

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

**REENGROSSED**

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

LLS NO. 25-1037.01 Rebecca Bayetti x4348

**SENATE BILL 25-270**

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**SENATE SPONSORSHIP**

**Bridges and Amabile**, Coleman, Cutter, Gonzales J., Hinrichsen, Kipp, Michaelson Jenet, Sullivan, Wallace, Winter F.

**HOUSE SPONSORSHIP**

**Bird and Sirota**,

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**Senate Committees**  
Appropriations

**House Committees**

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**A BILL FOR AN ACT**

101      **CONCERNING NURSING FACILITY FEES COLLECTED BY THE COLORADO**  
102            **HEALTHCARE AFFORDABILITY AND SUSTAINABILITY**  
103            **ENTERPRISE, AND, IN CONNECTION THEREWITH, AUTHORIZING**  
104            **THE ENTERPRISE TO PROVIDE ADDITIONAL SERVICES TO**  
105            **NURSING FACILITIES IN EXCHANGE FOR THE FEES COLLECTED**  
106            **AND MAKING AND REDUCING APPROPRIATIONS.**

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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 repeals the existing nursing facility provider fee and

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 3, 2025

SENATE  
Amended 2nd Reading  
April 2, 2025

intermediate care facility service fee, effective May 1, 2025, and provides that, beginning on May 1, 2025, and for each state fiscal year thereafter, the Colorado healthcare affordability and sustainability enterprise (CHASE) within the department of health care policy and financing will charge and collect a new healthcare affordability and sustainability nursing facility provider fee and a new healthcare affordability and sustainability intermediate care facility fee that function similarly to the repealed fees. The bill creates a facility provider fee enterprise support board within CHASE for the purpose of supporting the existing enterprise with the implementation of the healthcare affordability and sustainability nursing facility provider fee and the healthcare affordability and sustainability intermediate care facility fee. In exchange for payment of the healthcare affordability and sustainability nursing facility provider fee, CHASE will provide certain business services to nursing facility providers to sustain or increase reimbursement rates and make supplemental medicaid payments to nursing facility providers. In exchange for payment of the healthcare affordability and sustainability intermediate care facility fee, CHASE will provide certain business services to intermediate care facility providers for individuals with intellectual disabilities for the purposes of maintaining the quality and continuity of services provided by intermediate care facilities for individuals with intellectual disabilities. Because CHASE is an enterprise for purposes of the Taxpayer's Bill of Rights, its revenue does not count against the state fiscal year spending limit.

The bill also makes conforming amendments and, for clarity, renames the existing healthcare affordability and sustainability fee and healthcare affordability and sustainability fund to be the healthcare affordability and sustainability hospital provider fee and the healthcare affordability and sustainability hospital provider fee cash fund.

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

2           **SECTION 1.** In Colorado Revised Statutes, 25.5-4-402.4, **amend**  
3 (2) introductory portion, (2)(a), (2)(c) introductory portion, (2)(c)(V),  
4 (2)(c)(VI), (2)(d) introductory portion, (2)(e), (2)(f), (2)(g), (3)(a),  
5 (3)(c)(I), (3)(d)(I), (3)(d)(II), (3)(d)(III), (3)(d)(V), (4)(b) introductory  
6 portion, (4)(b)(II), (4)(b)(III), (4)(c)(I) introductory portion, (4)(c)(II)(C),  
7 (4)(c)(III) introductory portion, (4)(c)(III)(E), (4)(c)(III)(F), (4)(e), (4)(f),  
8 (5)(a), (5)(b) introductory portion, (5)(b)(IV) introductory portion,

1 (5)(b)(VI)(B), (5)(c)(I)(A), (5)(c)(II)(C), (5)(c)(III), (5)(c)(V), (6)(a)(I),  
2 (6)(b) introductory portion, (6)(b)(II), (6)(b)(III)(A), (6)(b)(III)(B), (6)(c),  
3 (7)(b), (7)(d)(I), (7)(d)(II), (7)(d)(III), (7)(d)(IX), (7)(d)(X), (7)(e)  
4 introductory portion, (7)(e)(II), (7)(e)(III) introductory portion, and  
5 (7)(e)(IV); **amend as they exist until July 1, 2025**, (2)(d)(I), (4)(a)  
6 introductory portion, and (4)(g); and **add** (2)(c)(V.5), (2)(c)(V.7),  
7 (2)(d.5), (2)(d.7), (3)(c)(III), (3)(c)(IV), (4.5), (4.7), (5.5), (5.7),  
8 (6)(a)(IV), (6)(a)(V), (6)(b.5), (6)(c.5), (6)(c.7), (7)(e)(II.5), (7)(e)(II.7),  
9 (7)(e)(III.5), (7)(e)(III.7), (7)(g), and (9) as follows:

10 **25.5-4-402.4. Healthcare affordability and sustainability**  
11 **hospital provider fee - healthcare affordability and sustainability**  
12 **nursing facility provider fee - healthcare affordability and**  
13 **sustainability intermediate care facility fee - Colorado healthcare**  
14 **affordability and sustainability enterprise - federal waiver - funds**  
15 **created - reports - rules - legislative declaration - repeal.**

16 (2) **Legislative declaration.** The general assembly hereby finds and  
17 declares that:

18 (a) The state and the providers of publicly funded medical  
19 services, and hospitals, NURSING FACILITY PROVIDERS, AND INTERMEDIATE  
20 CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES in  
21 particular, share a common commitment to comprehensive health-care  
22 reform;

23 (c) This section is enacted as part of a comprehensive health-care  
24 reform and is intended to provide the following services and benefits to  
25 hospitals, NURSING FACILITY PROVIDERS, INTERMEDIATE CARE FACILITIES  
26 FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES, and individuals:

27 (V) Expanding access to high-quality, affordable health care for

1 low-income and uninsured populations; and

2 (V.5) SUSTAINING OR INCREASING THE REIMBURSEMENT FOR  
3 PROVIDING MEDICAL CARE UNDER THE STATE'S MEDICAL ASSISTANCE  
4 PROGRAM FOR NURSING FACILITY PROVIDERS AND MAKING SUPPLEMENTAL  
5 MEDICAID PAYMENTS TO NURSING FACILITY PROVIDERS;

6 (V.7) MAINTAINING THE QUALITY AND CONTINUITY OF SERVICES  
7 PROVIDED BY INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH  
8 INTELLECTUAL DISABILITIES; AND

9 (VI) Providing the additional business services specified in  
10 subsection (4)(a)(IV) of this section to hospitals that pay the healthcare  
11 affordability and sustainability HOSPITAL PROVIDER fee charged and  
12 collected as authorized by subsection (4) of this section by the Colorado  
13 healthcare affordability and sustainability enterprise created in subsection  
14 (3)(a) of this section;

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

19 (I) Obtains federal matching money and returns both the  
20 ~~healthcare affordability and sustainability~~ HOSPITAL PROVIDER fee and the  
21 federal matching money to hospitals to increase reimbursement rates to  
22 hospitals for providing medical care under the state medical assistance  
23 program and the Colorado indigent care program and to increase the  
24 number of individuals covered by public medical assistance; and

25 (d.5) THE COLORADO HEALTHCARE AFFORDABILITY AND  
26 SUSTAINABILITY ENTERPRISE PROVIDES BUSINESS SERVICES TO NURSING  
27 FACILITY PROVIDERS WHEN, IN EXCHANGE FOR PAYMENT OF NURSING

1 FACILITY PROVIDER FEES, IT OBTAINS FEDERAL MATCHING MONEY AND  
2 RETURNS BOTH THE NURSING FACILITY PROVIDER FEE AND THE FEDERAL  
3 MATCHING MONEY TO NURSING FACILITY PROVIDERS TO SUSTAIN OR  
4 INCREASE REIMBURSEMENT RATES AND MAKE SUPPLEMENTAL MEDICAID  
5 PAYMENTS TO NURSING FACILITY PROVIDERS;

6 (d.7) THE COLORADO HEALTHCARE AFFORDABILITY AND  
7 SUSTAINABILITY ENTERPRISE PROVIDES BUSINESS SERVICES TO  
8 INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL  
9 DISABILITIES WHEN, IN EXCHANGE FOR PAYMENT OF INTERMEDIATE CARE  
10 FACILITY FEES, IT OBTAINS FEDERAL MATCHING MONEY AND RETURNS  
11 BOTH THE INTERMEDIATE CARE FACILITY FEE AND THE FEDERAL  
12 MATCHING MONEY TO INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS  
13 WITH INTELLECTUAL DISABILITIES TO SUSTAIN OR INCREASE  
14 REIMBURSEMENT RATES AND MAKE SUPPLEMENTAL MEDICAID PAYMENTS  
15 TO SUCH INTERMEDIATE CARE FACILITIES;

16 (e) It is necessary, appropriate, and in the best interest of the state  
17 to acknowledge that by providing the business services specified in  
18 ~~subsections (2)(d)(I) and (2)(d)(H)~~ SUBSECTIONS (2)(d) TO (2)(d.7) of this  
19 section, the Colorado healthcare affordability and sustainability enterprise  
20 engages in an activity conducted in the pursuit of a benefit, gain, or  
21 livelihood and therefore operates as a business;

22 (f) Consistent with the determination of the Colorado supreme  
23 court in *Nicholl v. E-470 Public Highway Authority*, 896 P.2d 859 (Colo.  
24 1995), that the power to impose taxes is inconsistent with enterprise status  
25 under section 20 of article X of the state constitution, it is the conclusion  
26 of the general assembly that the healthcare affordability and sustainability  
27 HOSPITAL PROVIDER fee, THE HEALTHCARE AFFORDABILITY AND

1 SUSTAINABILITY NURSING FACILITY PROVIDER FEE, AND THE HEALTHCARE  
2 AFFORDABILITY AND SUSTAINABILITY INTERMEDIATE CARE FACILITY FEE  
3 charged and collected by the Colorado healthcare affordability and  
4 sustainability enterprise ~~is a fee~~ ARE FEES, not a ~~tax~~ TAXES, because the  
5 ~~fee is~~ FEES ARE imposed for the specific purposes of allowing the  
6 enterprise to defray the costs of providing the business services specified  
7 in ~~subsections (2)(d)(I) and (2)(d)(II)~~ SUBSECTIONS (2)(d) TO (2)(d.7) of  
8 this section to hospitals, NURSING FACILITY PROVIDERS, AND  
9 INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL  
10 DISABILITIES that pay the ~~fee~~ FEES and ~~is~~ ARE collected at rates that are  
11 reasonably calculated based on the benefits received by those hospitals,  
12 NURSING FACILITY PROVIDERS, AND INTERMEDIATE CARE FACILITIES; and

13 (g) So long as the Colorado healthcare affordability and  
14 sustainability enterprise qualifies as an enterprise for purposes of section  
15 20 of article X of the state constitution, the revenues from the ~~healthcare~~  
16 ~~affordability and sustainability fee~~ FEES charged and collected by the  
17 enterprise are not state fiscal year spending, as defined in section  
18 24-77-102 (17), or state revenues, as defined in section 24-77-103.6  
19 (6)(c), and do not count against either the state fiscal year spending limit  
20 imposed by section 20 of article X of the state constitution or the excess  
21 state revenues cap, as defined in section 24-77-103.6 (6)(b)(I).

