

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

**REREVISED**

*This Version Includes All Amendments  
Adopted in the Second House*

LLS NO. 24-1093.01 Shelby Ross x4510

**HOUSE BILL 24-1399**

**HOUSE SPONSORSHIP**

**Sirota and Taggart**, Bird, Amabile, Bacon, Clifford, Duran, English, Epps, Froelich, Garcia, Hamrick, Hernandez, Herod, Joseph, Lieder, Lindstedt, Martinez, McCluskie, Snyder, Soper, Titone

**SENATE SPONSORSHIP**

**Bridges and Kirkmeyer**, Zenzinger, Cutter, Hinrichsen, Michaelson Jenet, Priola

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**House Committees**  
Appropriations

**Senate Committees**  
Appropriations

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**A BILL FOR AN ACT**

101      **CONCERNING DISCOUNTED CARE FOR INDIGENT PATIENTS, AND, IN**  
102                    **CONNECTION THEREWITH, REPEALING THE COLORADO**  
103                    **INDIGENT CARE PROGRAM, CREATING THE HOSPITAL**  
104                    **DISCOUNTED CARE ADVISORY COMMITTEE, AND ADDRESSING**  
105                    **DISPROPORTIONATE SHARE HOSPITAL PAYMENTS.**

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**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/>.)*

**Joint Budget Committee.** The bill repeals the Colorado indigent care program on July 1, 2025, and makes conforming amendments.

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.*

SENATE  
3rd Reading Unamended  
April 5, 2024

SENATE  
2nd Reading Unamended  
April 4, 2024

HOUSE  
3rd Reading Unamended  
April 1, 2024

HOUSE  
2nd Reading Unamended  
March 28, 2024

For purposes of comprehensive primary care services, current law defines an "uninsured or medically indigent patient" as a patient whose yearly family income is below 200% of the federal poverty line (FPL). The bill requires the patient's annual household income to be at or below 200% of the FPL.

Beginning February 1, 2026, and each February 1 thereafter, the bill requires the executive director of the department of health care policy and financing (state department) to prepare and submit an annual report to the general assembly, the joint budget committee, the governor, and the medical services board concerning the status of the primary care fund.

The bill creates the hospital discounted care advisory committee in the state department to advise the state department on the operations and policies of health-care billing for indigent patients. The bill repeals the advisory committee on September 1, 2029.

No later than July 1, 2025, the bill requires the medical services board, in consultation with the Colorado healthcare affordability and sustainability enterprise, to promulgate rules concerning the policy for qualification for disproportionate share hospital payments.

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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** 25.5-3-113 as  
3 follows:

4           **25.5-3-113. Repeal of part.** THIS PART 1 IS REPEALED, EFFECTIVE  
5 JULY 1, 2025.

6           **SECTION 2.** In Colorado Revised Statutes, 25.5-3-301, **amend**  
7 (3)(a) as follows:

8           **25.5-3-301. Definitions.** As used in this part 3, unless the context  
9 otherwise requires:

10           (3) "Uninsured or medically indigent patient" means a patient  
11 receiving services from a qualified provider:

12           (a) Whose ~~yearly family~~ ANNUAL HOUSEHOLD income is AT OR  
13 below two hundred percent of the federal poverty ~~line~~ GUIDELINE; and

14           **SECTION 3.** In Colorado Revised Statutes, 25.5-3-302, **amend**  
15 (2) and (3) as follows:

1           **25.5-3-302. Annual allocation - primary care services -**  
2 **qualified provider - rules.** (2) (a) A qualified provider shall annually  
3 submit to the state department information sufficient to establish the  
4 provider's eligibility status AS SPECIFIED IN RULE BY THE STATE BOARD. A  
5 qualified provider ~~except for a provider specified in paragraph (a) of~~  
6 ~~subsection (1) of this section,~~ shall ~~provide~~ SUBMIT an annual report  
7 APPLICATION FOR MONEY that includes the total number of patients  
8 served, the number of uninsured or medically indigent patients served  
9 WHO HAVE AN ANNUAL HOUSEHOLD INCOME AT OR BELOW TWO HUNDRED  
10 PERCENT OF THE FEDERAL POVERTY GUIDELINE, and the number of  
11 patients served who are enrolled in the medical assistance program,  
12 articles 4, 5, and 6 of this ~~title~~ TITLE 25.5, or the children's basic health  
13 plan, article 8 of this ~~title~~. ~~A community health center specified in~~  
14 ~~paragraph (a) of subsection (1) of this section shall annually provide to~~  
15 ~~the state department the number of uninsured or medically indigent~~  
16 ~~patients served~~ TITLE 25.5.

17           (b) Each ~~eligible~~ qualified provider shall annually develop and  
18 submit to the state department documentation regarding the quality  
19 assurance program in place at the provider's facility to ensure that quality  
20 comprehensive primary care services are being provided. ~~All qualified~~  
21 ~~providers shall submit to the state department the information required~~  
22 ~~under this section, as specified in rule by the state board.~~ THE STATE  
23 DEPARTMENT MAY, THROUGH STATE BOARD RULE, EXEMPT A COMMUNITY  
24 HEALTH CENTER FROM THE REPORTING REQUIREMENTS DESCRIBED IN THIS  
25 SUBSECTION (2)(b).

