

Second Regular Session  
Seventy-fourth General Assembly  
STATE OF COLORADO

**REENGROSSED**

*This Version Includes All Amendments  
Adopted in the House of Introduction*

LLS NO. 24-0190.01 Christopher McMichael x4775

**HOUSE BILL 24-1075**

**HOUSE SPONSORSHIP**

**McCormick and Boesenecker**, Amabile, Bacon, Brown, Daugherty, deGruy Kennedy, Duran, Epps, Froelich, Garcia, Hamrick, Hernandez, Herod, Joseph, Kipp, Lieder, Lindsay, Mabrey, Marvin, McCluskie, McLachlan, Ortiz, Parenti, Ricks, Rutinel, Sirota, Story, Titone, Valdez, Velasco, Vigil, Weissman, Willford, Woodrow, Young

**SENATE SPONSORSHIP**

**Marchman and Jaquez Lewis**,

**House Committees**

Health & Human Services  
Appropriations

**Senate Committees**

**A BILL FOR AN ACT**

101      **CONCERNING CONSIDERATION OF A STATEWIDE UNIVERSAL**  
102            **HEALTH-CARE PAYMENT SYSTEM, AND, IN CONNECTION**  
103            **THEREWITH, CREATING AN ANALYSIS COLLABORATIVE FOR THE**  
104            **PURPOSE OF ADVISING THE COLORADO SCHOOL OF PUBLIC**  
105            **HEALTH IN CONDUCTING AN ANALYSIS OF DRAFT MODEL**  
106            **LEGISLATION CONCERNING A STATEWIDE UNIVERSAL**  
107            **HEALTH-CARE PAYMENT SYSTEM AND MAKING AN**  
108            **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*

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.*

HOUSE  
Amended 3rd Reading  
April 22, 2024

HOUSE  
Amended 2nd Reading  
April 20, 2024

<http://leg.colorado.gov>.)

The bill requires the Colorado school of public health to analyze draft model legislation for implementing a single-payer, nonprofit, publicly financed, and privately delivered universal health-care payment system for Colorado that directly compensates providers. The Colorado school of public health must submit a report detailing its findings to the general assembly by October 1, 2025.

The bill also creates the statewide health-care analysis advisory task force consisting of 21 members appointed by the general assembly and the governor, as well as executive directors of specified state departments, the commissioner of insurance, and the chief executive officer of the Colorado health benefit exchange or any designees of the executive directors, the commissioner, and the chief executive officer. The advisory task force is created for the purpose of advising the Colorado school of public health during the analysis.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** 23-20-146 as  
3 follows:

4 **23-20-146. Universal health-care payment system - research**  
5 **and selection of draft model legislation - analysis - legislative**  
6 **declaration - report - definitions - repeal. (1) Legislative declaration.**

7 THE GENERAL ASSEMBLY FINDS AND DECLARES THAT:

8 (a) THE FINAL REPORT OF THE BLUE RIBBON COMMISSION FOR  
9 HEALTH CARE REFORM, CREATED IN SECTION 10-16-131 BEFORE ITS  
10 REPEAL, ISSUED IN JANUARY 2008 AND THE SEPTEMBER 1, 2021, REPORT  
11 OF THE HEALTH CARE COST ANALYSIS TASK FORCE, CREATED IN SECTION  
12 25.5-11-103 BEFORE ITS REPEAL, BOTH CLEARLY SHOWED THAT A SINGLE,  
13 NONPROFIT SYSTEM FOR HEALTH CARE CAN SAVE MONEY, COVER  
14 EVERYONE IN THE STATE, AND SUPPORT BETTER HEALTH CARE;

15 (b) TO ACHIEVE BETTER, MORE AFFORDABLE, AND FAIRER HEALTH  
16 CARE, THE PEOPLE OF COLORADO NEED ANSWERS TO VERY IMPORTANT

1 QUESTIONS REGARDING UNIVERSAL HEALTH CARE; AND

2 (c) AN ANALYSIS OF DRAFT MODEL LEGISLATION FOR A UNIVERSAL  
3 HEALTH-CARE PAYMENT SYSTEM IS IMPORTANT IN ORDER TO DETERMINE  
4 WHETHER SUCH A SYSTEM WOULD ACHIEVE THE GOALS OF BETTER, MORE  
5 AFFORDABLE, AND FAIRER HEALTH CARE FOR ALL COLORADANS.