22 (3) **Colorado healthcare affordability and sustainability**  
23 **enterprise.** (a) The Colorado healthcare affordability and sustainability  
24 enterprise ~~referred to in this section as the "enterprise"~~, is created. The  
25 enterprise is and operates as a government-owned business within the  
26 state department for the purpose of:

27 (I) Charging and collecting:

1 (A) The ~~healthcare affordability and sustainability~~ HOSPITAL  
2 PROVIDER fee;

3 (B) THE NURSING FACILITY PROVIDER FEE; AND

4 (C) THE INTERMEDIATE CARE FACILITY FEE;

5 (II) Leveraging ~~healthcare affordability and sustainability~~  
6 REVENUE FROM THE HOSPITAL PROVIDER fee, ~~revenue~~ THE NURSING  
7 FACILITY PROVIDER FEE, AND THE INTERMEDIATE CARE FACILITY FEE to  
8 obtain federal matching money; and

9 (III) Utilizing and deploying:

10 (A) The ~~healthcare affordability and sustainability~~ HOSPITAL  
11 PROVIDER fee revenue and federal matching money to provide the  
12 business services specified in subsections (2)(d)(I) and (2)(d)(II) of this  
13 section to hospitals that pay the healthcare affordability and sustainability  
14 fee;

15 (B) THE NURSING FACILITY PROVIDER FEE REVENUE AND ANY  
16 FEDERAL MATCHING MONEY TO PROVIDE THE BUSINESS SERVICES  
17 SPECIFIED IN SUBSECTION (2)(d.5) OF THIS SECTION TO NURSING FACILITY  
18 PROVIDERS THAT PAY THE NURSING FACILITY PROVIDER FEE; AND

19 (C) THE INTERMEDIATE CARE FACILITY FEE REVENUE AND ANY  
20 FEDERAL MATCHING MONEY TO PROVIDE THE BUSINESS SERVICES  
21 SPECIFIED IN SUBSECTION (2)(d.7) OF THIS SECTION TO INTERMEDIATE  
22 CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES THAT  
23 PAY THE INTERMEDIATE CARE FACILITY FEE.

24 (c) (I) The repeal of the hospital provider fee program, as it  
25 existed pursuant to section 25.5-4-402.3 before its repeal, effective July  
26 1, 2017, by Senate Bill 17-267, enacted in 2017, and the creation of the  
27 Colorado healthcare affordability and sustainability enterprise as a new

1 enterprise to charge and collect a new healthcare affordability and  
2 sustainability HOSPITAL PROVIDER fee as authorized by subsection (4) of  
3 this section and provide ~~healthcare affordability and sustainability~~  
4 fee-funded business services to hospitals that replace and supplement  
5 services previously funded by THE REPEALED hospital provider fees is the  
6 creation of a new government-owned business that provides business  
7 services to hospitals as a new enterprise for purposes of section 20 of  
8 article X of the state constitution, does not constitute the qualification of  
9 an existing government-owned business as an enterprise for purposes of  
10 section 20 of article X of the state constitution or section 24-77-103.6  
11 (6)(b)(II), and, therefore, does not require or authorize adjustment of the  
12 state fiscal year spending limit calculated pursuant to section 20 of article  
13 X of the state constitution or the excess state revenues cap, as defined in  
14 section 24-77-103.6 (6)(b)(I).

15 (III) THE REPEAL OF THE NURSING FACILITY PROVIDER FEE  
16 PROGRAM, AS IT EXISTED IN SECTION 25.5-6-203 (1) BEFORE ITS REPEAL,  
17 EFFECTIVE MAY 1, 2025, BY SENATE BILL 25-270, ENACTED IN 2025, AND  
18 THE ENTERPRISE'S ABILITY TO CHARGE AND COLLECT A NEW HEALTHCARE  
19 AFFORDABILITY AND SUSTAINABILITY NURSING FACILITY PROVIDER FEE AS  
20 AUTHORIZED BY SUBSECTION (4.5) OF THIS SECTION AND PROVIDE  
21 FEE-FUNDED BUSINESS SERVICES TO NURSING FACILITY PROVIDERS THAT  
22 REPLACE AND SUPPLEMENT SERVICES PREVIOUSLY FUNDED BY THE  
23 NURSING FACILITY PROVIDER FEE DOES NOT CONSTITUTE CREATION OF A  
24 NEW ENTERPRISE OR THE QUALIFICATION OF AN EXISTING  
25 GOVERNMENT-OWNED BUSINESS AS AN ENTERPRISE FOR PURPOSES OF  
26 SECTION 20 OF ARTICLE X OF THE STATE CONSTITUTION, SECTION  
27 24-77-103.6 (6)(b)(II), OR SECTION 24-77-108, AND, THEREFORE, DOES



1 NOT REQUIRE OR AUTHORIZE ADJUSTMENT OF THE STATE FISCAL YEAR  
2 SPENDING LIMIT CALCULATED PURSUANT TO SECTION 20 OF ARTICLE X OF  
3 THE STATE CONSTITUTION OR THE EXCESS STATE REVENUES CAP, AS  
4 DEFINED IN SECTION 24-77-103.6 (6)(b)(I), AND DOES NOT REQUIRE VOTER  
5 APPROVAL.

6 (IV) THE REPEAL OF THE INTERMEDIATE CARE FACILITY SERVICE  
7 FEE PROGRAM, AS IT EXISTED IN SECTION 25.5-6-204 (1)(c)(I) BEFORE ITS  
8 REPEAL, EFFECTIVE MAY 1, 2025, BY SENATE BILL 25-270, ENACTED IN  
9 2025, AND THE ENTERPRISE'S ABILITY TO CHARGE AND COLLECT A NEW  
10 HEALTHCARE AFFORDABILITY AND SUSTAINABILITY INTERMEDIATE CARE  
11 FACILITY FEE AS AUTHORIZED BY SUBSECTION (4.7) OF THIS SECTION AND  
12 PROVIDE FEE-FUNDED BUSINESS SERVICES TO INTERMEDIATE CARE  
13 FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES THAT  
14 REPLACE AND SUPPLEMENT SERVICES PREVIOUSLY FUNDED BY THE  
15 INTERMEDIATE CARE FACILITY SERVICE FEE DOES NOT CONSTITUTE  
16 CREATION OF A NEW ENTERPRISE OR THE QUALIFICATION OF AN EXISTING  
17 GOVERNMENT-OWNED BUSINESS AS AN ENTERPRISE FOR PURPOSES OF  
18 SECTION 20 OF ARTICLE X OF THE STATE CONSTITUTION, SECTION  
19 24-77-103.6 (6)(b)(II), OR SECTION 24-77-108, AND, THEREFORE, DOES  
20 NOT REQUIRE OR AUTHORIZE ADJUSTMENT OF THE STATE FISCAL YEAR  
21 SPENDING LIMIT CALCULATED PURSUANT TO SECTION 20 OF ARTICLE X OF  
22 THE STATE CONSTITUTION OR THE EXCESS STATE REVENUES CAP, AS  
23 DEFINED IN SECTION 24-77-103.6 (6)(b)(I), AND DOES NOT REQUIRE VOTER  
24 APPROVAL.

- 25 (d) The enterprise's primary powers and duties are:
- 26 (I) To charge and collect:
- 27 (A) The ~~healthcare affordability and sustainability~~ HOSPITAL

1 PROVIDER fee as specified in subsection (4) of this section;

2 (B) THE NURSING FACILITY PROVIDER FEE AS SPECIFIED IN  
3 SUBSECTION (4.5) OF THIS SECTION; AND

4 (C) THE INTERMEDIATE CARE FACILITY FEE AS SPECIFIED IN  
5 SUBSECTION (4.7) OF THIS SECTION;

6 (II) To leverage ~~healthcare affordability and sustainability~~  
7 REVENUE FROM THE HOSPITAL PROVIDER fee, ~~revenue collected~~ THE  
8 NURSING FACILITY PROVIDER FEE, AND THE INTERMEDIATE CARE FACILITY  
9 FEE to obtain federal matching money, working with or through the state  
10 department and the state board to the extent required by federal law or  
11 otherwise necessary;

12 (III) To expend:

13 (A) ~~healthcare affordability and sustainability~~ HOSPITAL PROVIDER  
14 fee revenue, matching federal money, and any other money from the  
15 ~~healthcare affordability and sustainability~~ HOSPITAL PROVIDER fee cash  
16 fund as specified in subsections (4) and (5) of this section;

17 (B) NURSING FACILITY PROVIDER FEE REVENUE, MATCHING  
18 FEDERAL MONEY, AND ANY OTHER MONEY FROM THE NURSING FACILITY  
19 PROVIDER FEE CASH FUND AS SPECIFIED IN SUBSECTION (5.5) OF THIS  
20 SECTION; AND

21 (C) INTERMEDIATE CARE FACILITY FEE REVENUE, MATCHING  
22 FEDERAL MONEY, AND ANY OTHER MONEY FROM THE INTERMEDIATE CARE  
23 FACILITY FEE CASH FUND AS SPECIFIED IN SUBSECTION (5.7) OF THIS  
24 SECTION;

25 (V) To enter into agreements with the state department to the  
26 extent necessary to collect and expend ~~healthcare affordability and~~  
27 ~~sustainability~~ REVENUE FROM THE HOSPITAL PROVIDER fee, ~~revenue~~ THE

1 NURSING FACILITY PROVIDER FEE, AND THE INTERMEDIATE CARE FACILITY  
2 FEE;

3 (4) **Healthcare affordability and sustainability hospital**  
4 **provider fee.** (a) For the fiscal year commencing July 1, 2017, and for  
5 each fiscal year thereafter, the enterprise is authorized to charge and  
6 collect a healthcare affordability and sustainability HOSPITAL PROVIDER  
7 fee, as described in 42 CFR 433.68 (b), on outpatient and inpatient  
8 services provided by all licensed or certified hospitals ~~referred to in this~~  
9 ~~section as "hospitals"~~, for the purpose of obtaining federal financial  
10 participation under the state medical assistance program as described in  
11 this article 4 and articles 5 and 6 of this title 25.5 ~~referred to in this~~  
12 ~~section as the "state medical assistance program"~~, and the Colorado  
13 indigent care program described in part 1 of article 3 of this title 25.5,  
14 referred to in this section as the "Colorado indigent care program". If the  
15 amount of ~~healthcare affordability and sustainability~~ HOSPITAL PROVIDER  
16 fee revenue collected exceeds the federal net patient revenue-based limit  
17 on the amount of such fee revenue that may be collected, requiring  
18 repayment to the federal government of excess federal matching money  
19 received, hospitals that received such excess federal matching money  
20 shall be responsible for repaying the excess federal money and any  
21 associated federal penalties to the federal government. The enterprise  
22 shall use the ~~healthcare affordability and sustainability~~ HOSPITAL  
23 PROVIDER fee revenue to:

24 (b) The enterprise shall recommend for approval and  
25 establishment by the state board the amount of the ~~healthcare affordability~~  
26 ~~and sustainability~~ HOSPITAL PROVIDER fee that it intends to charge and  
27 collect. The state board must establish the final amount of the fee by rules

1 promulgated in accordance with article 4 of title 24. The state board shall  
2 not establish any amount that exceeds the federal limit for such fees. The  
3 state board may deviate from the recommendations of the enterprise, but  
4 shall express in writing the reasons for any deviations. In establishing the  
5 amount of the fee and in promulgating the rules governing the fee, the  
6 state board shall:

7 (II) Establish the amount of the ~~healthcare affordability and~~  
8 ~~sustainability~~ HOSPITAL PROVIDER fee so that the amount collected from  
9 the fee and federal matching funds associated with the fee are sufficient  
10 to pay for the items described in subsection (4)(a) of this section, but  
11 nothing in this subsection (4)(b)(II) requires the state board to increase  
12 the fee above the amount recommended by the enterprise; and

13 (III) For the 2017-18 fiscal year, establish the amount of the  
14 ~~healthcare affordability and sustainability~~ HOSPITAL PROVIDER fee so that  
15 the amount collected from the fee is approximately equal to the sum of  
16 the amounts of the appropriations specified for the fee in the general  
17 appropriation act, Senate Bill 17-254, enacted in 2017, and any other  
18 supplemental appropriation act.