26           (c) The data regarding the number of patients served ~~shall~~ MUST  
27 be verified by an outside entity. For purposes of this part 3, the number

1 of patients served is the number of unduplicated users of health-care  
2 services and is not the number of visits by a patient.

3 (3) (a) The state department shall make annual direct allocations  
4 of the total amount of money annually appropriated by the general  
5 assembly to the primary care fund pursuant to section 24-22-117 (2)(b),  
6 ~~C.R.S.~~, minus three percent for the administrative costs of the program,  
7 to all ~~eligible~~ qualified providers.

8 (b) ~~An eligible~~ A qualified provider's allocation ~~shall be~~ IS based  
9 on the number of uninsured or medically indigent patients served by the  
10 provider in proportion to the total number of uninsured or medically  
11 indigent patients served by all ~~eligible~~ qualified providers in the previous  
12 calendar year.

13 (c) The state department shall establish a schedule for allocating  
14 the ~~moneys~~ MONEY in the primary care fund for ~~eligible~~ qualified  
15 providers. The disbursement of ~~moneys~~ MONEY in the primary care fund  
16 to ~~eligible~~ qualified providers ~~under~~ PURSUANT TO this part 3 ~~are~~ IS  
17 exempt from the provisions of the "Procurement Code", articles 101 to  
18 112 of title 24. ~~C.R.S.~~

19 **SECTION 4.** In Colorado Revised Statutes, **add** 25.5-3-304 as  
20 follows:

21 **25.5-3-304. Primary care fund report.** (1) BEGINNING  
22 FEBRUARY 1, 2026, AND EACH FEBRUARY 1 THEREAFTER, THE EXECUTIVE  
23 DIRECTOR SHALL PREPARE AND SUBMIT AN ANNUAL REPORT TO THE HOUSE  
24 OF REPRESENTATIVES HEALTH AND HUMAN SERVICES COMMITTEE AND THE  
25 SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR  
26 COMMITTEES; THE JOINT BUDGET COMMITTEE; THE GOVERNOR; AND THE  
27 STATE BOARD CONCERNING THE STATUS OF THE PRIMARY CARE FUND,

1 CREATED IN SECTION 24-22-117 (2)(b). AT A MINIMUM, THE REPORT MUST  
2 INCLUDE:

3 (a) THE NUMBER OF UNINSURED OR MEDICALLY INDIGENT  
4 PATIENTS SERVED WHO HAVE AN ANNUAL HOUSEHOLD INCOME AT OR  
5 BELOW TWO HUNDRED PERCENT OF THE FEDERAL POVERTY GUIDELINE;

6 (b) THE ALLOCATION OF MONEY TO QUALIFIED PROVIDERS;

7 (c) THE STATE DEPARTMENT'S RECOMMENDATIONS CONCERNING  
8 THE PRIMARY CARE FUND; AND

9 (d) THE INFORMATION PRESENTED BY THE STATE DEPARTMENT TO  
10 THE GENERAL ASSEMBLY PURSUANT TO SECTION 25.5-3-505 (6).

11 **SECTION 5.** In Colorado Revised Statutes, **add 25.5-3-507** as  
12 follows:

13 **25.5-3-507. Hospital discounted care advisory committee -**  
14 **repeal.** (1) THE HOSPITAL DISCOUNTED CARE ADVISORY COMMITTEE IS  
15 CREATED IN THE STATE DEPARTMENT. THE ADVISORY COMMITTEE  
16 CONSISTS OF THE FOLLOWING MEMBERS, APPOINTED BY THE EXECUTIVE  
17 DIRECTOR:

18 (a) THREE MEMBERS WHO ARE HEALTH-CARE CONSUMERS, OF  
19 WHOM NO MORE THAN TWO MEMBERS MAY BE EMPLOYED BY A  
20 HEALTH-CARE CONSUMER ADVOCACY ORGANIZATION;

21 (b) ONE MEMBER WHO IS A REPRESENTATIVE OF THE STATE  
22 DEPARTMENT;

23 (c) ONE MEMBER WHO IS A REPRESENTATIVE OF A SAFETY NET  
24 HOSPITAL FOR WHICH THE PERCENT OF MEDICAID-ELIGIBLE INPATIENT  
25 DAYS RELATIVE TO THE HOSPITAL'S TOTAL INPATIENT DAYS IS EQUAL TO  
26 OR GREATER THAN ONE STANDARD DEVIATION ABOVE THE MEAN;

27 (d) ONE MEMBER WHO IS A REPRESENTATIVE OF A HOSPITAL IN A

1 RURAL AREA;

2 (e) ONE MEMBER WHO IS A REPRESENTATIVE OF A HOSPITAL IN AN  
3 URBAN AREA;

4 (f) ONE MEMBER WHO IS A REPRESENTATIVE OF A STATEWIDE  
5 ORGANIZATION OF HOSPITALS;

6 (g) ONE MEMBER WHO IS A REPRESENTATIVE OF LICENSED  
7 HEALTH-CARE PROFESSIONALS WHO PROVIDE SERVICES TO PATIENTS IN A  
8 HOSPITAL SETTING;

9 (h) ONE MEMBER WHO IS A REPRESENTATIVE OF AN ORGANIZATION  
10 OF COLORADO COMMUNITY HEALTH CENTERS OR A REPRESENTATIVE OF  
11 A COLORADO COMMUNITY HEALTH CENTER, AS DEFINED IN 42 U.S.C. SEC.  
12 254b; AND

13 (i) ONE MEMBER WHO IS A REPRESENTATIVE OF AN ORGANIZATION  
14 OF SAFETY-NET HEALTH PROVIDERS OR A SAFETY-NET HEALTH PROVIDER  
15 THAT IS NOT A COMMUNITY HEALTH CENTER.

