

## CHAPTER 76

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**HEALTH CARE POLICY AND FINANCING**


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## HOUSE BILL 24-1399

BY REPRESENTATIVE(S) Sirota and Taggart, Bird, Amabile, Bacon, Clifford, Duran, English, Epps, Froelich, Garcia, Hamrick, Hernandez, Herod, Joseph, Lieder, Lindstedt, Martinez, Snyder, Soper, Titone, McCluskie;  
also SENATOR(S) Bridges and Kirkmeyer, Zenzinger, Cutter, Hinrichsen, Michaelson Jenet, Priola.

## AN ACT

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

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

**SECTION 1.** In Colorado Revised Statutes, **add** 25.5-3-113 as follows:

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 Repeal of part.** THIS PART 1 IS REPEALED, EFFECTIVE JULY 1, 2025.

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

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

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

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

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

**25.5-3-302. Annual allocation - primary care services - qualified provider - rules.** (2) (a) A qualified provider shall annually submit to the state department information sufficient to establish the provider's eligibility status AS SPECIFIED IN

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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.*

RULE BY THE STATE BOARD. A qualified provider ~~except for a provider specified in paragraph (a) of subsection (1) of this section,~~ shall ~~provide~~ SUBMIT an annual ~~report~~ APPLICATION FOR MONEY that includes the total number of patients served, the number of uninsured or medically indigent patients served WHO HAVE AN ANNUAL HOUSEHOLD INCOME AT OR BELOW TWO HUNDRED PERCENT OF THE FEDERAL POVERTY GUIDELINE, and the number of patients served who are enrolled in the medical assistance program, articles 4, 5, and 6 of this ~~title~~ TITLE 25.5, or the children's basic health plan, article 8 of this ~~title~~. ~~A community health center specified in paragraph (a) of subsection (1) of this section shall annually provide to the state department the number of uninsured or medically indigent patients served~~ TITLE 25.5.

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

(c) The data regarding the number of patients served ~~shall~~ MUST be verified by an outside entity. For purposes of this part 3, the number of patients served is the number of unduplicated users of health-care services and is not the number of visits by a patient.

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

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

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

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

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

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

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

(b) THE ALLOCATION OF MONEY TO QUALIFIED PROVIDERS;

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

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

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

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

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

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

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

(d) ONE MEMBER WHO IS A REPRESENTATIVE OF A HOSPITAL IN A RURAL AREA;

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

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

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

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

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

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

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

(b) MEMBERS OF THE ADVISORY COMMITTEE SERVE WITHOUT COMPENSATION OR REIMBURSEMENT OF EXPENSES.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(5) **Healthcare affordability and sustainability fee cash fund.** (b) All money in the fund is subject to federal matching as authorized under federal law and, subject to annual appropriation by the general assembly, shall be expended by the enterprise for the following purposes:

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

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

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

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

**6-20-102. Limits on facility fees - rules - definitions.** (1) **Definitions.** As used in this section, unless the context otherwise requires:

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

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

**6-20-203. Limitations on collection actions - definition.** (4) Beginning September 1, 2022, if a medical creditor collecting on a debt for hospital services bills or initiates collection activities and it is later determined that the patient should have been screened pursuant to section 25.5-3-503 and is determined to be a qualified patient, as defined in section 25.5-3-501 (5), or it is determined that the patient's bill is eligible for reimbursement through a public health-care coverage program, ~~or the Colorado indigent care program~~, the medical creditor shall:

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

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

(c) If it is determined that the patient should have been screened pursuant to section 25.5-3-502 and is eligible for discounted care pursuant to section 25.5-3-503 or that the bill underlying the medical debt is eligible for reimbursement through a public health-care coverage program ~~or the Colorado indigent care program~~ and the debt is not returned to or recalled by the medical debt seller, the medical debt buyer shall adhere to procedures that must be specified in the agreement that ensures the patient will not pay, and has no obligation to pay, the medical debt buyer and the medical creditor together more than the patient is personally responsible for paying.

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

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

**STATEMENT OF UNDERSTANDING**

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

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

I understand that I may exhaust my total annual maximum benefit amount while I am or a covered dependent is undergoing treatment for an illness or injury and that I will be responsible for paying the costs of treatment provided after I have exhausted my benefits under the limited health benefit plan.

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

Signature of Enrollee:     Date

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

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

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

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

(f) ~~Subject to the provisions of section 25.5-3-102 (2), C.R.S., the authority to be created pursuant to this part 5 to operate the university of Colorado university hospital by receiving its assets and operating obligations shall continue to subsidize the costs of delivering medically indigent care in excess of the state reimbursement for the medically indigent.~~ Consistent with the university of Colorado university

hospital's past policy and performance, the authority will make every reasonable effort to continue the hospital's historic commitment to the provision of uncompensated care and shall allocate and invest its resources with a view to maximizing the hospital's long-term ability to provide uncompensated care.