19 (c) (I) In accordance with the redistributive method set forth in 42  
20 CFR 433.68 (e)(1) and (e)(2), the enterprise, acting in concert with or  
21 through an agreement with the state department if required by federal law,  
22 may seek a waiver from the broad-based ~~healthcare affordability and~~  
23 ~~sustainability~~ HOSPITAL PROVIDER fee requirement or the uniform  
24 ~~healthcare affordability and sustainability~~ HOSPITAL PROVIDER fee  
25 requirement, or both. In addition, the enterprise, acting in concert with or  
26 through an agreement with the state department if required by federal law,  
27 shall seek any federal waiver necessary to fund and, in cooperation with

1 the state department and hospitals, support the implementation of a  
2 health-care delivery system reform incentive payments program as  
3 described in subsection (8) of this section. Subject to federal approval and  
4 to minimize the financial impact on certain hospitals, the enterprise may  
5 exempt from payment of the ~~healthcare affordability and sustainability~~  
6 HOSPITAL PROVIDER fee certain types of hospitals, including but not  
7 limited to:

8 (II) In determining whether a hospital may be excluded, the  
9 enterprise shall use one or more of the following criteria:

10 (C) A hospital whose inclusion or exclusion would not  
11 significantly affect the net benefit to hospitals paying the ~~healthcare~~  
12 ~~affordability and sustainability~~ HOSPITAL PROVIDER fee; or

13 (III) The enterprise may reduce the amount of the ~~healthcare~~  
14 ~~affordability and sustainability~~ HOSPITAL PROVIDER fee for certain  
15 hospitals to obtain federal approval and to minimize the financial impact  
16 on certain hospitals. In determining for which hospitals the enterprise may  
17 reduce the amount of the ~~healthcare affordability and sustainability~~  
18 HOSPITAL PROVIDER fee, the enterprise shall use one or more of the  
19 following criteria:

20 (E) If the hospital paid a reduced ~~healthcare affordability and~~  
21 ~~sustainability~~ HOSPITAL PROVIDER fee, the reduced fee would not  
22 significantly affect the net benefit to hospitals paying the ~~healthcare~~  
23 ~~affordability and sustainability~~ fee; or

24 (F) The hospital is required not to pay a reduced ~~healthcare~~  
25 ~~affordability and sustainability~~ HOSPITAL PROVIDER fee as a condition of  
26 federal approval.

27 (e) (I) The enterprise shall establish policies on the calculation,

1 assessment, and timing of the ~~healthcare affordability and sustainability~~  
2 HOSPITAL PROVIDER fee. The enterprise shall assess the ~~healthcare~~  
3 ~~affordability and sustainability~~ HOSPITAL PROVIDER fee on a schedule to  
4 be set by the enterprise board as provided in subsection (7)(d) of this  
5 section. The periodic ~~healthcare affordability and sustainability~~ HOSPITAL  
6 PROVIDER fee payments from a hospital and the enterprise's  
7 reimbursement to the hospital under subsections (5)(b)(I) and (5)(b)(II)  
8 of this section are due as nearly simultaneously as feasible; except that the  
9 enterprise's reimbursement to the hospital is due no more than two days  
10 after the periodic ~~healthcare affordability and sustainability~~ HOSPITAL  
11 PROVIDER fee payment is received from the hospital. The ~~healthcare~~  
12 ~~affordability and sustainability~~ HOSPITAL PROVIDER fee must be imposed  
13 on each hospital even if more than one hospital is owned by the same  
14 entity. The fee must be prorated and adjusted for the expected volume of  
15 service for any year in which a hospital opens or closes.

16 (II) The enterprise is authorized to refund any unused portion of  
17 the ~~healthcare affordability and sustainability~~ HOSPITAL PROVIDER fee. For  
18 any portion of the ~~healthcare affordability and sustainability~~ HOSPITAL  
19 PROVIDER fee that has been collected by the enterprise but for which the  
20 enterprise has not received federal matching funds, the enterprise shall  
21 refund back to the hospital that paid the fee the amount of that portion of  
22 the fee within five business days after the fee is collected.

23 (III) The enterprise shall establish requirements for the reports that  
24 hospitals must submit to the enterprise to allow the enterprise to calculate  
25 the amount of the ~~healthcare affordability and sustainability~~ HOSPITAL  
26 PROVIDER fee. Notwithstanding the provisions of part 2 of article 72 of  
27 title 24 or subsection (7)(f) of this section, information provided to the

1 enterprise pursuant to this section is confidential and is not a public  
2 record. Nonetheless, the enterprise may prepare and release summaries of  
3 the reports to the public.

4 (f) A hospital shall not include any amount of the ~~healthcare~~  
5 ~~affordability and sustainability~~ HOSPITAL PROVIDER fee as a separate line  
6 item in its billing statements.

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

14 **(4.5) Healthcare affordability and sustainability nursing**  
15 **facility provider fee.** (a) BEGINNING ON MAY 1, 2025, THE ENTERPRISE  
16 IS AUTHORIZED TO CHARGE AND COLLECT A HEALTHCARE AFFORDABILITY  
17 AND SUSTAINABILITY NURSING FACILITY PROVIDER FEE ON HEALTH-CARE  
18 ITEMS OR SERVICES PROVIDED BY NURSING FACILITY PROVIDERS FOR THE  
19 PURPOSE OF OBTAINING FEDERAL FINANCIAL PARTICIPATION UNDER THE  
20 STATE MEDICAL ASSISTANCE PROGRAM AS DESCRIBED IN THIS ARTICLE 4  
21 AND ARTICLES 5 AND 6 OF THIS TITLE 25.5. THE ENTERPRISE SHALL USE  
22 THE NURSING FACILITY PROVIDER FEE REVENUE TO PROVIDE A BUSINESS  
23 SERVICE TO NURSING FACILITY PROVIDERS BY SUSTAINING OR INCREASING  
24 REIMBURSEMENT FOR PROVIDING MEDICAL CARE UNDER THE STATE  
25 MEDICAL ASSISTANCE PROGRAM FOR NURSING FACILITY PROVIDERS AND  
26 MAKING SUPPLEMENTAL MEDICAID PAYMENTS TO NURSING FACILITY  
27 PROVIDERS, AS SPECIFIED BY THE PRIORITY OF THE USES OF THE NURSING

1 FACILITY PROVIDER FEE REVENUE SET FORTH IN SUBSECTION (5.5)(b) OF  
2 THIS SECTION.

3 (b) THE ENTERPRISE SHALL RECOMMEND FOR APPROVAL AND  
4 ESTABLISHMENT BY THE STATE BOARD THE AMOUNT OF THE NURSING  
5 FACILITY PROVIDER FEE THAT IT INTENDS TO CHARGE AND COLLECT. THE  
6 STATE BOARD MUST ESTABLISH THE FINAL AMOUNT OF THE FEE BY RULE.  
7 THE STATE BOARD SHALL NOT ESTABLISH ANY AMOUNT THAT EXCEEDS  
8 THE FEDERAL LIMIT FOR SUCH FEES. THE STATE BOARD MAY DEVIATE  
9 FROM THE RECOMMENDATIONS OF THE ENTERPRISE, BUT SHALL EXPRESS  
10 IN WRITING THE REASONS FOR ANY DEVIATIONS. IN ESTABLISHING THE  
11 AMOUNT OF THE FEE AND IN PROMULGATING THE RULES GOVERNING THE  
12 FEE, THE STATE BOARD SHALL:

- 13 (I) CONSIDER RECOMMENDATIONS OF THE ENTERPRISE; AND
- 14 (II) ESTABLISH THE AMOUNT OF THE NURSING FACILITY PROVIDER  
15 FEE SO THAT THE AMOUNT COLLECTED FROM THE FEE AND FEDERAL  
16 MATCHING FUNDS ASSOCIATED WITH THE FEE ARE SUFFICIENT TO PAY FOR  
17 THE ITEMS DESCRIBED IN SUBSECTION (4.5)(a) OF THIS SECTION, BUT  
18 NOTHING IN THIS SUBSECTION (4.5)(b)(II) REQUIRES THE STATE BOARD TO  
19 INCREASE THE FEE ABOVE THE AMOUNT RECOMMENDED BY THE  
20 ENTERPRISE.

21 (c) THE ENTERPRISE SHALL NOT CHARGE OR COLLECT THE NURSING  
22 FACILITY PROVIDER FEE IN THE ABSENCE OF THE FEDERAL GOVERNMENT'S  
23 APPROVAL OF A STATE MEDICAID PLAN AMENDMENT AUTHORIZING  
24 FEDERAL FINANCIAL PARTICIPATION FOR THE NURSING FACILITY PROVIDER  
25 FEE. THE ENTERPRISE MAY ALTER THE PROCESS PRESCRIBED IN THIS  
26 SUBSECTION (4.5) TO THE EXTENT NECESSARY TO MEET FEDERAL  
27 REQUIREMENTS AND TO OBTAIN FEDERAL APPROVAL. THE ENTERPRISE



1 MAY LOWER THE AMOUNT OF THE NURSING FACILITY PROVIDER FEE  
2 CHARGED TO CERTAIN NURSING FACILITY PROVIDERS TO MEET THE  
3 REQUIREMENTS OF 42 CFR 433.68 (e) AND TO OBTAIN FEDERAL  
4 APPROVAL.

5 (d) (I) IN ACCORDANCE WITH THE REDISTRIBUTIVE METHOD SET  
6 FORTH IN 42 CFR 433.68 (e)(1) AND (e)(2), THE ENTERPRISE, ACTING IN  
7 CONCERT WITH OR THROUGH AN AGREEMENT WITH THE STATE  
8 DEPARTMENT IF REQUIRED BY FEDERAL LAW, MAY SEEK A WAIVER FROM  
9 THE BROAD-BASED NURSING FACILITY PROVIDER FEE REQUIREMENT OR  
10 THE UNIFORM NURSING FACILITY PROVIDER FEE REQUIREMENT, OR BOTH.

11 (II) SUBJECT TO FEDERAL APPROVAL AND TO MINIMIZE THE  
12 FINANCIAL IMPACT ON CERTAIN NURSING FACILITY PROVIDERS, THE  
13 ENTERPRISE MAY EXEMPT FROM PAYMENT OF THE NURSING FACILITY  
14 PROVIDER FEE CERTAIN TYPES OF NURSING PROVIDER FACILITIES,  
15 INCLUDING BUT NOT LIMITED TO:

16 (A) A FACILITY OPERATED AS A CONTINUING CARE RETIREMENT  
17 COMMUNITY THAT PROVIDES A CONTINUUM OF SERVICES BY ONE  
18 OPERATIONAL ENTITY PROVIDING INDEPENDENT LIVING SERVICES,  
19 ASSISTED LIVING SERVICES, AND SKILLED NURSING CARE ON A SINGLE,  
20 CONTIGUOUS CAMPUS. ASSISTED LIVING SERVICES INCLUDE AN ASSISTED  
21 LIVING RESIDENCE AS DEFINED IN SECTION 25-27-102 OR A FACILITY THAT  
22 PROVIDES ASSISTED LIVING SERVICES ON-SITE, TWENTY-FOUR HOURS PER  
23 DAY, SEVEN DAYS PER WEEK.