16 (2) ADVISORY COMMITTEE MEMBERS SERVE THREE-YEAR TERMS.  
17 OF THE MEMBERS INITIALLY APPOINTED TO THE ADVISORY COMMITTEE,  
18 THE EXECUTIVE DIRECTOR SHALL APPOINT SIX MEMBERS FOR TWO-YEAR  
19 TERMS AND FIVE MEMBERS FOR THREE-YEAR TERMS. IN THE EVENT OF A  
20 VACANCY ON THE ADVISORY COMMITTEE, THE EXECUTIVE DIRECTOR  
21 SHALL APPOINT A SUCCESSOR TO FILL THE UNEXPIRED PORTION OF THE  
22 TERM FOR THE MEMBER.

23 (3) (a) THE EXECUTIVE DIRECTOR SHALL DESIGNATE A MEMBER TO  
24 SERVE AS CHAIR OF THE ADVISORY COMMITTEE. THE ADVISORY  
25 COMMITTEE SHALL MEET AT LEAST TWICE EACH YEAR AND AS NECESSARY  
26 AT THE CALL OF THE CHAIR.

27 (b) MEMBERS OF THE ADVISORY COMMITTEE SERVE WITHOUT

1 COMPENSATION OR REIMBURSEMENT OF EXPENSES.

2 (4) THE ADVISORY COMMITTEE SHALL ADVISE THE STATE  
3 DEPARTMENT ON THE OPERATIONS AND POLICIES OF THIS PART 5 AND  
4 MAKE RECOMMENDATIONS TO THE STATE BOARD REGARDING  
5 PROMULGATING RULES PURSUANT TO THIS PART 5.

6 (5) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2029.  
7 PRIOR TO THE REPEAL, THE ADVISORY COMMITTEE IS SCHEDULED FOR  
8 REVIEW IN ACCORDANCE WITH SECTION 2-3-1203.

9 **SECTION 6.** In Colorado Revised Statutes, 2-3-1203, **add**  
10 (20)(a)(V) as follows:

11 **2-3-1203. Sunset review of advisory committees - legislative**  
12 **declaration - definition - repeal.** (20) (a) The following statutory  
13 authorizations for the designated advisory committees will repeal on  
14 September 1, 2029:

15 (V) THE HOSPITAL DISCOUNTED CARE ADVISORY COMMITTEE  
16 CREATED IN SECTION 25.5-3-507.

17 **SECTION 7.** In Colorado Revised Statutes, 25.5-4-402.4, **amend**  
18 (2)(d)(I), (4)(a) introductory portion, (4)(a)(I), (4)(g), (5)(b)(II), and  
19 (5)(b)(VI)(D) as follows:

20 **25.5-4-402.4. Hospitals - healthcare affordability and**  
21 **sustainability fee - Colorado healthcare affordability and**  
22 **sustainability enterprise - federal waiver - fund created - reports -**  
23 **rules - legislative declaration - repeal.** (2) **Legislative declaration.** The  
24 general assembly hereby finds and declares that:

25 (d) The Colorado healthcare affordability and sustainability  
26 enterprise provides business services to hospitals when, in exchange for  
27 payment of healthcare affordability and sustainability fees by hospitals,

1 it:

2 (I) Obtains federal matching money and returns both the  
3 healthcare affordability and sustainability fee and the federal matching  
4 money to hospitals to increase reimbursement rates to hospitals for  
5 providing medical care under the state medical assistance program, ~~and~~  
6 ~~the Colorado indigent care program~~ INCLUDING DISPROPORTIONATE  
7 SHARE HOSPITAL PAYMENTS PURSUANT TO 42 U.S.C. SEC. 1396r-4, and to  
8 increase the number of individuals covered by public medical assistance;  
9 and

10 (4) **Healthcare affordability and sustainability fee.** (a) For the  
11 fiscal year commencing July 1, 2017, and for each fiscal year thereafter,  
12 the enterprise is authorized to charge and collect a healthcare affordability  
13 and sustainability fee, as described in 42 CFR 433.68 (b), on outpatient  
14 and inpatient services provided by all licensed or certified hospitals,  
15 referred to in this section as "hospitals", for the purpose of obtaining  
16 federal financial participation under the state medical assistance program  
17 as described in this article 4 and articles 5 and 6 of this title 25.5, referred  
18 to in this section as the "state medical assistance program", ~~and the~~  
19 ~~Colorado indigent care program described in part 1 of article 3 of this title~~  
20 ~~25.5, referred to in this section as the "Colorado indigent care program"~~  
21 INCLUDING DISPROPORTIONATE SHARE HOSPITAL PAYMENTS PURSUANT TO  
22 42 U.S.C. SEC. 1396r-4. If the amount of healthcare affordability and  
23 sustainability fee revenue collected exceeds the federal net patient  
24 revenue-based limit on the amount of such fee revenue that may be  
25 collected, requiring repayment to the federal government of excess  
26 federal matching money received, hospitals that received such excess  
27 federal matching money ~~shall be~~ ARE responsible for repaying the excess



