 25.5-4-103, **amend** (10) as follows:

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

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

**SECTION 12.** In Colorado Revised Statutes, 25.5-4-201, **amend** (1) as follows:

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

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

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

**SECTION 14.** In Colorado Revised Statutes, **amend** 25.5-4-503 as follows:

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

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

RECEIVING STATE MEDICAL ASSISTANCE PURSUANT TO SECTION 25.5-2-104 OR 25.5-5-201 (6). TO THE EXTENT SUCH FEDERAL FUNDS ARE USED TO ENHANCE OR EXPAND A STATE-SUBSIDIZED INDIVIDUAL HEALTH COVERAGE PLAN, AS DEFINED IN SECTION 10-16-1203 (15), THE HEALTH INSURANCE AFFORDABILITY ENTERPRISE CREATED PURSUANT TO SECTION 10-16-1204 MUST RECEIVE, DEPOSIT INTO THE HEALTH INSURANCE AFFORDABILITY CASH FUND CREATED IN SECTION 10-16-1206, AND ALLOCATE THE FEDERAL SHARE OF THE MEDICAL ASSISTANCE PAYMENTS PURSUANT TO SECTION 10-16-1205 (2), SUBJECT TO ANY CONDITIONS SET FORTH IN THE APPROVAL OF THE WAIVER.

**SECTION 15.** In Colorado Revised Statutes, 25.5-5-101, **amend** (3) as follows:

**25.5-5-101. Mandatory provisions - eligible groups.** (3) Notwithstanding any other provision of this article and articles 4 and 6 of this ~~title~~ TITLE 25.5, as a condition of eligibility for medical assistance under this ~~article~~ ARTICLE 5 and articles 4 and 6 of this ~~title~~ TITLE 25.5, a ~~legal immigrant~~ PERSON WHO IS LAWFULLY RESIDING IN THE STATE shall agree to refrain from executing an affidavit of support for the purpose of sponsoring an alien on or after July 1, 1997, under rules promulgated by the immigration and naturalization service, or any successor agency, during the pendency of ~~such legal immigrant's~~ THE LAWFULLY RESIDING PERSON'S receipt of medical assistance. Nothing in this subsection (3) ~~shall be construed to affect a legal immigrant's~~ AFFECTS A LAWFULLY RESIDING PERSON'S eligibility for medical assistance ~~under this article~~ PURSUANT TO THIS ARTICLE 5 and articles 4 and 6 of this ~~title~~ TITLE 25.5 based upon ~~such legal immigrant's~~ THE LAWFULLY RESIDING PERSON'S responsibilities under an affidavit of support entered into before July 1, 1997.

**SECTION 16.** In Colorado Revised Statutes, 25.5-5-201, **amend** (3), (4), and (4.5)(a); and **add** (6) as follows:

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

(4) A pregnant ~~legal immigrant shall be~~ PERSON WHO IS LAWFULLY RESIDING IS eligible to receive ~~prenatal and medical services for labor and delivery as long as she~~ MEDICAL ASSISTANCE AS LONG AS THE INDIVIDUAL meets eligibility requirements other than THOSE RELATED TO citizen OR IMMIGRATION status. State general funds may be used to reimburse such care in the event that federal financial participation is not available.

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

(6) (a) BEGINNING NO LATER THAN JANUARY 1, 2025, A PREGNANT PERSON WHO IS NOT A CITIZEN AND WHO IS NOT ELIGIBLE FOR MEDICAL ASSISTANCE PURSUANT TO SUBSECTION (4) OF THIS SECTION IS ELIGIBLE TO RECEIVE MEDICAL ASSISTANCE PURSUANT TO THIS SUBSECTION (6)(a) IF THE INDIVIDUAL MEETS THE ELIGIBILITY REQUIREMENTS OTHER THAN THOSE RELATED TO CITIZENSHIP AND IMMIGRATION STATUS.