24 (B) A SKILLED NURSING FACILITY OWNED AND OPERATED BY THE  
25 STATE;

26 (C) A NURSING FACILITY THAT IS A DISTINCT PART OF A FACILITY  
27 THAT IS LICENSED AS A GENERAL ACUTE CARE HOSPITAL; AND

1 (D) A FACILITY THAT HAS FORTY-FIVE OR FEWER LICENSED BEDS.

2 (e) (I) THE ENTERPRISE SHALL ESTABLISH POLICIES ON THE  
3 CALCULATION, ASSESSMENT, AND TIMING OF THE NURSING FACILITY  
4 PROVIDER FEE. THE ENTERPRISE SHALL ASSESS THE NURSING FACILITY  
5 PROVIDER FEE ON A MONTHLY BASIS. THE NURSING FACILITY PROVIDER  
6 FEE PAYMENTS FROM A NURSING FACILITY PROVIDER AND THE  
7 ENTERPRISE'S REIMBURSEMENT AND SUPPLEMENTAL PAYMENTS TO THE  
8 NURSING FACILITY PROVIDER UNDER SUBSECTION (5.5)(b) OF THIS SECTION  
9 ARE DUE AS NEARLY SIMULTANEOUSLY AS FEASIBLE; EXCEPT THAT THE  
10 ENTERPRISE'S REIMBURSEMENT AND SUPPLEMENTAL PAYMENTS TO THE  
11 NURSING FACILITY PROVIDER ARE DUE NO MORE THAN FIFTEEN DAYS  
12 AFTER THE NURSING FACILITY PROVIDER FEE PAYMENT IS RECEIVED FROM  
13 THE NURSING FACILITY PROVIDER.

14 (II) THE ENTERPRISE SHALL ESTABLISH REQUIREMENTS FOR THE  
15 REPORTS THAT NURSING FACILITY PROVIDERS MUST SUBMIT TO THE  
16 ENTERPRISE TO ALLOW THE ENTERPRISE TO CALCULATE THE AMOUNT OF  
17 THE NURSING FACILITY PROVIDER FEE, INCLUDING A REQUIREMENT THAT  
18 EACH NURSING FACILITY PROVIDER REPORT ANNUALLY ITS TOTAL NUMBER  
19 OF DAYS OF CARE PROVIDED TO NONMEDICARE RESIDENTS.  
20 NOTWITHSTANDING PART 2 OF ARTICLE 72 OF TITLE 24 OR SUBSECTION  
21 (7)(f) OF THIS SECTION, INFORMATION PROVIDED TO THE ENTERPRISE  
22 PURSUANT TO THIS SUBSECTION (4.5)(e)(II) IS CONFIDENTIAL AND IS NOT  
23 A PUBLIC RECORD. NONETHELESS, THE ENTERPRISE MAY PREPARE AND  
24 RELEASE SUMMARIES OF THE REPORTS TO THE PUBLIC.

25 (f) A NURSING FACILITY PROVIDER SHALL NOT INCLUDE ANY  
26 AMOUNT OF THE NURSING FACILITY PROVIDER FEE AS A SEPARATE LINE  
27 ITEM IN ITS BILLING STATEMENTS.

1 (g) (I) THE STATE BOARD SHALL ADOPT ANY RULES PURSUANT TO  
2 THE "STATE ADMINISTRATIVE PROCEDURE ACT", ARTICLE 4 OF TITLE 24,  
3 NECESSARY FOR THE ADMINISTRATION AND IMPLEMENTATION OF THIS  
4 SECTION. PRIOR TO SUBMITTING ANY PROPOSED RULES CONCERNING THE  
5 ADMINISTRATION OR IMPLEMENTATION OF THE NURSING FACILITY  
6 PROVIDER FEE TO THE STATE BOARD, THE ENTERPRISE SHALL CONSULT  
7 WITH THE STATE BOARD ON THE PROPOSED RULES AS SPECIFIED IN  
8 SUBSECTION (7)(g) OF THIS SECTION.

9 (4.7) **Healthcare affordability and sustainability intermediate**  
10 **care facility fee.** (a) BEGINNING ON MAY 1, 2025, THE ENTERPRISE IS  
11 AUTHORIZED TO CHARGE AND COLLECT A HEALTHCARE AFFORDABILITY  
12 AND SUSTAINABILITY INTERMEDIATE CARE FACILITY FEE ON BOTH  
13 PRIVATELY OWNED AND STATE-OPERATED INTERMEDIATE CARE FACILITIES  
14 FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES FOR THE PURPOSE OF  
15 MAINTAINING THE QUALITY AND CONTINUITY OF SERVICES PROVIDED BY  
16 INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL  
17 DISABILITIES. THE ENTERPRISE SHALL USE THE INTERMEDIATE CARE  
18 FACILITY FEE REVENUE TO PROVIDE A BUSINESS SERVICE TO SUCH  
19 INTERMEDIATE CARE FACILITIES BY SUSTAINING OR INCREASING  
20 REIMBURSEMENT TO SUCH FACILITIES, AS SPECIFIED IN SUBSECTION  
21 (5.7)(b) OF THIS SECTION.

22 (b) THE ENTERPRISE SHALL RECOMMEND FOR APPROVAL AND  
23 ESTABLISHMENT BY THE STATE BOARD THE AMOUNT OF THE  
24 INTERMEDIATE CARE FACILITY FEE THAT IT INTENDS TO CHARGE AND  
25 COLLECT, WHICH MUST NOT EXCEED FIVE PERCENT OF THE TOTAL COSTS  
26 INCURRED BY ALL INTERMEDIATE CARE FACILITIES FOR THE FISCAL YEAR  
27 IN WHICH THE FEE IS CHARGED. THE STATE BOARD MUST ESTABLISH THE

1 FINAL AMOUNT OF THE FEE BY RULE. THE STATE BOARD SHALL NOT  
2 ESTABLISH ANY AMOUNT THAT EXCEEDS THE FEDERAL LIMIT FOR SUCH  
3 FEES. THE STATE BOARD MAY DEVIATE FROM THE RECOMMENDATIONS OF  
4 THE ENTERPRISE, BUT SHALL EXPRESS IN WRITING THE REASONS FOR ANY  
5 DEVIATIONS.

6 (c) THE ENTERPRISE MAY ALTER THE PROCESS PRESCRIBED IN THIS  
7 SUBSECTION (4.7) TO THE EXTENT NECESSARY TO MEET FEDERAL  
8 REQUIREMENTS.

9 (d) (I) THE ENTERPRISE SHALL ESTABLISH POLICIES ON THE  
10 CALCULATION, ASSESSMENT, AND TIMING OF THE INTERMEDIATE CARE  
11 FACILITY FEE.

12 (II) THE ENTERPRISE SHALL ESTABLISH REQUIREMENTS FOR THE  
13 REPORTS THAT INTERMEDIATE CARE FACILITIES MUST SUBMIT TO THE  
14 ENTERPRISE TO ALLOW THE ENTERPRISE TO CALCULATE THE AMOUNT OF  
15 THE INTERMEDIATE CARE FACILITY FEE. NOTWITHSTANDING PART 2 OF  
16 ARTICLE 72 OF TITLE 24 OR SUBSECTION (7)(f) OF THIS SECTION,  
17 INFORMATION PROVIDED TO THE ENTERPRISE PURSUANT TO THIS  
18 SUBSECTION (4.7)(d)(II) IS CONFIDENTIAL AND IS NOT A PUBLIC RECORD.  
19 NONETHELESS, THE ENTERPRISE MAY PREPARE AND RELEASE SUMMARIES  
20 OF THE REPORTS TO THE PUBLIC.

21 (e) THE STATE BOARD SHALL ADOPT ANY RULES PURSUANT TO THE  
22 "STATE ADMINISTRATIVE PROCEDURE ACT", ARTICLE 4 OF TITLE 24,  
23 NECESSARY FOR THE ADMINISTRATION AND IMPLEMENTATION OF THIS  
24 SECTION. PRIOR TO SUBMITTING ANY PROPOSED RULES CONCERNING THE  
25 ADMINISTRATION OR IMPLEMENTATION OF THE INTERMEDIATE CARE  
26 FACILITY FEE TO THE STATE BOARD, THE ENTERPRISE SHALL CONSULT  
27 WITH THE STATE BOARD ON THE PROPOSED RULES AS SPECIFIED IN

1 SUBSECTION (7)(g) OF THIS SECTION.

2 (5) **Healthcare affordability and sustainability hospital**  
3 **provider fee cash fund.** (a) (I) Any healthcare affordability and  
4 sustainability HOSPITAL PROVIDER fee collected pursuant to this section  
5 by the enterprise must be transmitted to the state treasurer, who shall  
6 credit the fee to the healthcare affordability and sustainability HOSPITAL  
7 PROVIDER fee cash fund, which fund is hereby created. ~~and referred to in~~  
8 ~~this section as the "fund"~~. The state treasurer shall credit all interest and  
9 income derived from the deposit and investment of money in the  
10 HOSPITAL PROVIDER FEE CASH fund to the fund. The state treasurer shall  
11 invest any money in the HOSPITAL PROVIDER FEE CASH fund not expended  
12 for the purposes specified in subsection (5)(b) of this section as provided  
13 by law. Money in the HOSPITAL PROVIDER FEE CASH fund shall not be  
14 transferred to any other fund and shall not be used for any purpose other  
15 than the purposes specified in this subsection (5) and in subsection (4) of  
16 this section.

17 (II) (A) THE FUND CREATED IN THIS SUBSECTION (5)(a) WAS  
18 RENAMED AS THE HEALTHCARE AFFORDABILITY AND SUSTAINABILITY  
19 HOSPITAL PROVIDER FEE CASH FUND IN SENATE BILL 25-270, ENACTED IN  
20 2025. FOR PURPOSES OF THE ANNUAL GENERAL APPROPRIATION ACTS FOR  
21 THE 2024-25 AND 2025-26 STATE FISCAL YEARS, THE CASH FUNDS  
22 APPROPRIATIONS MADE TO THE DEPARTMENT OF HEALTH CARE POLICY  
23 AND FINANCING FROM THE HEALTHCARE AFFORDABILITY AND  
24 SUSTAINABILITY FEE CASH FUND, AS THE FUND WAS NAMED PRIOR TO THE  
25 ENACTMENT OF SENATE BILL 25-270, ENACTED IN 2025, ARE FROM THE  
26 HEALTHCARE AFFORDABILITY AND SUSTAINABILITY HOSPITAL PROVIDER  
27 FEE CASH FUND, AS RENAMED BY SENATE BILL 25-270, ENACTED IN 2025.

1 (B) THIS SUBSECTION (5)(a)(II) IS REPEALED, EFFECTIVE JULY 1,  
2 2027.

3 (b) All money in the HOSPITAL PROVIDER FEE CASH fund is subject  
4 to federal matching as authorized under federal law and, subject to annual  
5 appropriation by the general assembly, shall be expended by the  
6 enterprise for the following purposes:

7 (IV) Subject to available revenue from the ~~healthcare affordability~~  
8 ~~and sustainability~~ HOSPITAL PROVIDER fee and federal matching funds, to  
9 expand eligibility for public medical assistance by:

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

13 (B) The enterprise's actual costs related to implementing and  
14 maintaining the ~~healthcare affordability and sustainability~~ HOSPITAL  
15 PROVIDER fee, including personal services, operating, and consulting  
16 expenses;

17 (c) **ARPA home- and community-based services account.**

18 (I)(A) There is created the "ARPA home- and community-based services  
19 account" within the HOSPITAL PROVIDER FEE CASH fund, referred to in this  
20 subsection (5)(c) as the "ARPA account". Notwithstanding any other  
21 provision of this section to the contrary, money in the ARPA account as  
22 a result of fund savings and federal matching dollars must be used in  
23 accordance with section 9817 of the federal "American Rescue Plan Act  
24 of 2021", Pub.L. 117-2, as amended, referred to in this section as  
25 "ARPA", to implement or supplement the implementation of home- and  
26 community-based services under the medical assistance program pursuant  
27 to the provisions of part 18 of article 6 of this title 25.5.