1 federal money and any associated federal penalties to the federal  
2 government. The enterprise shall use the healthcare affordability and  
3 sustainability fee revenue to:

4 (I) Provide a business service to hospitals by increasing  
5 reimbursement to hospitals for providing: ~~medical care under:~~

6 (A) MEDICAL CARE UNDER the state medical assistance program;  
7 and

8 (B) ~~The Colorado indigent care program~~ HOSPITAL FINANCIAL  
9 ASSISTANCE PROGRAMS FOR CARE PROVIDED TO UNINSURED PATIENTS;

10 (g) (I) The state board shall promulgate any rules pursuant to the  
11 "State Administrative Procedure Act", article 4 of title 24, necessary for  
12 the administration and implementation of this section. Prior to submitting  
13 any proposed rules concerning the administration or implementation of  
14 the healthcare affordability and sustainability fee to the state board, the  
15 enterprise shall consult with the state board on the proposed rules as  
16 specified in subsection (7)(d) of this section.

17 (II) NO LATER THAN JULY 1, 2025, THE STATE BOARD, IN  
18 CONSULTATION WITH THE ENTERPRISE, SHALL PROMULGATE RULES  
19 CONCERNING THE POLICY FOR QUALIFICATION FOR DISPROPORTIONATE  
20 SHARE HOSPITAL PAYMENTS. SUBJECT TO THE REQUIREMENTS UNDER  
21 FEDERAL LAW, THE DISPROPORTIONATE SHARE HOSPITAL PAYMENT POLICY  
22 MUST DIRECT FUNDING TO HOSPITALS SERVING A GREATER PROPORTION OF  
23 MEDICAID AND UNINSURED PATIENTS COMPARED TO OTHER HOSPITALS  
24 AND OFFERING FINANCIAL ASSISTANCE TO LOWER-INCOME COLORADANS.

25 (5) **Healthcare affordability and sustainability fee cash fund.**

26 (b) All money in the fund is subject to federal matching as authorized  
27 under federal law and, subject to annual appropriation by the general

1 assembly, shall be expended by the enterprise for the following purposes:

2 (II) To increase hospital reimbursements ~~under the Colorado~~  
3 ~~indigent care program~~ THROUGH DISPROPORTIONATE SHARE HOSPITAL  
4 PAYMENTS to up to one hundred percent of the hospital's ~~costs of~~  
5 ~~providing medical care under the program~~ HOSPITAL-SPECIFIC  
6 DISPROPORTIONATE SHARE HOSPITAL LIMIT;

7 (VI) To pay the enterprise's actual administrative costs of  
8 implementing and administering this section, including but not limited to  
9 the following costs:

10 (D) The enterprise's personal services and operating costs related  
11 to personnel, consulting services, and for review of hospital costs  
12 necessary to implement and administer the increases in inpatient and  
13 outpatient hospital payments made pursuant to subsection (5)(b)(I) of this  
14 section, ~~increases in the Colorado indigent care program~~  
15 DISPROPORTIONATE SHARE HOSPITAL payments made pursuant to  
16 subsection (5)(b)(II) of this section, and quality incentive payments made  
17 pursuant to subsection (5)(b)(III) of this section;

18 **SECTION 8.** In Colorado Revised Statutes, 6-20-102, **amend**  
19 (1)(n) as follows:

20 **6-20-102. Limits on facility fees - rules - definitions.**

21 (1) **Definitions.** As used in this section, unless the context otherwise  
22 requires:

23 (n) "Payer type" means commercial insurers; medicare; the  
24 medical assistance program established pursuant to articles 4 to 6 of title  
25 25.5; individuals who self-pay; OR a financial assistance plan. ~~or the~~  
26 ~~"Colorado Indigent Care Program", established in part 1 of article 3 of~~  
27 ~~title 25.5.~~

1           **SECTION 9.** In Colorado Revised Statutes, 6-20-203, **amend** (4)  
2 introductory portion, (5)(b), and (5)(c) as follows:

3           **6-20-203. Limitations on collection actions - definition.**

4           (4) Beginning September 1, 2022, if a medical creditor collecting on a  
5 debt for hospital services bills or initiates collection activities and it is  
6 later determined that the patient should have been screened pursuant to  
7 section 25.5-3-503 and is determined to be a qualified patient, as defined  
8 in section 25.5-3-501 (5), or it is determined that the patient's bill is  
9 eligible for reimbursement through a public health-care coverage  
10 program, ~~or the Colorado indigent care program,~~ the medical creditor  
11 shall:

12           (5) Beginning September 1, 2022, a medical creditor collecting on  
13 a debt for hospital services shall not sell a medical debt to another party  
14 unless, prior to the sale, the medical debt seller has entered into a legally  
15 binding written agreement with the medical debt buyer of the debt  
16 pursuant to which:

