

**First Regular Session  
Seventy-fifth General Assembly  
STATE OF COLORADO**

**ENGROSSED**

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

LLS NO. 25-0284.01 Kristen Forrestal x4217

**SENATE BILL 25-045**

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**SENATE SPONSORSHIP**

**Marchman,**

**HOUSE SPONSORSHIP**

**McCormick and Boesenecker,**

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**Senate Committees**

Health & Human Services  
Appropriations

**House Committees**

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**A BILL FOR AN ACT**

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

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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>.)*

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.*

SENATE  
Amended 2nd Reading  
February 19, 2025

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.

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

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

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

7 THE GENERAL ASSEMBLY FINDS AND DECLARES THAT:

8 (a) THE FINAL REPORT OF THE BLUE RIBBON COMMISSION FOR  
9 HEALTH CARE REFORM, CREATED IN SECTION 10-16-131 BEFORE ITS  
10 REPEAL, ISSUED IN JANUARY 2008 AND THE 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) (a) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL SUBMIT  
15 AN APPLICATION TO THE ALL-PAYER HEALTH CLAIMS DATABASE  
16 SCHOLARSHIP GRANT PROGRAM, ESTABLISHED IN SECTION 25.5-1-204.5,  
17 TO ACQUIRE FUNDING TO COVER ANY DATA OR SOFTWARE COSTS THAT  
18 MAY BE INCURRED BY THE COLORADO SCHOOL OF PUBLIC HEALTH IN  
19 CONDUCTING THE ANALYSIS REQUIRED PURSUANT TO SUBSECTION (4) OF  
20 THIS SECTION.

21 (b) THE COLORADO SCHOOL OF PUBLIC HEALTH MAY SEEK,  
22 ACCEPT, AND EXPEND GIFTS, GRANTS, AND DONATIONS FROM PRIVATE AND  
23 PUBLIC SOURCES TO ACCESS THE ALL-PAYER CLAIMS DATABASE.

24 (8) (a) THE COLORADO SCHOOL OF PUBLIC HEALTH MAY SEEK,  
25 ACCEPT, AND EXPEND GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR  
26 PUBLIC SOURCES FOR THE PURPOSE OF CONDUCTING THE REQUIRED  
27 RESEARCH AND ANALYSIS.

1 (b) UNLESS THE COLORADO SCHOOL OF PUBLIC HEALTH RECEIVES  
2 AN AMOUNT OF APPROPRIATIONS, GIFTS, GRANTS, AND DONATIONS OR  
3 MONEY FROM THE GRANT PROGRAM PURSUANT TO SUBSECTION (7) OF THIS  
4 SECTION SUFFICIENT TO COVER THE COSTS OF THE RESEARCH AND  
5 ANALYSIS, AND THE DEPARTMENT OF HEALTH CARE POLICY AND  
6 FINANCING RECEIVES ENOUGH MONEY IN GIFTS, GRANTS, AND DONATIONS  
7 TO IMPLEMENT THE STATEWIDE HEALTH-CARE ANALYSIS COLLABORATIVE  
8 PURSUANT TO SECTION 25.5-1-135, THE COLORADO SCHOOL OF PUBLIC  
9 HEALTH SHALL NOT IMPLEMENT THIS SECTION.

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

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

13 **25.5-1-135. Statewide health-care analysis collaborative -**  
14 **creation - membership - duties - repeal.** (1) (a) THERE IS CREATED IN  
15 THE STATE DEPARTMENT THE STATEWIDE HEALTH-CARE ANALYSIS  
16 COLLABORATIVE, REFERRED TO IN THIS SECTION AS THE "ANALYSIS  
17 COLLABORATIVE", FOR THE PURPOSE OF ADVISING THE COLORADO SCHOOL  
18 OF PUBLIC HEALTH IN COMPLETING THE ANALYSIS REQUIRED BY SECTION  
19 23-20-146.

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

23

24 (2) (a) ON OR BEFORE AUGUST 1, 2025, THE EXECUTIVE DIRECTOR  
25 SHALL INVITE THE FOLLOWING REPRESENTATIVES TO PARTICIPATE IN THE  
26 ANALYSIS COLLABORATIVE:

27 (I) ONE MEMBER WHO REPRESENTS A STATEWIDE HOSPITAL

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

1 OF PHARMACISTS;

2 (XVI) ONE MEMBER WHO REPRESENTS SMALL EMPLOYER  
3 INTERESTS;

4 (XVII) ONE MEMBER WHO REPRESENTS LARGE EMPLOYER  
5 INTERESTS;

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

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

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

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

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

27 (II) REFLECT THE SOCIAL, DEMOGRAPHIC, AND GEOGRAPHIC

1 DIVERSITY OF THE STATE, INCLUDING HISTORICALLY MARGINALIZED  
2 COMMUNITIES.

3 (c) IF A VACANCY OCCURS ON THE ANALYSIS COLLABORATIVE, THE  
4 EXECUTIVE DIRECTOR MAY INVITE A NEW REPRESENTATIVE TO FILL THE  
5 VACANCY.

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

11 (4) (a) THE CHIEF EXECUTIVE OFFICER OF THE COLORADO HEALTH  
12 BENEFIT EXCHANGE SHALL CALL THE FIRST MEETING OF THE ANALYSIS  
13 COLLABORATIVE.

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

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

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

1 PUBLIC VIRTUALLY.

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

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

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

17 (7) (a) THE STATE DEPARTMENT MAY SEEK, ACCEPT, AND EXPEND  
18 GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR PUBLIC SOURCES FOR  
19 THE PURPOSE OF ESTABLISHING THE ANALYSIS COLLABORATIVE.

20 (b) UNLESS THE STATE DEPARTMENT RECEIVES AN AMOUNT OF  
21 APPROPRIATIONS, GIFTS, GRANTS, AND DONATIONS SUFFICIENT TO COVER  
22 THE COSTS OF ESTABLISHING THE ANALYSIS COLLABORATIVE, AND THE  
23 COLORADO SCHOOL OF PUBLIC HEALTH RECEIVES ENOUGH MONEY  
24 PURSUANT TO SECTION 23-20-146 (8) TO IMPLEMENT THE COSTS OF  
25 RESEARCH AND ANALYSIS TO IMPLEMENT SECTION 23-20-146, THE STATE  
26 DEPARTMENT SHALL NOT IMPLEMENT THIS SECTION.

27 (8) THIS SECTION IS REPEALED, EFFECTIVE DECEMBER 1, 2027.

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

3           **23-18-308. Fee-for-service contracts - grants to local district**  
4 **colleges - limited purpose - repeal.** (1) Subject to available  
5 appropriations, the department shall enter into fee-for-service contracts  
6 for the following purposes:

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

10           (II) THIS SUBSECTION (1)(o) IS REPEALED, EFFECTIVE DECEMBER  
11 1, 2027.

12           **SECTION 4. Safety clause.** The general assembly finds,  
13 determines, and declares that this act is necessary for the immediate  
14 preservation of the public peace, health, or safety or for appropriations for  
15 the support and maintenance of the departments of the state and state  
16 institutions.