1 (II) (C) If the fund savings due to the enhanced federal match  
2 under ARPA is less than the amount transferred to the ARPA account  
3 under subsection (5)(c)(II)(A) of this section, then the state department  
4 shall notify the state treasurer of the amount by which the transfer  
5 exceeds the savings. The state treasurer shall transfer this amount from  
6 the ARPA account to the HOSPITAL PROVIDER FEE CASH fund.

7 (III) The state treasurer shall credit all interest and income derived  
8 from the money in the ARPA account to the HOSPITAL PROVIDER FEE  
9 CASH fund.

10 (V) Money in the ARPA account remains in the ARPA account  
11 until the end of the spending period authorized under ARPA, at which  
12 time money remaining in the ARPA account becomes part of the  
13 HOSPITAL PROVIDER FEE CASH fund.

14 **(5.5) Healthcare affordability and sustainability nursing**  
15 **facility provider fee cash fund.** (a) ALL HEALTHCARE AFFORDABILITY  
16 AND SUSTAINABILITY NURSING PROVIDER FEES COLLECTED PURSUANT TO  
17 THIS SECTION BY THE ENTERPRISE MUST BE TRANSMITTED TO THE STATE  
18 TREASURER, WHO SHALL CREDIT THE FEE TO THE HEALTHCARE  
19 AFFORDABILITY AND SUSTAINABILITY NURSING FACILITY PROVIDER FEE  
20 CASH FUND, WHICH FUND IS CREATED. THE STATE TREASURER SHALL  
21 CREDIT ALL INTEREST AND INCOME DERIVED FROM THE DEPOSIT AND  
22 INVESTMENT OF MONEY IN THE NURSING FACILITY PROVIDER FEE CASH  
23 FUND TO THE NURSING FACILITY PROVIDER FEE CASH FUND. THE STATE  
24 TREASURER SHALL INVEST ANY MONEY IN THE NURSING FACILITY  
25 PROVIDER FEE CASH FUND NOT EXPENDED FOR THE PURPOSES SPECIFIED IN  
26 SUBSECTIONS (4.5)(a) AND (5.5)(b) OF THIS SECTION AS PROVIDED BY LAW.  
27 MONEY IN THE NURSING FACILITY PROVIDER FEE CASH FUND SHALL NOT

1 BE TRANSFERRED TO ANY OTHER FUND AND SHALL NOT BE USED FOR ANY  
2 PURPOSE OTHER THAN THE PURPOSES SPECIFIED IN THIS SUBSECTION (5.5)  
3 AND IN SUBSECTION (4.5)(a) OF THIS SECTION.

4 (b) ALL MONEY IN THE NURSING FACILITY PROVIDER FEE CASH  
5 FUND IS SUBJECT TO FEDERAL MATCHING AS AUTHORIZED UNDER FEDERAL  
6 LAW AND, SUBJECT TO ANNUAL APPROPRIATION BY THE GENERAL  
7 ASSEMBLY, MUST BE EXPENDED BY THE ENTERPRISE FOR THE FOLLOWING  
8 PURPOSES:

9 (I) (A) TO PAY THE ADMINISTRATIVE COSTS OF IMPLEMENTING  
10 THIS SUBSECTION (5.5) AND SUBSECTION (4.5) OF THIS SECTION;

11 (B) TO SATISFY SETTLEMENTS OR JUDGMENTS RESULTING FROM  
12 NURSING FACILITY PROVIDER REIMBURSEMENT APPEALS; AND

13 (C) TO PAY A NURSING FACILITY PROVIDER A SUPPLEMENTAL  
14 MEDICAID PAYMENT FOR CARE AND SERVICES RENDERED TO MEDICAID  
15 RESIDENTS TO OFFSET PAYMENT OF THE NURSING FACILITY PROVIDER FEE.  
16 THE ENTERPRISE, IN CONSULTATION WITH THE STATE DEPARTMENT, SHALL  
17 COMPUTE THIS PAYMENT ANNUALLY, BEGINNING ON MAY 1, 2025, AND  
18 EACH JULY 1 THEREAFTER.

19 (II) AFTER THE PAYMENT OF THE AMOUNTS DESCRIBED IN  
20 SUBSECTION (5.5)(b)(I) OF THIS SECTION, TO PAY THE SUPPLEMENTAL  
21 MEDICAID PAYMENTS FOR ACUITY OR CASE-MIX OF RESIDENTS  
22 ESTABLISHED UNDER SECTION 25.5-6-202 (2), PRIOR TO ITS REPEAL ON  
23 JULY 1, 2026, OR AS PROVIDED IN THE RULES ADOPTED BY THE STATE  
24 BOARD PURSUANT TO SECTION 25.5-6-202 (10) AND (14)(a), IN  
25 CONSULTATION WITH THE ENTERPRISE AS PROVIDED IN SUBSECTION  
26 (7)(g)(IV) OF THIS SECTION;

27 (III) AFTER THE PAYMENT OF THE AMOUNTS DESCRIBED IN



1 SUBSECTIONS (5.5)(b)(I) AND (5.5)(b)(II) OF THIS SECTION, TO PAY  
2 SUPPLEMENTAL MEDICAID PAYMENTS BASED UPON PERFORMANCE TO  
3 THOSE NURSING FACILITY PROVIDERS THAT PROVIDE SERVICES THAT  
4 RESULT IN BETTER CARE AND HIGHER QUALITY OF LIFE FOR THEIR  
5 RESIDENTS. THE ENTERPRISE, IN CONSULTATION WITH THE STATE BOARD,  
6 SHALL DETERMINE THE PAYMENT AMOUNT BASED UPON PERFORMANCE  
7 MEASURES ESTABLISHED IN RULES ADOPTED BY THE STATE BOARD IN THE  
8 DOMAINS OF QUALITY OF LIFE, QUALITY OF CARE, AND FACILITY  
9 MANAGEMENT. DURING EACH STATE FISCAL YEAR, THE ENTERPRISE MAY  
10 DISCONTINUE THE SUPPLEMENTAL MEDICAID PAYMENT ESTABLISHED  
11 PURSUANT TO THIS SUBSECTION (5.5)(b)(III) TO ANY NURSING FACILITY  
12 PROVIDER THAT FAILS TO COMPLY WITH THE ESTABLISHED PERFORMANCE  
13 MEASURES DURING THE STATE FISCAL YEAR, AND THE ENTERPRISE MAY  
14 INITIATE THE SUPPLEMENTAL MEDICAID PAYMENT ESTABLISHED PURSUANT  
15 TO THIS SUBSECTION (5.5)(b)(III) TO ANY NURSING FACILITY PROVIDER  
16 THAT COMES INTO COMPLIANCE WITH THE ESTABLISHED PERFORMANCE  
17 MEASURES DURING THE STATE FISCAL YEAR.

18 (IV) (A) AFTER THE PAYMENT OF THE AMOUNTS DESCRIBED IN  
19 SUBSECTIONS (5.5)(b)(I) TO (5.5)(b)(III) OF THIS SECTION, TO PAY THE  
20 SUPPLEMENTAL MEDICAID PAYMENTS TO NURSING FACILITY PROVIDERS  
21 THAT SERVE RESIDENTS WHO HAVE MODERATE TO VERY SEVERE MENTAL  
22 HEALTH CONDITIONS, DEMENTIA DISEASES AND RELATED DISABILITIES, OR  
23 ACQUIRED BRAIN INJURY. THE ENTERPRISE, IN CONSULTATION WITH THE  
24 STATE DEPARTMENT, SHALL COMPUTE THIS PAYMENT ANNUALLY,  
25 BEGINNING ON MAY 1, 2025, AND EACH JULY 1 THEREAFTER.

26 (B) IF THE ENTERPRISE DETERMINES, IN CONSULTATION WITH THE  
27 STATE DEPARTMENT, THAT THE CASE-MIX REIMBURSEMENT DESCRIBED IN

1 SUBSECTION (5.5)(b)(II) OF THIS SECTION INCLUDES A FACTOR FOR  
2 NURSING FACILITY PROVIDERS THAT SERVE RESIDENTS WITH SEVERE  
3 DEMENTIA DISEASES AND RELATED DISABILITIES OR ACQUIRED BRAIN  
4 INJURY, THE ENTERPRISE MAY ELIMINATE THIS SUPPLEMENTAL MEDICAID  
5 PAYMENT TO THOSE NURSING FACILITY PROVIDERS THAT SERVE RESIDENTS  
6 WITH SEVERE DEMENTIA DISEASES AND RELATED DISABILITIES OR  
7 ACQUIRED BRAIN INJURY.

8 (V) AFTER THE PAYMENT OF THE AMOUNTS DESCRIBED IN  
9 SUBSECTIONS (5.5)(b)(I) TO (5.5)(b)(IV) OF THIS SECTION, TO PAY THE  
10 SUPPLEMENTAL MEDICAID PAYMENTS FOR THE AMOUNT OF THE  
11 AGGREGATE STATEWIDE AVERAGE PER DIEM RATE OF PATIENT PAYMENT  
12 ESTABLISHED UNDER SECTION 25.5-6-202 (9), PRIOR TO ITS REPEAL ON  
13 JULY 1, 2026, OR AS PROVIDED IN THE RULES ADOPTED BY THE STATE  
14 BOARD PURSUANT TO SECTION 25.5-6-202 (10) AND (14)(a), IN  
15 CONSULTATION WITH THE ENTERPRISE AS PROVIDED IN SUBSECTION  
16 (7)(g)(IV) OF THIS SECTION.

17 (5.7) **Healthcare affordability and sustainability intermediate**  
18 **care facility fee cash fund.** (a) ALL HEALTHCARE AFFORDABILITY AND  
19 SUSTAINABILITY INTERMEDIATE CARE FACILITY FEES COLLECTED  
20 PURSUANT TO THIS SECTION BY THE ENTERPRISE MUST BE TRANSMITTED  
21 TO THE STATE TREASURER, WHO SHALL CREDIT THE FEE TO THE  
22 HEALTHCARE AFFORDABILITY AND SUSTAINABILITY INTERMEDIATE CARE  
23 FACILITY FEE CASH FUND, WHICH FUND IS CREATED. THE STATE  
24 TREASURER SHALL CREDIT ALL INTEREST AND INCOME DERIVED FROM THE  
25 DEPOSIT AND INVESTMENT OF MONEY IN THE INTERMEDIATE CARE  
26 FACILITY FEE CASH FUND TO THE INTERMEDIATE CARE FACILITY CASH  
27 FUND. THE STATE TREASURER SHALL INVEST ANY MONEY IN THE

1 INTERMEDIATE CARE FACILITY FEE CASH FUND NOT EXPENDED FOR THE  
2 PURPOSES SPECIFIED IN SUBSECTIONS (4.7)(a) AND (5.7)(b) OF THIS  
3 SECTION AS PROVIDED BY LAW. MONEY IN THE INTERMEDIATE CARE  
4 FACILITY FEE CASH FUND SHALL NOT BE TRANSFERRED TO ANY OTHER  
5 FUND AND SHALL NOT BE USED FOR ANY PURPOSE OTHER THAN THE  
6 PURPOSES SPECIFIED IN THIS SUBSECTION (5.7) AND IN SUBSECTION (4.7)(a)  
7 OF THIS SECTION.

