

First Regular Session
Seventy-fifth General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 25-0284.01 Kristen Forrestal x4217

SENATE BILL 25-045

SENATE SPONSORSHIP

Jaquez Lewis and Marchman,

HOUSE SPONSORSHIP

McCormick and Boesenecker,

Senate Committees
Health & Human Services

House Committees

A BILL FOR AN ACT

101 CONCERNING THE ANALYSIS OF A STATEWIDE UNIVERSAL
102 HEALTH-CARE PAYMENT SYSTEM.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill 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 (analysis). The Colorado school of public health must submit a report detailing its findings to the general assembly by December 31, 2026.

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.

The bill also creates the statewide health-care analysis collaborative (analysis collaborative) consisting of 20 members invited by the executive director of the department of health care policy and financing; 4 members of the general assembly appointed by the president of the senate, the minority leader of the senate, the speaker of the house of representatives, and the minority leader of the house of representatives; and the commissioner of insurance and the chief executive officer of the Colorado health benefit exchange or any designees of the commissioner and the chief executive officer. The analysis collaborative is created for the purpose of advising the Colorado school of public health during the analysis.

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 REPORT OF THE HEALTH CARE
11 COST ANALYSIS TASK FORCE, CREATED IN SECTION 25.5-11-103 BEFORE ITS
12 REPEAL, ISSUED ON SEPTEMBER 1, 2021, BOTH CLEARLY SHOWED THAT A
13 SINGLE, 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
17 QUESTIONS REGARDING UNIVERSAL HEALTH CARE; AND

18 (c) AN ANALYSIS OF DRAFT MODEL LEGISLATION FOR A UNIVERSAL
19 HEALTH-CARE SYSTEM IS IMPORTANT IN ORDER TO DETERMINE WHETHER

1 SUCH A SYSTEM WOULD ACHIEVE THE GOALS OF BETTER, MORE
2 AFFORDABLE, AND FAIRER HEALTH CARE FOR ALL COLORADANS.

3 (2) **Definitions.** AS USED IN THIS SECTION:

4 (a) "FEDERAL ACT" MEANS THE FEDERAL "PATIENT PROTECTION
5 AND AFFORDABLE CARE ACT", PUB.L. 111-148, AS AMENDED BY THE
6 FEDERAL "HEALTH CARE AND EDUCATION RECONCILIATION ACT OF
7 2010", PUB.L. 111-152.

8 (b) (I) "HEALTH-CARE PROVIDER" OR "PROVIDER" MEANS A
9 PERSON THAT IS LICENSED, CERTIFIED, REGISTERED, OR OTHERWISE
10 PERMITTED BY STATE LAW TO ADMINISTER HEALTH CARE IN THE ORDINARY
11 COURSE OF BUSINESS OR IN THE PRACTICE OF A PROFESSION.

12 (II) "HEALTH-CARE PROVIDER" OR "PROVIDER" INCLUDES A
13 PROFESSIONAL SERVICE CORPORATION, LIMITED LIABILITY COMPANY, OR
14 REGISTERED LIMITED LIABILITY PARTNERSHIP ORGANIZED PURSUANT TO
15 STATE LAW FOR THE PRACTICE OF A HEALTH-CARE PROFESSION.

16 (c) "MEDICAID" MEANS THE MEDICAL ASSISTANCE PROGRAMS
17 ESTABLISHED PURSUANT TO THE "COLORADO MEDICAL ASSISTANCE ACT",
18 ARTICLES 4 TO 6 OF TITLE 25.5.

19 (d) "MEDICARE" MEANS FEDERAL INSURANCE OR ASSISTANCE
20 PROVIDED BY THE "HEALTH INSURANCE FOR THE AGED ACT", TITLE XVIII
21 OF THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395 ET SEQ.

22 (e) (I) "REPRODUCTIVE HEALTH CARE" MEANS HEALTH CARE AND
23 OTHER MEDICAL SERVICES RELATED TO THE REPRODUCTIVE PROCESSES,
24 FUNCTIONS, AND SYSTEMS AT ALL STAGES OF LIFE.