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

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

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

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

**SECTION 17.** In Colorado Revised Statutes, 25.5-5-202, **add** (1)(y) as follows:

**25.5-5-202. Basic services for the categorically needy - optional services.**

(1) Subject to the provisions of subsection (2) of this section, the following are services for which federal financial participation is available and that Colorado has selected to provide as optional services under the medical assistance program:

(y) FOR ANY PERINATAL PERSON, COMPREHENSIVE LACTATION SUPPORT SERVICES, LACTATION SUPPLIES AND EQUIPMENT, AND MAINTENANCE OF MULTI-USER LOANED EQUIPMENT. AN INDIVIDUAL TRAINED IN ADVANCED LACTATION SUPPORT SHALL PROVIDE THE LACTATION SUPPORT SERVICES.

LACTATION EQUIPMENT MUST INCLUDE A SINGLE-USER DOUBLE ELECTRIC BREAST PUMP, PUMP PARTS AND PUMP COLLECTION KIT, AND ACCESS TO A LOANED MULTI-USER HOSPITAL GRADE ELECTRIC BREAST PUMP ALONG WITH A COMPATIBLE INDIVIDUAL COLLECTION KIT. INDIVIDUALS MUST HAVE ACCESS TO SINGLE-USER LACTATION SUPPLIES AND EQUIPMENT PRIOR TO DELIVERY. ACCESS TO MULTI-USER LOANED BREAST PUMPS SHALL BE AUTHORIZED BY A HEALTH-CARE PROVIDER. ACCESS TO MULTI-USER LOANED BREAST PUMPS IS PRIORITIZED FOR INDIVIDUALS WITH PREMATURE, MEDICALLY FRAGILE, LOW BIRTH WEIGHT INFANTS, AND WITH LACTATION COMPLICATIONS. INDIVIDUALS CANNOT BE REQUIRED TO ENROLL IN SEPARATE OR ADDITIONAL PROGRAMS IN ORDER TO RECEIVE COVERED LACTATION EQUIPMENT OR LACTATION SUPPORT SERVICES.

**SECTION 18.** In Colorado Revised Statutes, 25.5-5-204, **amend** (2) and (2.5) as follows:

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

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

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

**SECTION 19.** In Colorado Revised Statutes, **add** 25.5-6-115 as follows:

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

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

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

(4) "Eligible person" means:

(a) (I) A person who is less than nineteen years of age, WHO IS A CITIZEN OR MEETS THE IMMIGRATION STATUS REQUIREMENTS SET FORTH IN SECTION 25.5-8-109 (6) OR 25.5-8-109 (7), whose family income does not exceed two hundred fifty

percent of the federal poverty line, adjusted for family size, AND WHO IS NOT ELIGIBLE FOR MEDICAL ASSISTANCE PURSUANT TO ARTICLES 4, 5, AND 6 OF THIS TITLE 25.5.

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

**SECTION 21.** In Colorado Revised Statutes, 25.5-8-107, **repeal** (1)(b); and **add** (1)(a)(V) and (1)(i) as follows:

