

CHAPTER 90

HEALTH CARE POLICY AND FINANCING

SENATE BILL 23-222

BY SENATOR(S) Bridges and Kirkmeyer, Zenzinger, Buckner, Coleman, Cutter, Exum, Ginal, Gonzales, Hinrichsen, Kolker, Marchman, Moreno, Mullica, Pelton B., Priola, Sullivan, Fenberg;
 also REPRESENTATIVE(S) Bird and Sirota, Bockenfeld, Bacon, Brown, deGruy Kennedy, Epps, Garcia, Gonzales-Gutierrez, Hamrick, Jodeh, Joseph, Kipp, Lieder, Lindstedt, Mabrey, Marshall, Martinez, Michaelson Jenet, Sharbini, Snyder, Story, Vigil, Weissman, Woodrow, Young, McCluskie.

AN ACT

CONCERNING REMOVING COPAYMENT REQUIREMENT FOR CERTAIN MEDICAID SERVICES, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

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

SECTION 1. In Colorado Revised Statutes, 25.5-4-209, **amend** (1)(b); and **repeal** (1)(c) and (1)(d) as follows:

25.5-4-209. Payments by third parties - copayments by recipients - review - appeal - children's waiting list reduction fund. (1) (b) Subject to any limitations imposed by Title XIX, ~~and the requirements set forth in subsection (1)(c) of this section,~~ a recipient ~~must~~ **SHALL** pay at the time of service a portion of the cost of any medical benefit rendered to the recipient or to the recipient's dependents pursuant to this article 4 or article 5 or 6 of this title 25.5, as determined by rules of the state department.

~~(c) (i) Except as otherwise provided in subsection (1)(c)(ii) of this section, on and after January 1, 2018, for pharmacy and for hospital outpatient services, including urgent care centers and facilities and emergency services, the rules of the state department required by subsection (1)(b) of this section must require the recipient to pay:~~

~~(A) For pharmacy, at least double the average amount paid by recipients in state fiscal year 2015-16; or~~

~~(B) For hospital outpatient services, at least double the amount required to be~~

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.

~~paid as specified in the rules as of January 1, 2017.~~

~~(H) For both pharmacy and hospital outpatient services, the amount required to be paid by the recipient shall not exceed any specified maximum dollar amount allowed by federal law or regulations as of January 1, 2017.~~

~~(d) The state department shall evaluate options to exempt individuals who are qualified for institutional care but are instead enrolled in home- and community-based service waivers from the increased payment requirements specified in subsection (1)(c) of this section.~~

SECTION 2. Appropriation. (1) For the 2023-24 state fiscal year, \$1,886,150 is appropriated to the department of health care policy and financing. This appropriation consists of \$1,439,499 from the general fund, which is subject to the "(M)" notation as defined in the annual general appropriation act for the same fiscal year, and \$446,651 from the healthcare affordability and sustainability fee cash fund created in section 25.5-4-402.4 (5)(a), C.R.S. To implement this act, the department may use this appropriation for medical and long-term care services for medicaid-eligible individuals.

(2) For the 2023-24 state fiscal year, the general assembly anticipates that the department of health care policy and financing will receive \$5,459,357 in federal funds for medical and long-term care services for medicaid-eligible individuals to implement this act. The appropriation in subsection (1) of this section is based on the assumption that the department will receive this amount of federal funds.

SECTION 3. 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: April 20, 2023