17           (b) The debt is returnable to or recallable by the medical debt  
18 seller upon a determination that the patient should have been screened  
19 pursuant to section 25.5-3-502 and is eligible for discounted care pursuant  
20 to section 25.5-3-503 or that the bill underlying the medical debt is  
21 eligible for reimbursement through a public health-care coverage  
22 program; ~~or the Colorado indigent care program;~~ and

23           (c) If it is determined that the patient should have been screened  
24 pursuant to section 25.5-3-502 and is eligible for discounted care pursuant  
25 to section 25.5-3-503 or that the bill underlying the medical debt is  
26 eligible for reimbursement through a public health-care coverage program  
27 ~~or the Colorado indigent care program~~ and the debt is not returned to or

1 recalled by the medical debt seller, the medical debt buyer shall adhere to  
2 procedures that must be specified in the agreement that ensures the  
3 patient will not pay, and has no obligation to pay, the medical debt buyer  
4 and the medical creditor together more than the patient is personally  
5 responsible for paying.

6 **SECTION 10.** In Colorado Revised Statutes, 10-16-407, **amend**  
7 (3)(c)(I) as follows:

8 **10-16-407. Information to enrollees.** (3) (c) (I) Each enrollee  
9 who participates in a limited health benefit plan shall sign the following  
10 statement of understanding indicating his or her understanding of the  
11 limitations of the plan:

12 **STATEMENT OF UNDERSTANDING**

13 I, \_\_\_\_\_, understand that I am enrolling  
14 in a limited health benefit plan that contains a total  
15 maximum annual amount of benefits available to me and  
16 my covered dependents each plan year for basic health care  
17 services. The total maximum annual benefit amount is  
18 \_\_\_\_.

19 I understand that once I receive the total maximum  
20 amount of benefits under the limited health benefit plan in  
21 a plan year, I am fully responsible for paying out-of-pocket  
22 for the costs or charges for any health care services I or my  
23 covered dependents receive during the remaining portion  
24 of the plan year.

25 I understand that I may exhaust my total annual  
26 maximum benefit amount while I am or a covered  
27 dependent is undergoing treatment for an illness or injury

1 and that I will be responsible for paying the costs of  
2 treatment provided after I have exhausted my benefits  
3 under the limited health benefit plan.

4 I understand that if I exhaust my total annual  
5 maximum benefit amount in a plan year, I or my covered  
6 dependent may or may not be eligible for the state  
7 Medicaid program ~~the Colorado Indigent Care Program~~, or  
8 other public programs, and that it is solely my choice and  
9 responsibility to investigate my options and eligibility for  
10 participation in any public program.

11 Signature of Enrollee:      Date

12 **SECTION 11.** In Colorado Revised Statutes, 17-26-104.5,  
13 **amend** (1.3) introductory portion as follows:

14 **17-26-104.5. Medical visits - charge to persons in custody -**  
15 **provider charges - state hospital in Pueblo.** (1.3) A provider of  
16 medical care that receives any state money, including, but not limited to,  
17 providers that receive money from the medical assistance program  
18 established in articles 4, 5, and 6 of title 25.5, ~~C.R.S., or the Colorado~~  
19 ~~indigent care program established in part 1 of article 3 of title 25.5,~~  
20 ~~C.R.S.,~~ shall charge a county for medical care provided to a person in  
21 custody in a county jail:

22 **SECTION 12.** In Colorado Revised Statutes, 23-21-501, **amend**  
23 (1)(f) as follows:

24 **23-21-501. Legislative declaration.** (1) The general assembly  
25 hereby finds and declares that:

26 (f) ~~Subject to the provisions of section 25.5-3-102 (2), C.R.S., the~~  
27 ~~authority to be created pursuant to this part 5 to operate the university of~~

1 ~~Colorado university hospital by receiving its assets and operating~~  
2 ~~obligations shall continue to subsidize the costs of delivering medically~~  
3 ~~indigent care in excess of the state reimbursement for the medically~~  
4 ~~indigent.~~ Consistent with the university of Colorado university hospital's  
5 past policy and performance, the authority will make every reasonable  
6 effort to continue the hospital's historic commitment to the provision of  
7 uncompensated care and shall allocate and invest its resources with a  
8 view to maximizing the hospital's long-term ability to provide  
9 uncompensated care.

10 **SECTION 13.** In Colorado Revised Statutes, 23-21-504, **amend**  
11 (1) as follows:

12 **23-21-504. Mission of the authority - obligation to provide**  
13 **uncompensated care - action of the board of directors.** (1) The  
14 mission of the authority shall be the operation of university hospital as a  
15 state of the art teaching and research hospital providing comprehensive  
16 medical care, including tertiary care, and patient care of limited  
17 availability. The authority shall also provide space and facilities as  
18 necessary for the operation of the clinical programs of the health sciences  
19 schools at the health sciences center together with the university of  
20 Colorado psychiatric hospital. ~~and, subject to the provisions of section~~  
21 ~~25.5-3-102 (2), C.R.S., the provision of medical care to those eligible for~~  
22 ~~payment assistance through any program for the benefit of the medically~~  
23 ~~indigent. For every three dollars of moneys appropriated by the general~~  
24 ~~assembly that is distributed to the authority for the state medically~~  
25 ~~indigent program, the authority shall provide four dollars worth of~~  
26 ~~medically indigent care.~~