6 (2) AS USED IN THIS SECTION:

7 (a) "ANALYSIS COLLABORATIVE" MEANS THE STATEWIDE  
8 HEALTH-CARE ANALYSIS COLLABORATIVE CREATED PURSUANT TO SECTION  
9 25.5-1-135.

10 (b) "FEDERAL ACT" MEANS THE FEDERAL "PATIENT PROTECTION  
11 AND AFFORDABLE CARE ACT", PUB.L. 111-148, AS AMENDED BY THE  
12 FEDERAL "HEALTH CARE AND EDUCATION RECONCILIATION ACT OF  
13 2010", PUB.L. 111-152.

14 (c) (I) "HEALTH-CARE PROVIDER" OR "PROVIDER" MEANS ANY  
15 PERSON WHO IS LICENSED, CERTIFIED, REGISTERED, OR OTHERWISE  
16 PERMITTED BY STATE LAW TO ADMINISTER HEALTH CARE IN THE ORDINARY  
17 COURSE OF BUSINESS OR IN THE PRACTICE OF A PROFESSION.

18 (II) "HEALTH-CARE PROVIDER" OR "PROVIDER" INCLUDES A  
19 PROFESSIONAL SERVICE CORPORATION, LIMITED LIABILITY COMPANY, OR  
20 REGISTERED LIMITED LIABILITY PARTNERSHIP ORGANIZED PURSUANT TO  
21 STATE LAW FOR THE PRACTICE OF A HEALTH-CARE PROFESSION.

22 (d) "MEDICAID" MEANS THE MEDICAL ASSISTANCE PROGRAMS  
23 ESTABLISHED PURSUANT TO THE "COLORADO MEDICAL ASSISTANCE ACT",  
24 ARTICLES 4 TO 6 OF TITLE 25.5.

25 (e) "MEDICARE" MEANS FEDERAL INSURANCE OR ASSISTANCE  
26 PROVIDED BY THE "HEALTH INSURANCE FOR THE AGED ACT", TITLE XVIII  
27 OF THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395 ET SEQ.,

1 AS AMENDED.

2 (f) (I) "REPRODUCTIVE HEALTH CARE" MEANS HEALTH CARE AND  
3 OTHER MEDICAL SERVICES RELATED TO THE REPRODUCTIVE PROCESSES,  
4 FUNCTIONS, AND SYSTEMS AT ALL STAGES OF LIFE.

5 (II) "REPRODUCTIVE HEALTH CARE" INCLUDES FAMILY PLANNING  
6 AND CONTRACEPTIVE CARE; ABORTION CARE; PRENATAL, POSTNATAL, AND  
7 DELIVERY CARE; FERTILITY CARE; STERILIZATION SERVICES; AND  
8 PREVENTION OF AND TREATMENTS FOR SEXUALLY TRANSMITTED  
9 INFECTIONS AND REPRODUCTIVE CANCERS.

10 (g) (I) "RESIDENT" MEANS A PERSON WHO IS LIVING, OTHER THAN  
11 TEMPORARILY, WITHIN THE STATE AND WHO INTENDS TO ESTABLISH  
12 COLORADO AS THE PERSON'S PRIMARY STATE OF RESIDENCE.

13 (II) "RESIDENT" INCLUDES COLORADO RESIDENTS WHO ARE  
14 TEMPORARILY LIVING IN ANOTHER STATE OR WHO ARE TRAVELING OUT OF  
15 STATE.