25 (II) "REPRODUCTIVE HEALTH CARE" INCLUDES FAMILY PLANNING
26 AND CONTRACEPTIVE CARE; ABORTION CARE; PRENATAL, POSTNATAL, AND
27 DELIVERY CARE; FERTILITY CARE; STERILIZATION SERVICES; AND

1 PREVENTION OF AND TREATMENTS FOR SEXUALLY TRANSMITTED
2 INFECTIONS AND REPRODUCTIVE CANCERS.

3 (f) (I) "RESIDENT" MEANS AN INDIVIDUAL WHO IS LIVING, OTHER
4 THAN TEMPORARILY, WITHIN THE STATE AND WHO INTENDS TO ESTABLISH
5 COLORADO AS THE INDIVIDUAL'S PRIMARY STATE OF RESIDENCE.

6 (II) "RESIDENT" INCLUDES COLORADO RESIDENTS WHO ARE
7 TEMPORARILY LIVING IN ANOTHER STATE OR WHO ARE TRAVELING OUT OF
8 STATE.

9 (g) "UNIVERSAL HEALTH-CARE SYSTEM" MEANS A SINGLE-PAYER,
10 NONPROFIT HEALTH-CARE PAYMENT SYSTEM THAT IS PUBLICLY FINANCED
11 AND PRIVATELY DELIVERED, UNDER WHICH EVERY RESIDENT OF THE STATE
12 HAS ACCESS TO ADEQUATE AND AFFORDABLE HEALTH CARE.

13 (3) (a) (I) NO LATER THAN JULY 1, 2025, THE COLORADO SCHOOL
14 OF PUBLIC HEALTH SHALL RESEARCH AND SELECT DRAFT MODEL
15 LEGISLATION THAT PROPOSES A UNIVERSAL HEALTH-CARE SYSTEM FOR
16 COLORADO THAT DIRECTLY COMPENSATES PROVIDERS.

17 (II) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL MAKE THE
18 DRAFT MODEL LEGISLATION IT SELECTS PUBLICLY AVAILABLE ON ITS
19 WEBSITE SO THAT INTERESTED PARTIES MAY EVALUATE AND REVIEW THE
20 DRAFT MODEL LEGISLATION.

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

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

26 (II) PROVIDES LONG-TERM CARE AND SUPPORT SERVICES TO ALL
27 RESIDENTS AT LEAST AT THE LEVEL OF COVERAGE AVAILABLE TO THOSE

1 RESIDENTS WHO ARE ELIGIBLE TO RECEIVE MEDICAL ASSISTANCE, AS
2 DEFINED IN SECTION 25.5-4-103 (13);

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

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

7 (V) PROVIDES COMPREHENSIVE HEALTH-CARE BENEFITS TO ALL
8 COLORADO RESIDENTS;

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

11 (VII) PROHIBITS DEDUCTIBLES AND COPAYMENTS;

12 (VIII) ENSURES FAIR DRUG AND HOSPITAL PRICES, AS WELL AS FAIR
13 PAYMENT TO PROVIDERS;

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

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

20 (4) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL ANALYZE
21 THE DRAFT MODEL LEGISLATION SELECTED PURSUANT TO SUBSECTION (3)
22 OF THIS SECTION. THE ANALYSIS MAY:

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

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

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

5 (d) CONSIDER WHETHER THE BENEFITS OUTLINED IN THE DRAFT
6 MODEL LEGISLATION ARE THE SAME AS THE BENEFITS REQUIRED BY THE
7 FEDERAL ACT AND BY STATE LAW;

8 (e) IDENTIFY HEALTH-CARE EXPENDITURES BY PAYER;

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

10 (g) DESCRIBE INCENTIVES AND FINANCIAL IMPLICATIONS FOR
11 HOSPITALS FROM A GLOBAL-BUDGETING-BASED REIMBURSEMENT SYSTEM
12 COMPARED TO A FEE-FOR-SERVICE-BASED REIMBURSEMENT SYSTEM;

13 (h) DESCRIBE HOW A UNIVERSAL HEALTH-CARE SYSTEM PROVIDES
14 THE FOLLOWING:

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

16 (II) SERVICES COVERED UNDER MEDICARE;

17 (III) MEDICAID SERVICES AND BENEFITS THAT MEET OR EXCEED
18 CURRENT SERVICES AND BENEFITS WITH PROVIDER REIMBURSEMENT RATES
19 THAT ARE EQUIVALENT TO OR HIGHER THAN CURRENT MEDICAID
20 REIMBURSEMENT RATES;

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

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

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

27 (VII) ACCESS TO PRIMARY AND SPECIALTY HEALTH-CARE

1 SERVICES IN RURAL COLORADO AND OTHER UNDERSERVED AREAS OR
2 POPULATIONS; AND

3 (VIII) BEHAVIORAL HEALTH, MENTAL HEALTH, AND SUBSTANCE
4 USE DISORDER SERVICES;