27 **SECTION 14.** In Colorado Revised Statutes, 24-1-119.5, **repeal**

1 (4) as follows:

2 **24-1-119.5. Department of health care policy and financing -**  
3 **creation.** (4) ~~The powers, duties, and functions of the department of~~  
4 ~~health care policy and financing include the powers, duties, and functions~~  
5 ~~relating to the "Colorado Indigent Care Program", as specified in part 1~~  
6 ~~of article 3 of title 25.5.~~

7 **SECTION 15.** In Colorado Revised Statutes, 24-75-302.5, **repeal**  
8 (6) as follows:

9 **24-75-302.5. Controlled maintenance - trust fund - legislative**  
10 **declaration.** (6) (a) ~~Notwithstanding any provision of this section to the~~  
11 ~~contrary, on February 1, 2006, the state treasurer and the controller shall~~  
12 ~~transfer three million one hundred forty-four thousand one hundred~~  
13 ~~sixty-two dollars from the interest earned on the principal of the trust fund~~  
14 ~~balance to the general fund to be used to increase the general fund~~  
15 ~~appropriation for safety net provider payments for private hospitals under~~  
16 ~~the Colorado indigent care program created in part 1 of article 3 of title~~  
17 ~~25.5, C.R.S.~~

18 (b) ~~If, on February 1, 2006, there is not sufficient interest earned~~  
19 ~~on the principal of the trust fund to make the transfer required by~~  
20 ~~paragraph (a) of this subsection (6), the state treasurer and controller shall~~  
21 ~~transfer the available interest as of February 1, 2006, and shall transfer the~~  
22 ~~remaining interest due as the interest accrues.~~

23 **SECTION 16.** In Colorado Revised Statutes, 24-102-206, **amend**  
24 (6) as follows:

25 **24-102-206. Contract performance outside the United States**  
26 **or Colorado - notice - penalty.** (6) ~~Nothing in this section shall be~~  
27 ~~construed to apply~~ APPLIES to any contract to which the state is a party

1 under medicare, the "Colorado Medical Assistance Act", articles 4 to 6 of  
2 title 25.5, ~~C.R.S.~~, OR the "Children's Basic Health Plan Act", article 8 of  
3 title 25.5. ~~C.R.S., or the "Colorado Indigent Care Program", part 1 of~~  
4 ~~article 3 of title 25.5, C.R.S.~~

5 **SECTION 17.** In Colorado Revised Statutes, 24-106-103, **amend**  
6 (2) as follows:

7 **24-106-103. Centralized contract management system -**  
8 **personal services contracts - legislative declaration - definitions.**

9 (2) This section ~~shall apply~~ APPLIES to any personal services contract to  
10 which the state is a party the value of which exceeds one hundred  
11 thousand dollars with the exception of any contract to which the state is  
12 a party under medicare, the "Colorado Medical Assistance Act", articles  
13 4 to 6 of title 25.5, OR the "Children's Basic Health Plan Act", article 8 of  
14 title 25.5. ~~or the "Colorado Indigent Care Program", part 1 of article 3 of~~  
15 ~~title 25.5.~~

16 **SECTION 18.** In Colorado Revised Statutes, 24-106-107, **amend**  
17 (5) as follows:

18 **24-106-107. Monitoring of vendor performance - definitions.**

19 (5) Notwithstanding ~~any other provision of this section~~ ~~nothing in~~ TO THE  
20 CONTRARY, this section ~~shall be construed to~~ DOES NOT apply to any  
21 contract to which the state is a party under medicare, the "Colorado  
22 Medical Assistance Act", articles 4 to 6 of title 25.5, OR the "Children's  
23 Basic Health Plan Act", article 8 of title 25.5. ~~or the "Colorado Indigent~~  
24 ~~Care Program", part 1 of article 3 of title 25.5.~~

25 **SECTION 19.** In Colorado Revised Statutes, 25-23-102, **repeal**  
26 (5)(c) as follows:

27 **25-23-102. Definitions.** As used in this article 23, unless the



1 context otherwise requires:

2 (5) "Underserved population" includes, but is not limited to:

3 (c) ~~Individuals eligible for medical services pursuant to the~~  
4 ~~Colorado indigent care program set forth in part 1 of article 3 of title 25.5,~~  
5 ~~C.R.S.;~~

6 **SECTION 20.** In Colorado Revised Statutes, 25-37-113, **amend**  
7 (1) introductory portion and (1)(d) as follows:

8 **25-37-113. Article inapplicable - when.** (1) ~~This article shall~~  
9 ~~ARTICLE 37 DOES~~ not apply to:

10 (d) A contract between a health-care provider and the state or  
11 federal government or their agencies for health-care services provided  
12 through a program for workers' compensation, medicaid, medicare, OR the  
13 children's basic health plan provided for in article 8 of title 25.5; ~~C.R.S.;~~  
14 ~~or the Colorado indigent care program created in part 1 of article 3 of title~~  
15 ~~25.5, C.R.S.;~~