16 (h) "UNIVERSAL HEALTH-CARE SYSTEM" MEANS A SINGLE-PAYER,  
17 NONPROFIT HEALTH-CARE PAYMENT SYSTEM THAT IS PUBLICLY FINANCED  
18 AND PRIVATELY DELIVERED, UNDER WHICH EVERY RESIDENT OF THE STATE  
19 HAS ACCESS TO ADEQUATE AND AFFORDABLE HEALTH CARE.

20 (3) (a) (I) NO LATER THAN JULY 1, 2024, THE COLORADO SCHOOL  
21 OF PUBLIC HEALTH SHALL RESEARCH AND SELECT DRAFT MODEL  
22 LEGISLATION THAT PROPOSES A UNIVERSAL HEALTH-CARE SYSTEM FOR  
23 COLORADO THAT DIRECTLY COMPENSATES PROVIDERS.

24 (II) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL MAKE THE  
25 DRAFT MODEL LEGISLATION IT SELECTS PUBLICLY AVAILABLE ON ITS  
26 WEBSITE SO THAT INTERESTED PARTIES MAY EVALUATE AND REVIEW THE  
27 DRAFT MODEL LEGISLATION.

1 (b) THE DRAFT MODEL LEGISLATION SELECTED MUST BE CREATED  
2 BY A COLORADO NONPROFIT ORGANIZATION THAT PRIORITIZES A  
3 UNIVERSAL HEALTH-CARE SYSTEM THAT:

4 (I) PROVIDES COMPREHENSIVE BENEFITS FOR MEDICAL CARE,  
5 INCLUDING DENTAL, HEARING, VISION, AND MENTAL HEALTH;

6 (II) PROVIDES LONG-TERM CARE AND SUPPORT SERVICES TO ALL  
7 RESIDENTS AT LEAST AT THE LEVEL OF COVERAGE AVAILABLE TO THOSE  
8 RESIDENTS WHO ARE ELIGIBLE TO RECEIVE MEDICAL ASSISTANCE, AS  
9 DEFINED IN SECTION 25.5-4-103 (13);

10 (III) REQUIRES HEALTH-CARE DECISIONS TO BE MADE BY PATIENTS  
11 AND THE PATIENTS' HEALTH-CARE PROVIDERS;

12 (IV) ALLOWS PATIENTS TO CHOOSE AMONG ALL PROVIDERS THAT  
13 PARTICIPATE IN THE UNIVERSAL HEALTH-CARE SYSTEM;

14 (V) PROVIDES COMPREHENSIVE HEALTH-CARE BENEFITS TO ALL  
15 COLORADO RESIDENTS;

16 (VI) IS FUNDED BY PREMIUMS, WHICH PREMIUMS ARE IN AMOUNTS  
17 THAT ARE DETERMINED BASED ON AN INDIVIDUAL'S ABILITY TO PAY;

18 (VII) PROHIBITS DEDUCTIBLES AND COPAYMENTS;

19 (VIII) ENSURES FAIR DRUG AND HOSPITAL PRICES AS WELL AS FAIR  
20 PAYMENT TO PROVIDERS;

21 (IX) IS DELIVERED THROUGH A PUBLICLY ADMINISTERED  
22 NONPROFIT ENTERPRISE THAT IS THE SOLE AGENCY PAYING FOR  
23 HEALTH-CARE COSTS IN THE STATE; AND

24 (X) IS DESIGNED TO PRIORITIZE BENEFITS AND ACCESS TO CARE  
25 FOR PATIENTS WHILE PREVENTING BARRIERS TO CARE THAT ARE IMPOSED  
26 FOR THE PURPOSE OF INCREASING PROFITS.