8 (b) ALL MONEY IN THE INTERMEDIATE CARE FACILITY FEE CASH  
9 FUND IS SUBJECT TO FEDERAL MATCHING AS AUTHORIZED UNDER FEDERAL  
10 LAW AND, SUBJECT TO ANNUAL APPROPRIATION BY THE GENERAL  
11 ASSEMBLY, MUST BE EXPENDED BY THE ENTERPRISE FOR THE FOLLOWING  
12 PURPOSES:

13 (I) TO PAY THE ADMINISTRATIVE COSTS OF IMPLEMENTING THIS  
14 SUBSECTION (5.7) AND SUBSECTION (4.7) OF THIS SECTION; AND

15 (II) TO SUPPLEMENT REIMBURSEMENTS TO INTERMEDIATE CARE  
16 FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES AS  
17 PROVIDED IN SECTION 25.5-6-204. THE ENTERPRISE, IN CONSULTATION  
18 WITH THE STATE DEPARTMENT, SHALL COMPUTE THIS PAYMENT  
19 ANNUALLY, BEGINNING ON MAY 1, 2025, AND EACH JULY 1 THEREAFTER.

20 (6) **Appropriations.** (a) (I) Except as otherwise provided in  
21 subsection (6)(b)(I.5) or (6)(b)(I.7) of this section, the ~~healthcare~~  
22 ~~affordability and sustainability~~ HOSPITAL PROVIDER fee is to supplement,  
23 not supplant, general fund appropriations to support hospital  
24 reimbursements. General fund appropriations for hospital reimbursements  
25 shall be maintained at the level of appropriations in the medical services  
26 premium line item made for the fiscal year commencing July 1, 2008;  
27 except that general fund appropriations for hospital reimbursements may

1 be reduced if an index of appropriations to other providers shows that  
2 general fund appropriations are reduced for other providers. If the index  
3 shows that general fund appropriations are reduced for other providers,  
4 the general fund appropriations for hospital reimbursements shall not be  
5 reduced by a greater percentage than the reductions of appropriations for  
6 the other providers as shown by the index.

7 (IV) EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (5.5)(b)(V)  
8 OF THIS SECTION, THE NURSING FACILITY PROVIDER FEE IS TO SUPPLEMENT,  
9 NOT SUPPLANT, GENERAL FUND APPROPRIATIONS TO SUPPORT NURSING  
10 FACILITY PROVIDER REIMBURSEMENTS.

11 (V) EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (5.7)(b)(II)  
12 OF THIS SECTION, THE INTERMEDIATE CARE FACILITY FEE IS TO  
13 SUPPLEMENT, NOT SUPPLANT, GENERAL FUND APPROPRIATIONS TO  
14 SUPPORT INTERMEDIATE CARE FACILITY REIMBURSEMENTS.

15 (b) If the revenue from the ~~healthcare affordability and~~  
16 ~~sustainability~~ HOSPITAL PROVIDER fee is insufficient to fully fund all of  
17 the purposes described in subsection (5)(b) of this section:

18 (II) The hospital provider reimbursement and quality incentive  
19 payment increases described in subsections (5)(b)(I) to (5)(b)(III) of this  
20 section and the costs described in subsection (5)(b)(VI) of this section  
21 shall be fully funded using revenue from the ~~healthcare affordability and~~  
22 ~~sustainability~~ HOSPITAL PROVIDER fee and federal matching funds before  
23 any eligibility expansion is funded; and

24 (III) (A) If the state board promulgates rules that expand eligibility  
25 for medical assistance to be paid for pursuant to subsection (5)(b)(IV) of  
26 this section, and the state department thereafter notifies the enterprise  
27 board that the revenue available from the ~~healthcare affordability and~~

1 ~~sustainability~~ HOSPITAL PROVIDER fee and the federal matching funds will  
2 not be sufficient to pay for all or part of the expanded eligibility, the  
3 enterprise board shall recommend to the state board reductions in medical  
4 benefits or eligibility so that the revenue will be sufficient to pay for all  
5 of the reduced benefits or eligibility. After receiving the  
6 recommendations of the enterprise board, the state board shall adopt rules  
7 providing for reduced benefits or reduced eligibility for which the  
8 revenue will be sufficient and shall forward any adopted rules to the joint  
9 budget committee. Notwithstanding the provisions of section 24-4-103  
10 (8) and (12), following the adoption of rules pursuant to this subsection  
11 (6)(b)(III)(A), the state board shall not submit the rules to the attorney  
12 general and shall not file the rules with the secretary of state until the joint  
13 budget committee approves the rules pursuant to subsection (6)(b)(III)(B)  
14 of this section.

15 (B) The joint budget committee shall promptly consider any rules  
16 adopted by the state board pursuant to subsection (6)(b)(III)(A) of this  
17 section. The joint budget committee shall promptly notify the state  
18 department, the state board, and the enterprise board of any action on the  
19 rules. If the joint budget committee does not approve the rules, the joint  
20 budget committee shall recommend a reduction in benefits or eligibility  
21 so that the revenue from the ~~healthcare affordability and sustainability~~  
22 HOSPITAL PROVIDER fee and the matching federal funds will be sufficient  
23 to pay for the reduced benefits or eligibility. After approving the rules  
24 pursuant to this subsection (6)(b)(III)(B), the joint budget committee shall  
25 request that the committee on legal services, created pursuant to section  
26 2-3-501, extend the rules as provided for in section 24-4-103 (8) unless  
27 the committee on legal services finds after review that the rules do not

1 conform with section 24-4-103 (8)(a).

2 (b.5) IF THE REVENUE FROM THE NURSING FACILITY PROVIDER FEE  
3 IS INSUFFICIENT TO FULLY FUND ALL OF THE PURPOSES DESCRIBED IN  
4 SUBSECTION (5.5)(b) OF THIS SECTION:

5 (I) THE GENERAL ASSEMBLY IS NOT OBLIGATED TO APPROPRIATE  
6 GENERAL FUND REVENUES TO FUND SUCH PURPOSES; AND

7 (II) SUBJECT TO THE PRIORITY OF THE USES FOR THE NURSING  
8 FACILITY PROVIDER FEE AS PROVIDED IN SUBSECTION (5.5)(b) OF THIS  
9 SECTION, THE ENTERPRISE, IN CONSULTATION WITH THE STATE  
10 DEPARTMENT, MAY SUSPEND OR REDUCE ANY SUPPLEMENTAL MEDICAID  
11 PAYMENT.

12 (c) Notwithstanding any other provision of this section, if, after  
13 receipt of authorization to receive federal matching funds for money in  
14 the HOSPITAL PROVIDER FEE CASH fund, the authorization is withdrawn or  
15 changed so that federal matching funds are no longer available, the  
16 enterprise shall cease collecting the ~~healthcare affordability and~~  
17 ~~sustainability~~ HOSPITAL PROVIDER fee and shall repay to the hospitals any  
18 money received by the HOSPITAL PROVIDER FEE CASH fund that is not  
19 subject to federal matching funds.

20 (c.5) NOTWITHSTANDING ANY OTHER PROVISION OF THIS SECTION,  
21 IF, AFTER RECEIPT OF AUTHORIZATION TO RECEIVE FEDERAL MATCHING  
22 FUNDS FOR MONEY IN THE NURSING FACILITY PROVIDER FEE CASH FUND,  
23 THE AUTHORIZATION IS WITHDRAWN OR CHANGED SO THAT FEDERAL  
24 MATCHING FUNDS ARE NO LONGER AVAILABLE, THE ENTERPRISE SHALL  
25 CEASE COLLECTING THE NURSING FACILITY PROVIDER FEE AND SHALL  
26 REPAY TO THE NURSING FACILITY PROVIDERS ANY MONEY RECEIVED IN  
27 THE NURSING FACILITY PROVIDER FEE CASH FUND THAT IS NOT SUBJECT TO

1 FEDERAL MATCHING FUNDS.

2 (c.7) NOTWITHSTANDING ANY OTHER PROVISION OF THIS SECTION,  
3 IF, AFTER RECEIPT OF AUTHORIZATION TO RECEIVE FEDERAL MATCHING  
4 FUNDS FOR MONEY IN THE INTERMEDIATE CARE FACILITY FEE CASH FUND,  
5 THE AUTHORIZATION IS WITHDRAWN OR CHANGED SO THAT FEDERAL  
6 MATCHING FUNDS ARE NO LONGER AVAILABLE, THE ENTERPRISE SHALL  
7 CEASE COLLECTING THE INTERMEDIATE CARE FACILITY FEE AND SHALL  
8 REPAY TO THE INTERMEDIATE CARE FACILITIES ANY MONEY RECEIVED IN  
9 THE INTERMEDIATE CARE FACILITY FEE CASH FUND THAT IS NOT SUBJECT  
10 TO FEDERAL MATCHING FUNDS.

11 (7) **Colorado healthcare affordability and sustainability**  
12 **enterprise board.** (b) Members of the enterprise board serve without  
13 compensation but must be reimbursed from money in the HOSPITAL  
14 PROVIDER FEE CASH fund for actual and necessary expenses incurred in  
15 the performance of their duties pursuant to this section.

16 (d) The enterprise board has, at a minimum, the following duties:

17 (I) To determine the timing and method by which the enterprise  
18 assesses the ~~healthcare affordability and sustainability~~ HOSPITAL  
19 PROVIDER fee and the amount of the fee;

20 (II) If requested by the health and human services committee of  
21 the senate or the ~~public health care~~ and human services committee of the  
22 house of representatives, or any successor committees, to consult with the  
23 committees on any legislation that may impact the ~~healthcare affordability~~  
24 ~~and sustainability fee~~ FEES, PAYMENTS, or ~~hospital~~ reimbursements  
25 established pursuant to this section;

26 (III) To determine changes in the ~~healthcare affordability and~~  
27 ~~sustainability~~ HOSPITAL PROVIDER fee that increase the number of

1 hospitals benefitting from the uses of the ~~healthcare affordability and~~  
2 ~~sustainability~~ fee described in subsections (5)(b)(I) to (5)(b)(IV) of this  
3 section or that minimize the number of hospitals that suffer losses as a  
4 result of paying the ~~healthcare affordability and sustainability~~ HOSPITAL  
5 PROVIDER fee;

6 (IX) To monitor the impact of the ~~healthcare affordability and~~  
7 ~~sustainability~~ HOSPITAL PROVIDER fee, THE NURSING FACILITY PROVIDER  
8 FEE, AND THE INTERMEDIATE CARE FACILITY FEE on the broader  
9 health-care marketplace;

10 (X) To establish requirements for the reports that hospitals must  
11 submit to the enterprise to allow the enterprise to calculate the amount of  
12 the ~~healthcare affordability and sustainability~~ HOSPITAL PROVIDER fee;  
13 and

14 (e) On or before January 15, 2018, and on or before January 15  
15 each year thereafter, the enterprise board shall submit a written report to  
16 the health and human services committee of the senate and the ~~public~~  
17 ~~health care~~ and human services committee of the house of representatives,  
18 or any successor committees, the joint budget committee of the general  
19 assembly, the governor, and the state board. The report shall include, but  
20 need not be limited to:

21 (II) A description of the formula for how the ~~healthcare~~  
22 ~~affordability and sustainability~~ HOSPITAL PROVIDER fee is calculated and  
23 the process by which the ~~healthcare affordability and sustainability~~ fee is  
24 assessed and collected;

25 (II.5) A DESCRIPTION OF THE FORMULA FOR HOW THE NURSING  
26 FACILITY PROVIDER FEE IS CALCULATED AND THE PROCESS BY WHICH THE  
27 FEE IS ASSESSED AND COLLECTED;