16 **SECTION 21.** In Colorado Revised Statutes, 25.5-1-128, **amend**  
17 (1)(b) introductory portion and (2); and **repeal** (1)(b)(III) as follows:

18 **25.5-1-128. Provider payments - compliance with state fiscal**  
19 **requirements - rules - definitions.** (1) (b) The executive director may  
20 promulgate rules to exempt a provider who provides services through a  
21 program as described in ~~paragraph (a) of this subsection (1)~~ SUBSECTION  
22 (1)(a) OF THIS SECTION for any program the state department is authorized  
23 by law to administer, including, but not limited to:

24 (III) ~~The "Colorado Indigent Care Program", part 1 of article 3 of~~  
25 ~~this title;~~

26 (2) As used in this section, unless the context otherwise provides,  
27 "provider" means a health-care provider; a mental health-care provider;

1 a pharmacist; a home health agency; ~~a general provider as defined in~~  
2 ~~section 25.5-3-103 (3)~~ A GENERAL HOSPITAL, BIRTH CENTER, OR  
3 COMMUNITY CLINIC LICENSED OR CERTIFIED BY THE DEPARTMENT OF  
4 PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO SECTION 25-1.5-103  
5 (1)(a)(I) OR (1)(a)(II); A FEDERALLY QUALIFIED HEALTH CENTER, AS  
6 DEFINED IN THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC 1395x  
7 (aa)(4); A RURAL HEALTH CLINIC, AS DEFINED IN THE FEDERAL "SOCIAL  
8 SECURITY ACT", 42 U.S.C. SEC. 1395x (aa)(2); A HEALTH MAINTENANCE  
9 ORGANIZATION ISSUED A CERTIFICATE OF AUTHORITY PURSUANT TO  
10 SECTION 10-16-402; A school district as defined in section 25.5-5-318  
11 (1)(a); or any other entity that provides health care, health-care  
12 coordination, outreach, enrollment, or administrative support services to  
13 recipients through fee-for-service, the primary care physician program, a  
14 managed care entity, a behavioral health organization, a medical home,  
15 or any system of care that coordinates health care or services as defined  
16 and authorized through rules promulgated by the state board or by the  
17 executive director.

18 **SECTION 22.** In Colorado Revised Statutes, 25.5-1-201, **repeal**  
19 (1)(b) as follows:

20 **25.5-1-201. Programs to be administered by the department**  
21 **of health care policy and financing.** (1) The state department shall  
22 administer the following programs and perform the following functions:

23 (b) ~~The "Colorado Indigent Care Program", as specified in part 1~~  
24 ~~of article 3 of this title;~~

25 **SECTION 23.** In Colorado Revised Statutes, 25.5-1-303, **repeal**  
26 (1)(b) as follows:

27 **25.5-1-303. Powers and duties of the board - scope of authority**

1 - **rules.** (1) The board shall have the authority set forth in subsection (3)  
2 of this section over the following programs administered by the state  
3 department:

4 (b) ~~The "Colorado indigent care program", as specified in part 1~~  
5 ~~of article 3 of this title;~~

6 **SECTION 24.** In Colorado Revised Statutes, 25.5-3-501, **repeal**  
7 (4) as follows:

8 **25.5-3-501. Definitions.** As used in this part 5, unless the context  
9 otherwise requires:

10 (4) ~~"Non-CICP health-care services" means health-care services~~  
11 ~~provided in a health-care facility for which reimbursement under the~~  
12 ~~Colorado indigent care program, established in part 1 of this article 3, is~~  
13 ~~not available.~~

14 **SECTION 25.** In Colorado Revised Statutes, 25.5-3-502, **amend**  
15 (1)(a); and **repeal** (1)(b) as follows:

16 **25.5-3-502. Requirement to screen patients for eligibility for**  
17 **public health-care programs and discounted care - rules.**

18 (1) Beginning September 1, 2022, a health-care facility shall screen,  
19 unless a patient declines, each uninsured patient for eligibility for:

20 (a) Public health insurance programs including but not limited to  
21 medicare; the state medical assistance program, articles 4, 5, and 6 of this  
22 title 25.5; emergency medicaid; and the children's basic health plan,  
23 article 8 of this title 25.5; AND

24 (b) ~~Discounted care through the Colorado indigent care program,~~  
25 ~~established in part 1 of this article 3, if the patient receives a service~~  
26 ~~eligible for reimbursement through the program; and~~

27 **SECTION 26.** In Colorado Revised Statutes, 25.5-3-505, **amend**

1 (2)(i) and (3) as follows:

2 **25.5-3-505. Health-care facility reporting requirements -**  
3 **agency enforcement - report - rules.** (2) No later than April 1, 2022,  
4 the state board shall promulgate rules necessary for the administration and  
5 implementation of this part 5. At a minimum, the rules must:

6 (i) Create a ~~single~~ uniform application that a health-care facility  
7 ~~shall~~ MUST use when screening a patient for eligibility for ~~the Colorado~~  
8 ~~indigent care program and~~ discounted care, as described in section  
9 25.5-3-502; and

10 (3) In promulgating rules pursuant to this section, the state  
11 department shall

12 (a) ~~Align the processes of qualifying for and appealing denials of~~  
13 ~~eligibility for the Colorado indigent care program with discounted care,~~  
14 ~~as described in section 25.5-3-502; and~~

15 (b) consider potential limitations relating to the federal  
16 "Emergency Medical Treatment and Labor Act", 42 U.S.C. sec. 1395dd.