27 (4) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL ANALYZE

1 THE DRAFT MODEL LEGISLATION SELECTED PURSUANT TO SUBSECTION (3)  
2 OF THIS SECTION. THE ANALYSIS MAY:

3 (a) INCLUDE AN ESTIMATE OF THE FIRST-, SECOND-, FIFTH-, AND  
4 TENTH-YEAR COSTS FOR OPERATING A UNIVERSAL HEALTH-CARE SYSTEM;

5 (b) IDENTIFY REIMBURSEMENT RATES FOR HEALTH-CARE  
6 PROVIDERS AT LEVELS THAT RESULT IN NET INCOME THAT WILL ATTRACT  
7 AND RETAIN NECESSARY HEALTH-CARE PROVIDERS;

8 (c) CONSIDER A PROGRAM TO COVER HEALTH-CARE BENEFITS AT  
9 ONE HUNDRED TWENTY PERCENT OF MEDICARE RATES FOR RESIDENTS AND  
10 AT OTHER REIMBURSEMENT LEVELS AS DETERMINED APPROPRIATE BY THE  
11 COLORADO SCHOOL OF PUBLIC HEALTH;

12 (d) CONSIDER WHETHER THE BENEFITS OUTLINED IN THE DRAFT  
13 MODEL LEGISLATION ARE THE SAME AS THE BENEFITS REQUIRED BY THE  
14 FEDERAL ACT AND BY STATE LAW;

15 (e) IDENTIFY HEALTH EXPENDITURES BY PAYER;

16 (f) IDENTIFY COSTS BASED ON AN INDIVIDUAL'S ABILITY TO PAY;

17 (g) DESCRIBE INCENTIVES AND FINANCIAL IMPLICATIONS FOR  
18 HOSPITALS FROM A GLOBAL BUDGETING BASED REIMBURSEMENT SYSTEM  
19 COMPARED TO A FEE-FOR-SERVICE BASED REIMBURSEMENT SYSTEM;

20 (h) DESCRIBE HOW A UNIVERSAL HEALTH-CARE SYSTEM PROVIDES  
21 THE FOLLOWING:

22 (I) SERVICES REQUIRED BY THE FEDERAL ACT AND BY STATE LAW;

23 (II) SERVICES COVERED UNDER MEDICARE;

24 (III) MEDICAID SERVICES AND BENEFITS THAT MEET OR EXCEED  
25 CURRENT SERVICES AND BENEFITS WITH PROVIDER REIMBURSEMENT RATES  
26 THAT ARE EQUIVALENT TO OR HIGHER THAN CURRENT MEDICAID  
27 REIMBURSEMENT RATES;

1 (IV) MEDICAID SERVICES AND BENEFITS FOR INDIVIDUALS WITH  
2 DISABILITIES WHO DO NOT OTHERWISE QUALIFY FOR MEDICAID;

3 (V) COVERAGE FOR WOMEN'S HEALTH-CARE SERVICES AND  
4 COMPREHENSIVE REPRODUCTIVE HEALTH CARE TO THE EXTENT THAT  
5 THOSE SERVICES ARE ALLOWABLE BY STATE LAW;

6 (VI) VISION, HEARING, AND DENTAL SERVICES;

7 (VII) ACCESS TO PRIMARY AND SPECIALTY HEALTH-CARE  
8 SERVICES IN RURAL COLORADO AND OTHER UNDERSERVED AREAS OR  
9 POPULATIONS; AND

10 (VIII) BEHAVIORAL, MENTAL HEALTH, AND SUBSTANCE USE  
11 DISORDER SERVICES;

12 (i) CONSIDER OTHER COLLATERAL COSTS AS DETERMINED BY THE  
13 COLORADO SCHOOL OF PUBLIC HEALTH;

14 (j) PROVIDE A GENERAL COST ESTIMATE AND SUGGEST POTENTIAL  
15 ADDITIONAL REVENUE SOURCES TO COVER LONG-TERM CARE AND SUPPORT  
16 SERVICES FOR ALL RESIDENTS;

17 (k) ESTIMATE THE IMPACT OF IMPLEMENTING A UNIVERSAL  
18 HEALTH-CARE SYSTEM ON VARIOUS SOCIOECONOMIC GROUPS, INCLUDING  
19 A RACIAL EQUITY IMPACT ASSESSMENT;

20 (l) ESTIMATE THE IMPACT OF IMPLEMENTING A UNIVERSAL  
21 HEALTH-CARE SYSTEM ON HEALTH-CARE FACILITIES, PRIVATE HEALTH  
22 INSURANCE COMPANIES, AND THE COLORADO OPTION HEALTH INSURANCE  
23 PLAN;

