

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

INTRODUCED

LLS NO. 23-0411.01 Shelby Ross x4510

HOUSE BILL 23-1244

HOUSE SPONSORSHIP

deGruy Kennedy and Velasco,

SENATE SPONSORSHIP

(None),

House Committees

Public & Behavioral Health & Human Services

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING THE TRANSFER OF THE REGIONAL HEALTH CONNECTOR**
102 **PROGRAM FROM THE UNIVERSITY OF COLORADO SCHOOL OF**
103 **MEDICINE TO THE PREVENTION SERVICES DIVISION IN THE**
104 **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.**

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 moves the regional health connector program (program) from the university of Colorado school of medicine to the prevention services division (division) in the department of public health and

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words or numbers indicate deletions from existing law.

environment. The bill requires the division to contract with a third-party entity to coordinate and oversee the program. The contracted entity is required to distribute money to each locally based host organization, which hires and supports a regional health connector to engage in program activities.

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) Since 2015, Colorado's regional health connector program has
5 operated as a partnership between statewide nonprofits and local host
6 organizations to improve the population's health;

7 (b) From 2015 to 2019, Colorado's state innovation model used
8 federal grant funding to support 344 primary care practices and 4
9 community mental health centers to integrate behavioral and physical
10 health care, build a network of regional health connectors that links
11 practices with community resources, and advance the development of
12 value-based payment structures;

13 (c) After the expiration of the federal grant, the regional health
14 connector program was kept afloat through funding from a combination
15 of state and local organizations; and

16 (d) In fiscal year 2022-23, the general assembly appropriated
17 money directly to the university of Colorado school of medicine to pass
18 through to the regional health connectors to fill the funding gaps.

19 (2) Therefore, the general assembly declares that it is necessary to
20 sustain and expand the important work of the regional health connectors
21 by providing more state funding and formal oversight from the state
22 government.

23 **SECTION 2.** In Colorado Revised Statutes, 25-1.5-101, **add**

1 (1)(dd) as follows:

2 **25-1.5-101. Powers and duties of department - laboratory cash**
3 **fund - office of suicide prevention - suicide prevention coordination**
4 **cash fund - report - dispensation of payments under contracts with**
5 **grantees - definitions.** (1) The department has, in addition to all other
6 powers and duties imposed upon it by law, the powers and duties
7 provided in this section as follows:

8 (dd) TO OPERATE THE REGIONAL HEALTH CONNECTOR PROGRAM,
9 ESTABLISHED IN THE DIVISION OF PREVENTION SERVICES IN THE
10 DEPARTMENT PURSUANT TO PART 20 OF ARTICLE 20.5 OF THIS TITLE 25.

11 **SECTION 3.** In Colorado Revised Statutes, **add** part 20 to article
12 20.5 of title 25 as follows:

13 PART 20

14 REGIONAL HEALTH CONNECTOR PROGRAM

15 **25-20.5-2001. Regional health connector program - creation**
16 **- third-party contract - department duties - rules - definitions.** (1) AS
17 USED IN THIS PART 20, UNLESS THE CONTEXT OTHERWISE REQUIRES:

18 (a) "LOCALLY BASED HOST ORGANIZATION" MEANS A REGIONAL
19 ORGANIZATION CHOSEN TO HIRE AND SUPPORT THE REGIONAL HEALTH
20 CONNECTOR IN THE ORGANIZATION'S REGION.

21 (b) "PROGRAM" MEANS THE REGIONAL HEALTH CONNECTOR
22 PROGRAM CREATED IN SUBSECTION (2) OF THIS SECTION.

23 (c) "REGIONAL HEALTH CONNECTOR" MEANS A DESIGNATED
24 PERSON HIRED AND SUPPORTED BY A LOCALLY BASED HOST ORGANIZATION
25 TO ENGAGE IN THE ACTIVITIES DESCRIBED IN SUBSECTION (4) OF THIS
26 SECTION.

27 (2) THERE IS CREATED IN THE DIVISION THE REGIONAL HEALTH

1 CONNECTOR PROGRAM FOR THE PURPOSE OF CONVENING AND ENGAGING
2 LOCAL PRIMARY CARE PRACTICES, OTHER HEALTH-CARE PROVIDERS AND
3 PARTNERS, PUBLIC HEALTH AGENCIES, AND COMMUNITY RESOURCES TO
4 IDENTIFY AND ADDRESS SPECIFIC HEALTH-RELATED ISSUES AND
5 HEALTH-RELATED SOCIAL NEEDS IN COMMUNITIES THROUGHOUT THE
6 STATE. THE DEPARTMENT SHALL CONTRACT WITH A THIRD-PARTY ENTITY
7 TO COORDINATE AND OVERSEE THE PROGRAM.

8 (3) CONTRACT APPLICANTS SHALL DEMONSTRATE HOW THE
9 APPLICANT WILL:

10 (a) ENGAGE AND COORDINATE WITH STATEWIDE HEALTH
11 DEPARTMENTS AND ORGANIZATIONS, INCLUDING THE DEPARTMENT, THE
12 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, THE BEHAVIORAL
13 HEALTH ADMINISTRATION, THE DIVISION OF INSURANCE IN THE
14 DEPARTMENT OF REGULATORY AGENCIES, THE COLORADO HEALTH
15 EXTENSION SYSTEM, THE PRIMARY CARE PAYMENT REFORM
16 COLLABORATIVE, HEALTH-RELATED NONPROFITS, AND HEALTH
17 PROFESSIONAL ORGANIZATIONS;

18 (b) ESTABLISH STATEWIDE AND REGIONAL GOALS AND PRIORITIES;

19 (c) HOLD REGIONAL HEALTH CONNECTORS ACCOUNTABLE FOR
20 MEETING OBJECTIVES; AND

21 (d) COLLECT AND REPORT DATA TO THE DIVISION ON THE
22 EFFECTIVENESS OF REGIONAL HEALTH CONNECTORS.