1 (II.7) A DESCRIPTION OF THE FORMULA FOR HOW THE  
2 INTERMEDIATE CARE FACILITY FEE IS CALCULATED AND THE PROCESS BY  
3 WHICH THE FEE IS ASSESSED AND COLLECTED;

4 (III) An itemization of the total amount of the ~~healthcare~~  
5 ~~affordability and sustainability~~ HOSPITAL PROVIDER fee paid by each  
6 hospital and any projected revenue that each hospital is expected to  
7 receive due to:

8 (III.5) AN ITEMIZATION OF THE TOTAL AMOUNT OF THE NURSING  
9 FACILITY PROVIDER FEE PAID BY EACH NURSING FACILITY PROVIDER AND  
10 ANY PROJECTED REVENUE THAT EACH NURSING FACILITY PROVIDER IS  
11 EXPECTED TO RECEIVE DUE TO INCREASED REIMBURSEMENTS AND  
12 SUPPLEMENTAL PAYMENTS MADE PURSUANT TO SUBSECTION (5.5)(b) OF  
13 THIS SECTION;

14 (III.7) AN ITEMIZATION OF THE TOTAL AMOUNT OF THE  
15 INTERMEDIATE CARE FACILITY FEE PAID BY EACH INTERMEDIATE CARE  
16 FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES AND ANY  
17 PROJECTED REVENUE THAT EACH INTERMEDIATE CARE FACILITY IS  
18 EXPECTED TO RECEIVE DUE TO INCREASED REIMBURSEMENTS MADE  
19 PURSUANT TO SUBSECTION (5.7)(b) OF THIS SECTION;

20 (IV) An itemization of the costs incurred by the enterprise in  
21 implementing and administering the ~~healthcare affordability and~~  
22 ~~sustainability~~ HOSPITAL PROVIDER fee, THE NURSING FACILITY PROVIDER  
23 FEE, AND THE INTERMEDIATE CARE FACILITY FEE;

24 (g) (I) THE FACILITY PROVIDER FEE ENTERPRISE SUPPORT BOARD  
25 IS CREATED WITHIN THE ENTERPRISE FOR THE PURPOSE OF SUPPORTING THE  
26 ENTERPRISE BOARD WITH THE IMPLEMENTATION OF THE NURSING FACILITY  
27 PROVIDER FEE AND THE INTERMEDIATE CARE FACILITY FEE. THE FACILITY

1 PROVIDER FEE ENTERPRISE SUPPORT BOARD CONSISTS OF EIGHT MEMBERS  
2 APPOINTED BY THE GOVERNOR, WITH THE ADVICE AND CONSENT OF THE  
3 SENATE, AS FOLLOWS:

4 (A) TWO MEMBERS WHO ARE REPRESENTATIVES OF NURSING  
5 FACILITY ASSOCIATIONS;

6 (B) TWO MEMBERS WHO ARE REPRESENTATIVES OF NURSING  
7 FACILITIES, WITH ONE MEMBER REPRESENTING A RURAL NURSING  
8 FACILITY;

9 (C) ONE MEMBER WHO IS A RESIDENT OF A LONG-TERM CARE  
10 FACILITY OR A CONSUMER OF LONG-TERM CARE SERVICES, OR A FAMILY  
11 MEMBER OR GUARDIAN REPRESENTING SUCH RESIDENT OR CONSUMER;

12 (D) ONE EMPLOYEE OF THE STATE DEPARTMENT;

13 (E) ONE EMPLOYEE OF THE DEPARTMENT OF HUMAN SERVICES  
14 CREATED IN SECTION 24-1-120; AND

15 (F) ONE EMPLOYEE OF THE DEPARTMENT OF PUBLIC HEALTH AND  
16 ENVIRONMENT CREATED IN SECTION 25-1-102.

17 (II) (A) MEMBERS OF THE FACILITY PROVIDER FEE ENTERPRISE  
18 SUPPORT BOARD SERVE AT THE PLEASURE OF THE GOVERNOR. ALL TERMS  
19 ARE FOR FOUR YEARS. A MEMBER WHO IS APPOINTED TO FILL A VACANCY  
20 SHALL SERVE THE REMAINDER OF THE UNEXPIRED TERM OF THE FORMER  
21 MEMBER.

22 (B) THE GOVERNOR SHALL MAKE THE INITIAL APPOINTMENTS TO  
23 THE FACILITY PROVIDER FEE ENTERPRISE SUPPORT BOARD AS SOON AS  
24 PRACTICAL FOLLOWING MAY 1, 2025.

25 (III) THE FACILITY PROVIDER FEE ENTERPRISE SUPPORT BOARD  
26 SHALL ELECT A CHAIR AND A VICE-CHAIR FROM AMONG ITS MEMBERS.

27 (IV) THE FACILITY PROVIDER FEE ENTERPRISE SUPPORT BOARD

1 SHALL FULFILL, AT A MINIMUM, THE FOLLOWING DUTIES ON BEHALF OF THE  
2 ENTERPRISE:

3 (A) TO DETERMINE THE TIMING AND METHOD BY WHICH THE  
4 ENTERPRISE ASSESSES THE NURSING FACILITY PROVIDER FEE AND THE  
5 INTERMEDIATE CARE FACILITY FEE AND THE AMOUNTS OF THE FEES;

6 (B) TO DETERMINE CHANGES IN THE NURSING FACILITY PROVIDER  
7 FEE THAT INCREASE THE NUMBER OF NURSING FACILITY PROVIDERS  
8 BENEFITTING FROM THE USES OF THE FEE DESCRIBED IN SUBSECTION  
9 (5.5)(b) OF THIS SECTION OR THAT MINIMIZE THE NUMBER OF NURSING  
10 FACILITY PROVIDERS THAT SUFFER LOSSES AS A RESULT OF PAYING THE  
11 NURSING FACILITY PROVIDER FEE;

12 (C) TO DETERMINE CHANGES IN THE INTERMEDIATE CARE FACILITY  
13 FEE THAT INCREASE THE NUMBER OF INTERMEDIATE CARE FACILITIES FOR  
14 INDIVIDUALS WITH INTELLECTUAL DISABILITIES THAT BENEFIT FROM THE  
15 USES OF THE FEE DESCRIBED IN SUBSECTION (5.7)(b) OF THIS SECTION OR  
16 THAT MINIMIZE THE NUMBER OF INTERMEDIATE CARE FACILITIES FOR  
17 INDIVIDUALS WITH INTELLECTUAL DISABILITIES THAT SUFFER LOSSES AS  
18 A RESULT OF PAYING THE NURSING FACILITY PROVIDER FEE;

19 (D) TO CONSULT WITH THE STATE BOARD ON THE RULES  
20 REGARDING PAYMENTS TO NURSING FACILITY PROVIDERS THAT IT ADOPTS  
21 PURSUANT TO SECTION 25.5-6-202 (10) AND (14)(a);

22 (E) TO CONSULT WITH THE STATE BOARD AND THE STATE  
23 DEPARTMENT ON THE RULES, PRICE SCHEDULES, AND ALLOWANCES  
24 REGARDING REIMBURSEMENT AND PAYMENTS TO INTERMEDIATE CARE  
25 FACILITIES THAT THEY ADOPT PURSUANT TO SECTION 25.5-6-204;

26 (F) TO ESTABLISH REQUIREMENTS FOR THE REPORTS THAT  
27 NURSING FACILITY PROVIDERS MUST SUBMIT TO THE ENTERPRISE TO

1 ALLOW THE ENTERPRISE TO CALCULATE THE AMOUNT OF THE NURSING  
2 FACILITY PROVIDER FEE; AND

3 (G) TO ESTABLISH REQUIREMENTS FOR THE REPORTS THAT  
4 INTERMEDIATE CARE FACILITIES MUST SUBMIT TO THE ENTERPRISE TO  
5 ALLOW THE ENTERPRISE TO CALCULATE THE AMOUNT OF THE  
6 INTERMEDIATE CARE FACILITY FEE.

7 (V) MEMBERS OF THE FACILITY PROVIDER FEE ENTERPRISE  
8 SUPPORT BOARD SERVE WITHOUT COMPENSATION BUT MUST BE  
9 REIMBURSED FROM MONEY IN THE NURSING FACILITY PROVIDER FEE CASH  
10 FUND OR THE INTERMEDIATE CARE FACILITY FEE CASH FUND FOR ACTUAL  
11 AND NECESSARY EXPENSES INCURRED IN THE PERFORMANCE OF THEIR  
12 DUTIES PURSUANT TO THIS SECTION.

13 (9) **Definitions.** AS USED IN THIS SECTION, UNLESS THE CONTEXT  
14 OTHERWISE REQUIRES:

15 (a) "CASE-MIX" HAS THE SAME MEANING AS SET FORTH IN SECTION  
16 25.5-6-201 (8).

17 (b) "CASE-MIX REIMBURSEMENT" HAS THE SAME MEANING AS SET  
18 FORTH IN SECTION 25.5-6-201 (12).

19 (c) "COLORADO HEALTHCARE AFFORDABILITY AND  
20 SUSTAINABILITY ENTERPRISE" OR "ENTERPRISE" MEANS THE ENTERPRISE  
21 CREATED IN SUBSECTION (3) OF THIS SECTION.

22 (d) "FACILITY PROVIDER FEE ENTERPRISE SUPPORT BOARD" MEANS  
23 THE FACILITY PROVIDER FEE ENTERPRISE SUPPORT BOARD CREATED IN  
24 SUBSECTION (7)(g) OF THIS SECTION.

25 (e) "HEALTHCARE AFFORDABILITY AND SUSTAINABILITY HOSPITAL  
26 PROVIDER FEE" OR "HOSPITAL PROVIDER FEE" MEANS THE HEALTHCARE  
27 AFFORDABILITY AND SUSTAINABILITY HOSPITAL PROVIDER FEE CHARGED

1 AND COLLECTED AS AUTHORIZED BY SUBSECTION (4) OF THIS SECTION.

2 (f) "HEALTHCARE AFFORDABILITY AND SUSTAINABILITY HOSPITAL  
3 PROVIDER FEE CASH FUND" OR "HOSPITAL PROVIDER FEE CASH FUND"  
4 MEANS THE HEALTHCARE AFFORDABILITY AND SUSTAINABILITY HOSPITAL  
5 PROVIDER FEE CASH FUND CREATED IN SUBSECTION (5) OF THIS SECTION.

6 (g) "HEALTHCARE AFFORDABILITY AND SUSTAINABILITY  
7 INTERMEDIATE CARE FACILITY FEE" OR "INTERMEDIATE CARE FACILITY  
8 FEE" MEANS THE HEALTHCARE AFFORDABILITY AND SUSTAINABILITY  
9 INTERMEDIATE CARE FACILITY FEE FOR INTERMEDIATE CARE FACILITIES  
10 FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES CHARGED AND  
11 COLLECTED AS AUTHORIZED BY SUBSECTION (4.7) OF THIS SECTION.

12 (h) "HEALTHCARE AFFORDABILITY AND SUSTAINABILITY  
13 INTERMEDIATE CARE FACILITY FEE CASH FUND" OR "INTERMEDIATE CARE  
14 FACILITY FEE CASH FUND" MEANS THE HEALTHCARE AFFORDABILITY AND  
15 SUSTAINABILITY INTERMEDIATE CARE FACILITY FEE CASH FUND CREATED  
16 IN SUBSECTION (5.7) OF THIS SECTION.