24 (m) ESTIMATE THE IMPACT OF IMPLEMENTING A UNIVERSAL  
25 HEALTH-CARE SYSTEM ON HEALTH PLANS THAT ARE REGULATED BY THE  
26 FEDERAL "EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974", 29  
27 U.S.C. SEC. 1001 ET SEQ., AS AMENDED, INCLUDING MULTIEMPLOYER

1 TAFT-HARTLEY HEALTH-CARE TRUST FUNDS;

2 (n) EVALUATE THE FEASIBILITY OF IMPLEMENTING A UNIVERSAL  
3 HEALTH-CARE SYSTEM BY EXPANDING OR MODIFYING THE COLORADO  
4 OPTION HEALTH INSURANCE PLAN;

5 (o) ESTIMATE THE IMPACT OF A UNIVERSAL HEALTH-CARE SYSTEM  
6 ON THE COST AND DEVELOPMENT OF SPECIALTY PHARMACEUTICALS AND  
7 TREATMENT FOR RARE DISEASES;

8 (p) ESTIMATE THE IMPACT OF A UNIVERSAL HEALTH-CARE SYSTEM  
9 ON THE PRICE OF PHARMACEUTICALS; AND

10 (q) PROVIDE ANY ADDITIONAL INFORMATION THE COLORADO  
11 SCHOOL OF PUBLIC HEALTH FINDS RELEVANT.

12 (5) THE COLORADO SCHOOL OF PUBLIC HEALTH MAY UTILIZE AN  
13 ACTUARIAL CONSULTANT IN CONDUCTING THE ANALYSIS PURSUANT TO  
14 SUBSECTION (4) OF THIS SECTION.

15 (6) ON OR BEFORE DECEMBER 31, 2025, THE COLORADO SCHOOL  
16 OF PUBLIC HEALTH SHALL SUBMIT A REPORT DETAILING ITS FINDINGS FROM  
17 THE ANALYSIS COMPLETED PURSUANT TO SUBSECTION (4) OF THIS SECTION  
18 TO THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN SERVICES  
19 COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE,  
20 OR THEIR SUCCESSOR COMMITTEES.

21  
22 (7) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL SUBMIT AN  
23 APPLICATION TO THE ALL-PAYER HEALTH CLAIMS DATABASE SCHOLARSHIP  
24 GRANT PROGRAM, ESTABLISHED IN SECTION 25.5-1-204.5, TO ACQUIRE  
25 FUNDING TO COVER ANY DATA OR SOFTWARE COSTS THAT MAY BE  
26 INCURRED BY THE COLORADO SCHOOL OF PUBLIC HEALTH IN CONDUCTING  
27 THE ANALYSIS REQUIRED PURSUANT TO SUBSECTION (4) OF THIS SECTION.

1 (8) THIS SECTION IS REPEALED, EFFECTIVE DECEMBER 1, 2026.

2 SECTION 2. In Colorado Revised Statutes, add 25.5-1-135 as  
3 follows:

4 25.5-1-135. Statewide health-care analysis advisory task force  
5 - creation - membership - duties - repeal. (1) (a) THERE IS CREATED IN  
6 THE STATE DEPARTMENT THE STATEWIDE HEALTH-CARE ANALYSIS  
7 COLLABORATIVE, REFERRED TO IN THIS SECTION AS THE "ANALYSIS  
8 COLLABORATIVE", FOR THE PURPOSE OF ADVISING THE COLORADO SCHOOL  
9 OF PUBLIC HEALTH IN COMPLETING THE ANALYSIS REQUIRED BY SECTION  
10 23-20-146.

11 (b) THE ANALYSIS COLLABORATIVE IS MERELY ADVISORY AND THE  
12 COLORADO SCHOOL OF PUBLIC HEALTH IS THE ENTITY RESPONSIBLE FOR  
13 CONDUCTING THE ANALYSIS PURSUANT TO SECTION 23-20-146.