23 (4) THE CONTRACTED ENTITY SHALL DISTRIBUTE MONEY
24 APPROPRIATED PURSUANT TO SUBSECTION (7) OF THIS SECTION TO EACH
25 LOCALLY BASED HOST ORGANIZATION FOR THE REGIONAL HEALTH
26 CONNECTOR TO:

27 (a) IDENTIFY AVAILABLE RESOURCES AND SUPPORT EXISTING

1 PARTNERSHIPS BY STRENGTHENING CONNECTIONS BETWEEN PRIMARY
2 CARE AND COMMUNITY ORGANIZATIONS, COORDINATING ACTIVITIES TO
3 REDUCE FRAGMENTATION IN THE HEALTH SYSTEM, AND INTEGRATING
4 CLINICAL AND COMMUNITY-BASED STRATEGIES TO ADDRESS LOCAL
5 PRIORITIES, HEALTH EQUITY, AND SOCIAL DETERMINANTS OF HEALTH;

6 (b) WORK WITH PRACTICE TRANSFORMATION ORGANIZATIONS,
7 PRACTICE FACILITATORS, AND CLINICAL HEALTH INFORMATION
8 TECHNOLOGY ADVISORS IN ASSISTING PRIMARY CARE PRACTICES AND
9 OTHER CARE ORGANIZATIONS TO IMPROVE CARE;

10 (c) CREATE AND SUPPORT PARTNERSHIP DEVELOPMENT ACTIVITIES
11 AMONG PRACTICES AND LOCAL AND REGIONAL COMMUNITY-BASED
12 ORGANIZATIONS;

13 (d) COLLABORATE WITH REGIONAL ACCOUNTABLE ENTITIES,
14 COMMUNITY MENTAL HEALTH CENTERS, LOCAL PUBLIC HEALTH AGENCIES,
15 FOUNDATION PARTNERS, AND STATEWIDE ORGANIZATIONS; AND

16 (e) IDENTIFY AND ASSIST SYSTEM NAVIGATORS, INCLUDING CARE
17 COORDINATORS, CARE MANAGERS, PATIENT NAVIGATORS, AND
18 COMMUNITY HEALTH WORKERS.

19 (5) THE CONTRACTED ENTITY MAY RETAIN A PERCENTAGE OF THE
20 MONEY APPROPRIATED PURSUANT TO SUBSECTION (7) OF THIS SECTION FOR
21 THE ADMINISTRATION OF THE PROGRAM, AND THE CONTRACTED ENTITY
22 MAY SUBCONTRACT WITH OTHER STATEWIDE ORGANIZATIONS TO HELP
23 WITH SETTING PRIORITIES AND EVALUATING PROGRAMS.

24 (6) THE DEPARTMENT MAY PROMULGATE RULES AS NECESSARY
25 FOR THE IMPLEMENTATION OF THIS PART 20.

26 (7) FOR THE 2023-24 STATE FISCAL YEAR, THE GENERAL
27 ASSEMBLY SHALL APPROPRIATE TWO MILLION DOLLARS FROM THE

1 GENERAL FUND TO THE DEPARTMENT FOR USE BY THE DIVISION FOR THE
2 PURPOSES OF THIS SECTION.

3 **SECTION 4.** In Colorado Revised Statutes, 23-21-901, **add** (2)
4 as follows:

5 **23-21-901. Regional health connector workforce program -**
6 **creation - school of medicine - repeal.** (2) THIS SECTION IS REPEALED,
7 EFFECTIVE JULY 1, 2025.

8 **SECTION 5.** In Colorado Revised Statutes, 25.5-5-333, **amend**
9 (6) introductory portion and (6)(m) as follows:

10 **25.5-5-333. Primary care and behavioral health statewide**
11 **integration grant program - creation - report - definition - repeal.**

12 (6) In selecting grant recipients, the state department shall first prioritize
13 applicants that serve priority populations that experience disparities in
14 health-care access and outcomes, including but not limited to historically
15 marginalized and underserved communities, determined by the
16 communities with the highest proportion of patients receiving assistance
17 through the "Colorado Medical Assistance Act", ~~articles 4, 5, and 6~~ THIS
18 ARTICLE 5 AND ARTICLES 4 AND 6 of THIS title 25.5. The state department
19 shall then prioritize applicants that meet as many of the following criteria
20 as possible:

21 (m) Participate in the regional health connector workforce
22 program created in ~~section 23-21-901~~ SECTION 25-20.5-2001.

23 **SECTION 6. Act subject to petition - effective date.** This act
24 takes effect at 12:01 a.m. on the day following the expiration of the
25 ninety-day period after final adjournment of the general assembly; except
26 that, if a referendum petition is filed pursuant to section 1 (3) of article V
27 of the state constitution against this act or an item, section, or part of this

1 act within such period, then the act, item, section, or part will not take
2 effect unless approved by the people at the general election to be held in
3 November 2024 and, in such case, will take effect on the date of the
4 official declaration of the vote thereon by the governor.