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

(a) (V) IN ADDITION TO THE ITEMS SPECIFIED IN SUBSECTIONS (1)(a)(I), (1)(a)(II), AND (1)(a)(III) OF THIS SECTION, AND ANY ADDITIONAL ITEMS APPROVED BY THE MEDICAL SERVICES BOARD, THE MEDICAL SERVICES BOARD SHALL INCLUDE, FOR ALL PERINATAL PEOPLE, COMPREHENSIVE LACTATION SUPPORT SERVICES, LACTATION SUPPLIES AND EQUIPMENT, AND MAINTENANCE OF MULTI-USER LOANED EQUIPMENT. AN INDIVIDUAL TRAINED IN ADVANCED LACTATION SUPPORT SHALL PROVIDE THE LACTATION SUPPORT SERVICES. LACTATION EQUIPMENT MUST INCLUDE A SINGLE-USER DOUBLE ELECTRIC BREAST PUMP, PUMP PARTS AND PUMP COLLECTION KIT, AND ACCESS TO A LOANED MULTI-USER HOSPITAL GRADE ELECTRIC BREAST PUMP ALONG WITH A COMPATIBLE INDIVIDUAL COLLECTION KIT. INDIVIDUALS MUST HAVE ACCESS TO SINGLE-USER LACTATION SUPPLIES AND EQUIPMENT PRIOR TO DELIVERY. ACCESS TO MULTI-USER LOANED BREAST PUMPS SHALL BE AUTHORIZED BY A HEALTH-CARE PROVIDER. ACCESS TO MULTI-USER LOANED BREAST PUMPS IS PRIORITIZED FOR INDIVIDUALS WITH PREMATURE, MEDICALLY FRAGILE, LOW BIRTH WEIGHT INFANTS, AND WITH LACTATION COMPLICATIONS. INDIVIDUALS CANNOT BE REQUIRED TO ENROLL IN SEPARATE OR ADDITIONAL PROGRAMS IN ORDER TO RECEIVE COVERED LACTATION EQUIPMENT OR LACTATION SUPPORT SERVICES.

~~(b) To design and implement a system of cost sharing with enrollees using an annual enrollment fee that is based on a sliding fee scale. The sliding fee scale shall be developed based on the enrollee's family income; except that no enrollment fee shall be assessed against an enrollee whose family income is at or below one hundred fifty percent of the federal poverty line and no enrollment fee shall be assessed against an enrollee who is a pregnant woman. As permitted by federal and state law, enrollees in the plan may use funds from a medical savings account to pay the annual enrollment fee. On or before November 1 of each year, the department shall submit for approval to the joint budget committee its annual proposal for cost sharing for the plan based upon a family's income.~~

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

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

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

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

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

**SECTION 22.** In Colorado Revised Statutes, 25.5-8-109, **amend** (5.5)(a) and (6); and **add** (7) as follows:

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

(6) (a) Notwithstanding any other provision of law, but subject to ~~the availability of sufficient appropriations and~~ the receipt of federal financial participation, the department ~~may~~ SHALL provide benefits ~~under this article~~ PURSUANT TO THIS ARTICLE 8 to a pregnant woman who is a qualified alien PERSON WHO IS LAWFULLY RESIDING, AS DEFINED IN SECTION 25.5-4-103 (10), and a child ~~under~~ LESS THAN nineteen years of age, ~~who is a qualified alien~~ WHO IS LAWFULLY RESIDING, so long as such ~~woman~~ PREGNANT PERSON or child meets eligibility criteria ~~other than citizenship~~ OTHER THAN THOSE RELATED TO CITIZENSHIP OR IMMIGRATION STATUS.

(7) (a) BEGINNING NO LATER THAN JANUARY 1, 2025, NOTWITHSTANDING ANY OTHER PROVISION OF LAW, THE DEPARTMENT SHALL PROVIDE BENEFITS PURSUANT TO THIS ARTICLE 8 TO A PREGNANT PERSON WHO IS NOT A CITIZEN AND IS NOT ELIGIBLE PURSUANT TO SUBSECTION (6) OF THIS SECTION, SO LONG AS THE PREGNANT PERSON MEETS THE ELIGIBILITY CRITERIA OTHER THAN THOSE RELATED TO CITIZENSHIP OR IMMIGRATION STATUS. ELIGIBILITY PURSUANT TO THIS SECTION

EXTENDS CONTINUOUSLY THROUGH THE TWELVE-MONTH POSTPARTUM PERIOD, SO LONG AS ELIGIBILITY REMAINS IN EFFECT PURSUANT TO SUBSECTION (5.5)(a) OF THIS SECTION.