14 (2) ON OR BEFORE AUGUST 1, 2024, THE PRESIDENT OF THE  
15 SENATE, THE MINORITY LEADER OF THE SENATE, THE SPEAKER OF THE  
16 HOUSE OF REPRESENTATIVES, AND THE MINORITY LEADER OF THE HOUSE  
17 OF REPRESENTATIVES SHALL EACH APPOINT ONE MEMBER OF THE GENERAL  
18 ASSEMBLY TO THE ANALYSIS COLLABORATIVE.

19 (3) (a) ON OR BEFORE AUGUST 1, 2024, THE EXECUTIVE DIRECTOR  
20 OF THE STATE DEPARTMENT SHALL INVITE THE FOLLOWING  
21 REPRESENTATIVES TO PARTICIPATE IN THE ANALYSIS COLLABORATIVE:

22 (I) ONE MEMBER WHO REPRESENTS A STATEWIDE HOSPITAL  
23 ASSOCIATION;

24 (II) ONE MEMBER WHO REPRESENTS ORGANIZED LABOR;

25 (III) ONE MEMBER WHO REPRESENTS AN ORGANIZATION THAT  
26 ADVOCATES FOR COMMUNITIES WITH DISABILITIES;

27 (IV) ONE MEMBER WHO IS A REPRODUCTIVE HEALTH-CARE

- 1     ADVOCATE;
- 2             (V) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION OF
- 3     PHYSICIANS;
- 4             (VI) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION
- 5     OF MENTAL HEALTH-CARE PROVIDERS;
- 6             (VII) ONE MEMBER WHO IS A STATE TAX EXPERT OR AN EXPERT ON
- 7     SECTION 20 OF ARTICLE X OF THE STATE CONSTITUTION;
- 8             (VIII) ONE MEMBER WHO IS A RURAL HEALTH-CARE ADVOCATE;
- 9             (IX) ONE MEMBER WHO IS A REGISTERED NURSE REPRESENTING A
- 10     STATEWIDE ASSOCIATION OF NURSES;
- 11            (X) ONE MEMBER WHO REPRESENTS A COLORADO ADVOCACY
- 12     ORGANIZATION FOR PEOPLE EXPERIENCING HOMELESSNESS;
- 13            (XI) ONE MEMBER WHO REPRESENTS AN ADVOCACY
- 14     ORGANIZATION FOR HEALTH-CARE CONSUMERS;
- 15            (XII) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION
- 16     OF DENTISTS;
- 17            (XIII) ONE MEMBER WHO REPRESENTS AN ADVOCACY
- 18     ORGANIZATION FOR HISTORICALLY MARGINALIZED COMMUNITIES;
- 19            (XIV) ONE MEMBER WHO REPRESENTS AN ADVOCACY
- 20     ORGANIZATION FOR LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER
- 21     COMMUNITIES;
- 22            (XV) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION
- 23     OF PHARMACISTS;
- 24            (XVI) ONE MEMBER WHO REPRESENTS SMALL EMPLOYER
- 25     INTERESTS; ■
- 26            (XVII) ONE MEMBER WHO REPRESENTS LARGE EMPLOYER
- 27     INTERESTS;

1 (XVIII) ONE MEMBER WHO REPRESENTS A PHARMACY BENEFIT  
2 MANAGEMENT FIRM, AS DEFINED IN SECTION 10-16-102 (49);

3 (XIV) ONE MEMBER WHO REPRESENTS A SELF-INSURED EMPLOYER  
4 THAT PROVIDES HEALTH INSURANCE TO ITS EMPLOYEES UNDER A HEALTH  
5 INSURANCE PLAN COVERED BY THE FEDERAL "EMPLOYEE RETIREMENT  
6 INCOME SECURITY ACT OF 1974", 29 U.S.C. SEC. 1001 ET SEQ., AS  
7 AMENDED; AND

8 (XV) ONE MEMBER WHO REPRESENTS MANAGEMENT OF  
9 ORGANIZED LABOR THAT PROVIDES HEALTH INSURANCE COVERAGE FOR  
10 INDIVIDUALS WHO ARE INSURED UNDER A HEALTH INSURANCE PLAN  
11 COVERED BY THE FEDERAL "EMPLOYEE RETIREMENT INCOME SECURITY  
12 ACT OF 1974", 29 U.S.C. SEC. 1001 ET SEQ., AS AMENDED.