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

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

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

13 (l) ESTIMATE THE IMPACT OF IMPLEMENTING A UNIVERSAL
14 HEALTH-CARE SYSTEM ON HEALTH-CARE FACILITIES, PRIVATE HEALTH
15 INSURANCE COMPANIES, AND THE COLORADO OPTION HEALTH INSURANCE
16 PLAN;

17 (m) ESTIMATE THE IMPACT OF IMPLEMENTING A UNIVERSAL
18 HEALTH-CARE SYSTEM ON HEALTH PLANS THAT ARE REGULATED BY THE
19 FEDERAL "EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974", 29
20 U.S.C. SEC. 1001 ET SEQ., INCLUDING MULTIEMPLOYER TAFT-HARTLEY
21 HEALTH-CARE TRUST FUNDS;

22 (n) EVALUATE THE FEASIBILITY OF IMPLEMENTING A UNIVERSAL
23 HEALTH-CARE SYSTEM BY EXPANDING OR MODIFYING THE COLORADO
24 OPTION HEALTH INSURANCE PLAN;

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

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

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

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

8 (6) ON OR BEFORE DECEMBER 31, 2026, THE COLORADO SCHOOL
9 OF PUBLIC HEALTH SHALL SUBMIT A REPORT DETAILING ITS FINDINGS FROM
10 THE ANALYSIS COMPLETED PURSUANT TO SUBSECTION (4) OF THIS SECTION
11 TO THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN SERVICES
12 COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE,
13 OR THEIR SUCCESSOR COMMITTEES.

14 (7) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL SUBMIT AN
15 APPLICATION TO THE ALL-PAYER HEALTH CLAIMS DATABASE SCHOLARSHIP
16 GRANT PROGRAM, ESTABLISHED IN SECTION 25.5-1-204.5, TO ACQUIRE
17 FUNDING TO COVER ANY DATA OR SOFTWARE COSTS THAT MAY BE
18 INCURRED BY THE COLORADO SCHOOL OF PUBLIC HEALTH IN CONDUCTING
19 THE ANALYSIS REQUIRED PURSUANT TO SUBSECTION (4) OF THIS SECTION.

20 (8) (a) THE COLORADO SCHOOL OF PUBLIC HEALTH MAY SEEK,
21 ACCEPT, AND EXPEND GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR
22 PUBLIC SOURCES FOR THE PURPOSE OF CONDUCTING THE REQUIRED
23 RESEARCH AND ANALYSIS.

24 (b) UNLESS THE COLORADO SCHOOL OF PUBLIC HEALTH RECEIVES
25 AN AMOUNT OF APPROPRIATIONS, GIFTS, GRANTS, AND DONATIONS OR
26 MONEY FROM THE GRANT PROGRAM PURSUANT TO SUBSECTION (7) OF THIS
27 SECTION SUFFICIENT TO COVER THE COSTS OF THE RESEARCH AND

1 ANALYSIS, THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL NOT
2 IMPLEMENT THIS SECTION.

3 (9) THIS SECTION IS REPEALED, EFFECTIVE DECEMBER 1, 2027.

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

6 **25.5-1-135. Statewide health-care analysis collaborative -**
7 **creation - membership - duties - repeal.** (1) (a) THERE IS CREATED IN
8 THE STATE DEPARTMENT THE STATEWIDE HEALTH-CARE ANALYSIS
9 COLLABORATIVE, REFERRED TO IN THIS SECTION AS THE "ANALYSIS
10 COLLABORATIVE", FOR THE PURPOSE OF ADVISING THE COLORADO SCHOOL
11 OF PUBLIC HEALTH IN COMPLETING THE ANALYSIS REQUIRED BY SECTION
12 23-20-146.

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

16 (2) ON OR BEFORE AUGUST 1, 2025, THE PRESIDENT OF THE
17 SENATE, THE MINORITY LEADER OF THE SENATE, THE SPEAKER OF THE
18 HOUSE OF REPRESENTATIVES, AND THE MINORITY LEADER OF THE HOUSE
19 OF REPRESENTATIVES SHALL EACH APPOINT ONE MEMBER OF THE GENERAL
20 ASSEMBLY TO THE ANALYSIS COLLABORATIVE.