17 **SECTION 27.** In Colorado Revised Statutes, 25.5-4-402.8,  
18 **amend** (1)(d) as follows:

19 **25.5-4-402.8. Hospital transparency report - definitions.**

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

21 (d) "Major payer group" includes commercial insurers, medicare,  
22 medicaid, individuals who self-pay, AND a financial assistance plan. ~~and~~  
23 ~~the "Colorado Indigent Care Program", established in part 1 of article 3~~  
24 ~~of this title 25.5.~~

25 **SECTION 28.** In Colorado Revised Statutes, 25.5-4-417, **amend**  
26 (5) as follows:

27 **25.5-4-417. Provider fee - medicaid providers - state plan**

1 **amendment - rules - definitions.** (5) To the extent authorized by federal  
2 law, the state department shall distribute the provider fee and any  
3 associated federal financial participation either to a local government that  
4 has certified payment to qualified providers within the local government  
5 or directly to the qualified providers. The state department shall establish  
6 reimbursement methods to distribute the provider fee and associated  
7 federal financial participation to qualified providers. The state department  
8 may alter reimbursement methods to qualified providers participating  
9 under the state's medical assistance program ~~and Colorado indigent care~~  
10 ~~program~~ to the extent necessary to meet the federal requirements and to  
11 obtain federal approval of the provider fee. The state department shall  
12 work with a statewide association of hospitals on changes to  
13 reimbursement methods or provider fees that impact hospital providers.  
14 The state department shall work with a statewide association of home  
15 health-care agencies on changes to reimbursement methods or provider  
16 fees that impact home health-care agencies.

17 **SECTION 29.** In Colorado Revised Statutes, 25.5-8-102, **amend**  
18 (2) as follows:

19 **25.5-8-102. Legislative declaration.** (2) The general assembly  
20 further finds and declares that the coordination and consolidation of  
21 funding sources currently available to provide services to uninsured  
22 children such as ~~the Colorado indigent care program pursuant to part 1 of~~  
23 ~~article 3 of this title,~~ the children's basic health plan and other children's  
24 health programs would efficiently and effectively meet the health-care  
25 needs of uninsured children and would help to reduce the volume of  
26 uncompensated care in the state.

27 **SECTION 30.** In Colorado Revised Statutes, 26-1-105.5, **amend**

1 (1)(b) as follows:

2 **26-1-105.5. Transfer of functions - employees - property -**  
3 **records.** (1) (b) ~~On and after July 1, 2006, the provisions of~~ This section  
4 ~~shall~~ DOES not apply to the functions, employees, and property transferred  
5 ~~under the provisions of~~ PURSUANT TO sections 24-1-119.5 ~~C.R.S.~~, and  
6 25.5-1-105 ~~C.R.S.~~, concerning the "Colorado Medical Assistance Act"  
7 ~~the Colorado indigent care program,~~ and the treatment program for  
8 high-risk pregnant women.

9 **SECTION 31.** In Colorado Revised Statutes, 26-2-103, **amend**  
10 (11)(b) as follows:

11 **26-2-103. Definitions.** As used in this article 2 and article 1 of  
12 this title 26, unless the context otherwise requires:

13 (11) (b) "Social services" does not include medicaid services  
14 unless those services are delegated to the state department. "Social  
15 services" does not include medical services covered by the old age  
16 pension health and medical care program OR the children's basic health  
17 plan. ~~or the Colorado indigent care program.~~ "Social services" does not  
18 include child care assistance provided through the Colorado child care  
19 assistance program pursuant to part 1 of article 4 of title 26.5.

20 **SECTION 32.** In Colorado Revised Statutes, 29-28-103, **amend**  
21 (1)(a) as follows:

22 **29-28-103. Powers of governing body - medicaid provider fee**  
23 **authorization.** (1) (a) The governing body of a local government may  
24 impose a provider fee on health services provided by qualified providers  
25 for the purpose of obtaining federal financial participation under the  
26 state's medical assistance program, articles 4 to 6 of title 25.5. ~~C.R.S., and~~  
27 ~~the Colorado indigent care program, article 3 of title 25.5, C.R.S.~~ The

1 provider fee ~~shall~~ MUST be used only to sustain or increase  
2 reimbursements for providing medical care under the state's medical  
3 assistance program and to low-income populations.

4           **SECTION 33. Act subject to petition - effective date.** This act  
5 takes effect July 1, 2025; except that, if a referendum petition is filed  
6 pursuant to section 1 (3) of article V of the state constitution against this  
7 act or an item, section, or part of this act within the ninety-day period  
8 after final adjournment of the general assembly, then the act, item,  
9 section, or part will not take effect unless approved by the people at the  
10 general election to be held in November 2024 and, in such case, will take  
11 effect July 1, 2025, or on the date of the official declaration of the vote  
12 thereon by the governor, whichever is later.