13 (b) IN INVITING REPRESENTATIVES TO PARTICIPATE IN THE  
14 ANALYSIS COLLABORATIVE PURSUANT TO SUBSECTION (3)(a) OF THIS  
15 SECTION, THE EXECUTIVE DIRECTOR SHALL ENSURE THAT THE INVITEES:

16 (I) HAVE DEMONSTRATED AN ABILITY TO REPRESENT THE  
17 INTERESTS OF ALL COLORADANS AND, REGARDLESS OF THE INVITEES'  
18 BACKGROUNDS OR AFFILIATIONS, ARE ABLE TO PRESENT OBJECTIVE,  
19 NONPARTISAN, FACTUAL, AND EVIDENCE-BASED IDEAS AND TO  
20 OBJECTIVELY ADVISE THE COLORADO SCHOOL OF PUBLIC HEALTH  
21 CONCERNING A SINGLE-PAYER, NONPROFIT, UNIVERSAL HEALTH-CARE  
22 PAYMENT SYSTEM; AND

23 (II) REFLECT THE SOCIAL, DEMOGRAPHIC, AND GEOGRAPHIC  
24 DIVERSITY OF THE STATE, INCLUDING HISTORICALLY MARGINALIZED  
25 COMMUNITIES.

26  
27 (c) IF A VACANCY OCCURS ON THE ANALYSIS COLLABORATIVE, THE

1 EXECUTIVE DIRECTOR MAY INVITE A NEW REPRESENTATIVE TO FILL THE  
2 VACANCY.

3 (4) THE EXECUTIVE DIRECTORS OF THE DEPARTMENT OF HUMAN  
4 SERVICES AND THE STATE DEPARTMENT, THE COMMISSIONER OF  
5 INSURANCE, AND THE CHIEF EXECUTIVE OFFICER OF THE COLORADO  
6 HEALTH BENEFIT EXCHANGE CREATED IN ARTICLE 22 OF TITLE 10, OR THE  
7 DESIGNEE OF AN EXECUTIVE DIRECTOR, THE COMMISSIONER, OR THE CHIEF  
8 EXECUTIVE OFFICER, SHALL SERVE ON THE ANALYSIS COLLABORATIVE.

9 (5) (a) THE EXECUTIVE DIRECTOR OF THE STATE DEPARTMENT, OR  
10 THE EXECUTIVE DIRECTOR'S DESIGNEE SERVING ON THE ANALYSIS  
11 COLLABORATIVE, SHALL CALL THE FIRST MEETING OF THE ANALYSIS  
12 COLLABORATIVE.

13  
14 (b) THE ANALYSIS COLLABORATIVE SHALL MEET AT LEAST TWO  
15 TIMES BEFORE OCTOBER 1, 2025, AND THE EXECUTIVE DIRECTOR OF THE  
16 STATE DEPARTMENT, OR THE EXECUTIVE DIRECTOR'S DESIGNEE SERVING  
17 ON THE ANALYSIS COLLABORATIVE, MAY CONVENE ADDITIONAL MEETINGS  
18 OF THE ANALYSIS COLLABORATIVE AS DETERMINED BY CONSULTING WITH  
19 THE MEMBERS OF THE ANALYSIS COLLABORATIVE AND THE SCHOOL OF  
20 PUBLIC HEALTH.

21 (c) ALL MEETINGS OF THE ANALYSIS COLLABORATIVE MUST BE  
22 OPEN TO THE PUBLIC, AND THE ANALYSIS COLLABORATIVE SHALL POST  
23 NOTICE OF A MEETING AT LEAST ONE WEEK IN ADVANCE OF THE MEETING  
24 ON THE COLORADO SCHOOL OF PUBLIC HEALTH'S WEBSITE AND THE STATE  
25 DEPARTMENT'S WEBSITE.