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

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

**SECTION 14.** In Colorado Revised Statutes, 24-1-119.5, **repeal** (4) as follows:

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

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

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

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

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

**24-102-206. Contract performance outside the United States or Colorado - notice - penalty.** (6) ~~Nothing in this section shall be construed to apply~~ APPLIES to any contract to which the state is a party under medicare, the "Colorado Medical Assistance Act", articles 4 to 6 of title 25.5, C.R.S.; OR the "Children's Basic Health



Plan Act", article 8 of title 25.5, C.R.S., or the "Colorado Indigent Care Program", part 1 of article 3 of title 25.5, C.R.S.

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

**24-106-103. Centralized contract management system - personal services contracts - legislative declaration - definitions.** (2) This section ~~shall apply~~ APPLIES to any personal services contract to which the state is a party the value of which exceeds one hundred thousand dollars with the exception of any contract to which the state is a party under medicare, the "Colorado Medical Assistance Act", articles 4 to 6 of title 25.5, OR the "Children's Basic Health Plan Act", article 8 of title 25.5. ~~or the "Colorado Indigent Care Program", part 1 of article 3 of title 25.5.~~

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

**24-106-107. Monitoring of vendor performance - definitions.** (5) Notwithstanding ~~any other provision of this section~~ ~~nothing in~~ TO THE CONTRARY, this section ~~shall be construed to~~ DOES NOT apply to any contract to which the state is a party under medicare, the "Colorado Medical Assistance Act", articles 4 to 6 of title 25.5, OR the "Children's Basic Health Plan Act", article 8 of title 25.5. ~~or the "Colorado Indigent Care Program", part 1 of article 3 of title 25.5.~~

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

**25-23-102. Definitions.** As used in this article 23, unless the context otherwise requires:

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

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

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

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

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

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

**25.5-1-128. Provider payments - compliance with state fiscal requirements - rules - definitions.** (1) (b) The executive director may promulgate rules to exempt a provider who provides services through a program as described in ~~paragraph (a)~~

~~of this subsection~~ (1) SUBSECTION (1)(a) OF THIS SECTION for any program the state department is authorized by law to administer, including, but not limited to:

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

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

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

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

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

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

**25.5-1-303. Powers and duties of the board - scope of authority - rules.** (1) The board shall have the authority set forth in subsection (3) of this section over the following programs administered by the state department:

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

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

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

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

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

**25.5-3-502. Requirement to screen patients for eligibility for public health-care programs and discounted care - rules.** (1) Beginning September 1, 2022, a health-care facility shall screen, unless a patient declines, each uninsured patient for eligibility for:

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

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

**SECTION 26.** In Colorado Revised Statutes, 25.5-3-505, **amend** (2)(i) and (3) as follows:

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

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

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

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

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

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

**25.5-4-402.8. Hospital transparency report - definitions.** (1) As used in this section, unless the context otherwise requires:

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

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

**25.5-4-417. Provider fee - medicaid providers - state plan amendment - rules - definitions.** (5) To the extent authorized by federal law, the state department shall

distribute the provider fee and any associated federal financial participation either to a local government that has certified payment to qualified providers within the local government or directly to the qualified providers. The state department shall establish reimbursement methods to distribute the provider fee and associated federal financial participation to qualified providers. The state department may alter reimbursement methods to qualified providers participating under the state's medical assistance program ~~and Colorado indigent care program~~ to the extent necessary to meet the federal requirements and to obtain federal approval of the provider fee. The state department shall work with a statewide association of hospitals on changes to reimbursement methods or provider fees that impact hospital providers. The state department shall work with a statewide association of home health-care agencies on changes to reimbursement methods or provider fees that impact home health-care agencies.

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

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

**SECTION 30.** In Colorado Revised Statutes, 26-1-105.5, **amend** (1)(b) as follows:

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

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

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

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

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

**29-28-103. Powers of governing body - medicaid provider fee authorization.**

(1) (a) The governing body of a local government may impose a provider fee on health services provided by qualified providers for the purpose of obtaining federal financial participation under the state's medical assistance program, articles 4 to 6 of title 25.5, C.R.S., ~~and the Colorado indigent care program, article 3 of title 25.5, C.R.S.~~ The provider fee ~~shall~~ **MUST** be used only to sustain or increase reimbursements for providing medical care under the state's medical assistance program and to low-income populations.

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

Approved: April 18, 2024