21 (3) (a) ON OR BEFORE AUGUST 1, 2025, THE EXECUTIVE DIRECTOR
22 SHALL INVITE THE FOLLOWING REPRESENTATIVES TO PARTICIPATE IN THE
23 ANALYSIS COLLABORATIVE:

24 (I) ONE MEMBER WHO REPRESENTS A STATEWIDE HOSPITAL
25 ASSOCIATION;

26 (II) ONE MEMBER WHO REPRESENTS ORGANIZED LABOR;

27 (III) ONE MEMBER WHO REPRESENTS AN ORGANIZATION THAT

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

1 (XVII) ONE MEMBER WHO REPRESENTS LARGE EMPLOYER
2 INTERESTS;

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

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

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

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

17 (I) HAVE DEMONSTRATED AN ABILITY TO REPRESENT THE
18 INTERESTS OF ALL COLORADANS AND, REGARDLESS OF THE INVITEES'
19 BACKGROUNDS OR AFFILIATIONS, ARE ABLE TO PRESENT OBJECTIVE,
20 NONPARTISAN, FACTUAL, AND EVIDENCE-BASED IDEAS AND TO
21 OBJECTIVELY ADVISE THE COLORADO SCHOOL OF PUBLIC HEALTH
22 CONCERNING A SINGLE-PAYER, NONPROFIT, UNIVERSAL HEALTH-CARE
23 SYSTEM, AS DEFINED IN SECTION 23-20-146 (2); AND

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

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 COMMISSIONER OF INSURANCE AND THE CHIEF EXECUTIVE
4 OFFICER OF THE COLORADO HEALTH BENEFIT EXCHANGE CREATED IN
5 ARTICLE 22 OF TITLE 10, OR THE DESIGNEE OF THE COMMISSIONER OR THE
6 CHIEF EXECUTIVE OFFICER, SHALL SERVE ON THE ANALYSIS
7 COLLABORATIVE.

8 (5) (a) THE CHIEF EXECUTIVE OFFICER OF THE COLORADO HEALTH
9 BENEFIT EXCHANGE SHALL CALL THE FIRST MEETING OF THE ANALYSIS
10 COLLABORATIVE.

11 (b) THE ANALYSIS COLLABORATIVE SHALL MEET AT LEAST TWO
12 TIMES BEFORE OCTOBER 1, 2026, AND THE CHIEF EXECUTIVE OFFICER OF
13 THE COLORADO HEALTH BENEFIT EXCHANGE MAY CONVENE ADDITIONAL
14 MEETINGS OF THE ANALYSIS COLLABORATIVE AS DETERMINED BY
15 CONSULTING WITH THE MEMBERS OF THE ANALYSIS COLLABORATIVE AND
16 THE COLORADO SCHOOL OF PUBLIC HEALTH.

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

22 (d) ALL MEETINGS OF THE ANALYSIS COLLABORATIVE MUST BE
23 HELD VIRTUALLY AND ALLOW FOR ATTENDANCE AND PARTICIPATION BY
24 MEMBERS OF THE ANALYSIS COLLABORATIVE AND MEMBERS OF THE
25 PUBLIC VIRTUALLY.

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

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

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

14 (8) (a) THE STATE DEPARTMENT MAY SEEK, ACCEPT, AND EXPEND
15 GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR PUBLIC SOURCES FOR
16 THE PURPOSE OF ESTABLISHING THE ANALYSIS COLLABORATIVE.

17 (b) UNLESS THE STATE DEPARTMENT RECEIVES AN AMOUNT OF
18 APPROPRIATIONS, GIFTS, GRANTS, AND DONATIONS SUFFICIENT TO COVER
19 THE COSTS OF ESTABLISHING THE ANALYSIS COLLABORATIVE, THE STATE
20 DEPARTMENT SHALL NOT IMPLEMENT THIS SECTION.

21 (9) THIS SECTION IS REPEALED, EFFECTIVE DECEMBER 1, 2027.

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

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

1 (o) (I) THE COLORADO SCHOOL OF PUBLIC HEALTH'S ANALYSIS OF
2 MODEL LEGISLATION RELATED TO A STATEWIDE UNIVERSAL HEALTH-CARE
3 SYSTEM CONDUCTED PURSUANT TO SECTION 23-20-146.

4 (II) THIS SUBSECTION (1)(o) IS REPEALED, EFFECTIVE DECEMBER
5 1, 2027.

6 **SECTION 4. Safety clause.** The general assembly finds,
7 determines, and declares that this act is necessary for the immediate
8 preservation of the public peace, health, or safety or for appropriations for
9 the support and maintenance of the departments of the state and state
10 institutions.