26 (d) ALL MEETINGS OF THE ANALYSIS COLLABORATIVE SHALL BE  
27 HELD VIRTUALLY AND ALLOW FOR ATTENDANCE AND PARTICIPATION BY

1 MEMBERS OF THE ANALYSIS COLLABORATIVE AND MEMBERS OF THE  
2 PUBLIC VIRTUALLY.

3 (e) THE ANALYSIS COLLABORATIVE MAY HOLD MEETINGS WITHOUT  
4 A QUORUM OF THE MEMBERS PRESENT.

5 (6) AT THE FIRST MEETING OF THE ANALYSIS COLLABORATIVE, A  
6 REPRESENTATIVE FROM THE ENTITY PROVIDING THE DRAFT MODEL  
7 LEGISLATION SELECTED BY THE COLORADO SCHOOL OF PUBLIC HEALTH  
8 PURSUANT TO SECTION 23-20-146 (3) SHALL PRESENT THE DRAFT MODEL  
9 LEGISLATION TO THE ANALYSIS COLLABORATIVE FOR FEEDBACK.

10 (7) NONLEGISLATIVE ANALYSIS COLLABORATIVE MEMBERS  
11 INVITED PURSUANT TO SUBSECTION (3)(a) OF THIS SECTION ARE NOT  
12 ENTITLED TO RECEIVE PER DIEM OR OTHER COMPENSATION FOR  
13 PERFORMANCE OF SERVICES FOR THE ANALYSIS COLLABORATIVE BUT MAY  
14 BE REIMBURSED FOR ACTUAL AND NECESSARY EXPENSES INCURRED IN THE  
15 PERFORMANCE OF OFFICIAL DUTIES OF THE ANALYSIS COLLABORATIVE.  
16 LEGISLATORS WHO SERVE ON THE ANALYSIS COLLABORATIVE ARE  
17 REIMBURSED PURSUANT TO SECTION 2-2-307 (3).

18 (8) THIS SECTION IS REPEALED, EFFECTIVE DECEMBER 1, 2026.

19 **SECTION 3.** In Colorado Revised Statutes, 23-18-308, **add**  
20 (1)(m) as follows:

21 **23-18-308. Fee-for-service contracts - grants to local district**  
22 **colleges - limited purpose - repeal.** (1) Subject to available  
23 appropriations, the department shall enter into fee-for-service contracts  
24 for the following purposes:

25 (m) THE COLORADO SCHOOL OF PUBLIC HEALTH'S ANALYSIS OF  
26 MODEL LEGISLATION RELATED TO A STATEWIDE UNIVERSAL HEALTH-CARE  
27 SYSTEM CONDUCTED PURSUANT TO SECTION 23-20-146.

1           **SECTION 4. Appropriation.** (1) For the 2024-25 state fiscal  
2 year, \$240,735 is appropriated to the department of higher education. This  
3 appropriation is from the general fund. To implement this act, the  
4 department may use this appropriation for the college opportunity fund  
5 program to be used for limited purpose fee-for-service contracts with  
6 state institutions.

7           (2) For the 2024-25 state fiscal year, \$240,735 is appropriated to  
8 the department of higher education. This appropriation is from  
9 reappropriated funds received from the limited purpose fee-for-service  
10 contracts with state institutions under subsection (1) of this section. To  
11 implement this act, the department may use this appropriation for the  
12 regents of the university of Colorado for allocation to the school of public  
13 health.

14           (3) For the 2024-25 state fiscal year, \$448 is appropriated to the  
15 legislative department. This appropriation is from the general fund. To  
16 implement this act, the department may use this appropriation for the  
17 general assembly.

18           **SECTION 5. Safety clause.** The general assembly finds,  
19 determines, and declares that this act is necessary for the immediate  
20 preservation of the public peace, health, or safety or for appropriations for  
21 the support and maintenance of the departments of the state and state  
22 institutions.