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

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

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

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

**SECTION 23.** In Colorado Revised Statutes, **add 25.5-8-109.3** as follows:

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

(2) TO THE EXTENT ADDITIONAL FEDERAL FINANCIAL PARTICIPATION IS AVAILABLE, THE DEPARTMENT SHALL ESTABLISH A STAKEHOLDER PROCESS IN COLLABORATION WITH DEPARTMENT STAFF TO DETERMINE ADDITIONAL PRIORITIES AND BUDGET ALLOCATIONS THAT DRAW DOWN AT LEAST FIFTY PERCENT OF THE REMAINING HEALTH SERVICES INITIATIVE FUNDS TO EXPAND ACCESS TO PERINATAL AND POSTPARTUM SUPPORTS. THE DEPARTMENT SHALL REPORT ON THE ESTABLISHED PRIORITIES AND BUDGET ALLOCATIONS AND THE WAYS IN WHICH THEY ARE INCLUSIVE OF STAKEHOLDER INPUT DURING THE DEPARTMENT'S 2024 PRESENTATION TO THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY AND IN THE

DEPARTMENT'S PRESENTATION TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AT THE HEARING HELD PURSUANT TO SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT". IN CONDUCTING THE STAKEHOLDER PROCESS, THE DEPARTMENT SHALL:

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

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

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

(d) CONDUCT A MINIMUM OF FIVE STAKEHOLDER MEETINGS AND CONDUCT ADDITIONAL MEETINGS FOCUSED ON HEARING INPUT FROM INDIVIDUAL CONSTITUENCIES LISTED IN SUBSECTION (2)(a) OF THIS SECTION.

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

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

(g) CONSIDER INITIATIVES TO REDUCE DIAPER NEED, EXPAND ACCESS TO GROUP-BASED PRENATAL AND PEDIATRIC CARE MODELS, AND EXPAND HOME VISITATION PROGRAMS, INCLUDING VOLUNTARY NEWBORN NURSE VISITATION PROGRAMS THAT ARE UNIVERSALLY OFFERED TO ALL FAMILIES IN A GIVEN COMMUNITY AND PROVIDE AT LEAST ONE NURSE VISIT WITHIN THE FIRST THREE MONTHS OF LIFE.

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

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

**SECTION 24. Appropriation.** (1) For the 2022-23 state fiscal year, \$730,573 is appropriated to the department of health care policy and financing. This appropriation is from the general fund. To implement this act, the department may use this appropriation as follows:

(a) \$258,733 for use by the executive director's office for personal services,



which amount is based on an assumption that the office will require an additional 5.1 FTE;

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

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

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

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

(2) For the 2022-23 state fiscal year, the general assembly anticipates that the department of health care policy and financing will receive \$885,480 in federal funds. The appropriation in subsection (1) of this section is based on the assumption that the office will receive this amount of federal funds to be used as follows:

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

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

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

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

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

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

**SECTION 25. Appropriation - adjustments to 2022 long bill.** (1) To implement this act, appropriations made in the annual general appropriation act for the 2022-23 state fiscal year to the department of health care policy and financing are adjusted as follows:

(a) The cash funds appropriation from the children's basic health plan trust created in section 25.5-8-105 (1), C.R.S., for children's basic health plan medical and dental costs is decreased by \$340,727, which is subject to the "(H)" notation as defined in the annual general appropriation act for the same fiscal year; and

(b) The cash funds appropriation from the healthcare affordability and sustainability fee cash fund created in section 25.5-4-402.4 (5)(a), C.R.S., for children's basic health plan medical and dental costs is decreased by \$564,678, which is subject to the "(H)" notation as defined in the annual general appropriation act for the same fiscal year.

(2) For the 2022-23 state fiscal year, \$144,229 is appropriated to the department of health care policy and financing. This appropriation is from the general fund. To implement this act, the department may use this appropriation for children's basic health plan medical and dental costs.

(3) For the 2022-23 state fiscal year, the general assembly anticipates that the department of health care policy and financing will receive \$761,176 in federal funds for children's basic health plan medical and dental costs to implement this act. The appropriations in subsections (1) and (2) of this section are based on the assumption that the department will receive this amount of federal funds.

**SECTION 26. 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.

Approved: June 7, 2022