17 (i) "HEALTHCARE AFFORDABILITY AND SUSTAINABILITY NURSING  
18 FACILITY PROVIDER FEE" OR "NURSING FACILITY PROVIDER FEE" MEANS  
19 THE HEALTHCARE AFFORDABILITY AND SUSTAINABILITY NURSING FACILITY  
20 PROVIDER FEE CHARGED AND COLLECTED AS AUTHORIZED BY SUBSECTION  
21 (4.5) OF THIS SECTION.

22 (j) "HEALTHCARE AFFORDABILITY AND SUSTAINABILITY NURSING  
23 FACILITY PROVIDER FEE CASH FUND" OR "NURSING FACILITY PROVIDER FEE  
24 CASH FUND" MEANS THE HEALTHCARE AFFORDABILITY AND  
25 SUSTAINABILITY NURSING FACILITY PROVIDER FEE CASH FUND CREATED IN  
26 SUBSECTION (5.5) OF THIS SECTION.

27 (k) "HOSPITAL" MEANS A LICENSED OR CERTIFIED HOSPITAL.

1 (l) "NURSING FACILITY PROVIDER" HAS THE SAME MEANING AS SET  
2 FORTH IN SECTION 25.5-6-201 (25).

3 (m) "STATE MEDICAL ASSISTANCE PROGRAM" MEANS THE  
4 PROGRAM DESCRIBED IN THIS ARTICLE 4 AND ARTICLES 5 AND 6 OF THIS  
5 TITLE 25.5.

6 (n) "STATEWIDE AVERAGE PER DIEM RATE" HAS THE SAME  
7 MEANING AS SET FORTH IN SECTION 25.5-6-201 (35).

8 (o) "SUPPLEMENTAL MEDICAID PAYMENT" HAS THE SAME MEANING  
9 AS SET FORTH IN SECTION 25.5-6-201 (36).

10 **SECTION 2.** In Colorado Revised Statutes, 25.5-4-402.4, **amend**  
11 (2) introductory portion and (2)(d) introductory portion; and **amend as**  
12 **they will become effective July 1, 2025,** (2)(d)(I), (4)(a) introductory  
13 portion, and (4)(g)(I) as follows:

14 **25.5-4-402.4. Healthcare affordability and sustainability**  
15 **hospital provider fee - healthcare affordability and sustainability**  
16 **nursing facility provider fee - healthcare affordability and**  
17 **sustainability intermediate care facility fee - Colorado healthcare**  
18 **affordability and sustainability enterprise - federal waiver - funds**  
19 **created - reports - rules - legislative declaration - repeal.**

20 (2) **Legislative declaration.** The general assembly hereby finds and  
21 declares that:

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

26 (I) Obtains federal matching money and returns both the  
27 ~~healthcare affordability and sustainability~~ HOSPITAL PROVIDER fee and the

1 federal matching money to hospitals to increase reimbursement rates to  
2 hospitals for providing medical care under the state medical assistance  
3 program, including disproportionate share hospital payments pursuant to  
4 42 U.S.C. sec. 1396r-4, and to increase the number of individuals covered  
5 by public medical assistance; and

6 (4) **Healthcare affordability and sustainability fee.** (a) For the  
7 fiscal year commencing July 1, 2017, and for each fiscal year thereafter,  
8 the enterprise is authorized to charge and collect a healthcare affordability  
9 and sustainability HOSPITAL PROVIDER fee, as described in 42 CFR 433.68  
10 (b), on outpatient and inpatient services provided by all licensed or  
11 certified hospitals referred to in this section as "hospitals", for the purpose  
12 of obtaining federal financial participation under the state medical  
13 assistance program as described in this article 4 and articles 5 and 6 of  
14 this title 25.5, referred to in this section as the "state medical assistance  
15 program", including disproportionate share hospital payments pursuant  
16 to 42 U.S.C. sec. 1396r-4. If the amount of ~~healthcare affordability and~~  
17 ~~sustainability~~ HOSPITAL PROVIDER fee revenue collected exceeds the  
18 federal net patient revenue-based limit on the amount of such fee revenue  
19 that may be collected, requiring repayment to the federal government of  
20 excess federal matching money received, hospitals that received such  
21 excess federal matching money are responsible for repaying the excess  
22 federal money and any associated federal penalties to the federal  
23 government. The enterprise shall use the ~~healthcare affordability and~~  
24 ~~sustainability~~ HOSPITAL PROVIDER fee revenue to:

25 (g) (I) The state board shall promulgate any rules pursuant to the  
26 "State Administrative Procedure Act", article 4 of title 24, necessary for  
27 the administration and implementation of this section. Prior to submitting

1 any proposed rules concerning the administration or implementation of  
2 the ~~healthcare affordability and sustainability~~ HOSPITAL PROVIDER fee to  
3 the state board, the enterprise shall consult with the state board on the  
4 proposed rules as specified in subsection (7)(d) of this section.

5 **SECTION 3.** In Colorado Revised Statutes, 25.5-5-103, **amend**  
6 (1)(b) as follows:

7 **25.5-5-103. Mandated programs with special state provisions**  
8 **- rules.** (1) This section specifies programs developed by Colorado to  
9 meet federal mandates. These programs include but are not limited to:

10 (b) Special provisions relating to nursing facilities, as specified in  
11 ~~sections 25.5-6-201 to 25.5-6-203, 25.5-6-205, and 25.5-6-206~~ SECTIONS  
12 25.5-4-402.4 (4.5) AND (5.5), 25.5-6-201, 25.5-6-202, 25.5-6-205, AND  
13 25.5-6-206;

14 **SECTION 4.** In Colorado Revised Statutes, 25.5-6-202, **amend**  
15 (9)(b)(I) introductory portion, (9)(b)(II), and (9)(b)(VI); and **repeal** (5),  
16 (6), (7), (9)(b.3), and (9)(d) as follows:

17 **25.5-6-202. Providers - nursing facility provider**  
18 **reimbursement - exemption - rules - repeal.** (5) ~~Subject to available~~  
19 ~~appropriations and the priority of the uses of the provider fees as~~  
20 ~~established in section 25.5-6-203 (2)(b), in addition to the reimbursement~~  
21 ~~rate components paid pursuant to subsections (1) to (4) of this section, the~~  
22 ~~state department shall make a supplemental medicaid payment based~~  
23 ~~upon performance to those nursing facility providers that provide services~~  
24 ~~that result in better care and higher quality of life for their residents. The~~  
25 ~~state department shall determine the payment amount based upon~~  
26 ~~performance measures established in rules adopted by the state board in~~  
27 ~~the domains of quality of life, quality of care, and facility management.~~



1 Beginning July 1, 2024, the payment must not be less than twelve percent  
2 of total provider fee payments and must be adjusted for fiscal years  
3 2024-25 and 2025-26. No later than July 1, 2026, the payment must not  
4 be less than fifteen percent of total provider fee payments and must be  
5 annually adjusted thereafter. During each state fiscal year, the state  
6 department may discontinue the supplemental medicaid payment  
7 established pursuant to this subsection (5) to any nursing facility provider  
8 that fails to comply with the established performance measures during the  
9 state fiscal year, and the state department may initiate the supplemental  
10 medicaid payment established pursuant to this subsection (5) to any  
11 provider that comes into compliance with the established performance  
12 measures during the state fiscal year.

13 (6) Subject to available appropriations and the priority of the uses  
14 of the provider fees as established in section 25.5-6-203 (2)(b), in  
15 addition to the reimbursement rate components paid pursuant to  
16 subsections (1) to (5) of this section, the state department shall make a  
17 supplemental medicaid payment to nursing facility providers that serve  
18 residents:

19 (a) Who have severe mental health conditions that are classified  
20 at a level II by the medicaid program's preadmission screening and  
21 resident review assessment tool. The state department shall compute this  
22 payment annually as of July 1, 2009, and each July 1 thereafter, and it  
23 must not be less than two percent of the statewide average per diem rate  
24 for the combined rate components determined pursuant to subsections (1)  
25 to (4) of this section. Beginning July 1, 2023, the state department shall  
26 annually adjust the rate to ensure access to care for residents who have  
27 severe mental health conditions:

1           ~~(b) With severe dementia diseases and related disabilities or~~  
2           ~~acquired brain injury. The state department shall calculate the payment~~  
3           ~~based upon the resident's cognitive assessment established in rules~~  
4           ~~adopted by the state board. The state department shall compute this~~  
5           ~~payment annually as of July 1, 2009, and each July 1 thereafter, and it~~  
6           ~~must not be less than one percent of the statewide average per diem rate~~  
7           ~~for the combined rate components determined pursuant to subsections (1)~~  
8           ~~to (4) of this section. Beginning July 1, 2023, the state department shall~~  
9           ~~annually adjust the rate to ensure access to care for residents with severe~~  
10           ~~dementia diseases and related disabilities or acquired brain injury.~~

11           ~~(7) Subject to available moneys and the priority of the uses of the~~  
12           ~~provider fees as established in section 25.5-6-203 (2)(b), in addition to the~~  
13           ~~reimbursement rate components paid pursuant to subsections (1) to (6) of~~  
14           ~~this section, the state department shall pay a nursing facility provider a~~  
15           ~~supplemental medicaid payment for care and services rendered to~~  
16           ~~medicaid residents to offset payment of the provider fee assessed under~~  
17           ~~the provisions of section 25.5-6-203. The state department shall compute~~  
18           ~~this payment annually, as of July 1, 2009, and each July 1 thereafter.~~

19           (9) (b) (I) Except for changes in the number of patient days, the  
20           state department shall establish the general fund share of the aggregate  
21           statewide average of the per diem rate net of patient payment pursuant to  
22           subsections (1) to (4) of this section. The state's share of the  
23           reimbursement rate components pursuant to subsections (1) to (4) of this  
24           section may be funded through the provider fee assessed pursuant to  
25           ~~section 25.5-6-203~~ SECTION 25.5-4-402.4(4.5) and any associated federal  
26           funds. Any provider fee used as the state's share and all federal funds  
27           must be excluded from the calculation of the general fund share. For the

1 fiscal year commencing July 1, 2009, and for each fiscal year thereafter,  
2 the state department shall calculate the general fund share of the  
3 aggregate statewide average per diem rate net of patient payment pursuant  
4 to subsections (1) to (4) of this section using the rates that were effective  
5 on July 1 of that fiscal year; except that:

6 (II) If the aggregate statewide average per diem rate net of patient  
7 payment pursuant to subsections (1) to (4) of this section exceeds the  
8 general fund share, the amount of the average statewide per diem rate that  
9 exceeds the general fund share ~~shall~~ MUST be paid as a supplemental  
10 medicaid payment using the provider fee established under ~~section~~  
11 ~~25.5-6-203~~ SECTION 25.5-4-402.4 (4.5). Subject to the priority of the uses  
12 of the provider fee established under ~~section 25.5-6-203 (2)(b)~~ SECTION  
13 25.5-4-402.4 (5.5)(b), if the provider fee is insufficient to fully fund the  
14 supplemental medicaid payment, the supplemental medicaid payment  
15 ~~shall~~ MUST be reduced to all providers proportionately.

16 (VI) Notwithstanding any other provision of law, for the fiscal  
17 year commencing July 1, 2013, and each fiscal year thereafter, the general  
18 fund portion of the per diem rate pursuant to subsections (1) to (4) of this  
19 section shall be reduced by one and one-half percent. The state  
20 department may, but is not required to, increase the supplemental  
21 medicaid payment pursuant to ~~subparagraph (II) of this paragraph (b)~~  
22 SUBSECTION (9)(b)(II) OF THIS SECTION due to this reduction. ~~except that~~  
23 ~~the provider fee shall not exceed the amount specified in section~~  
24 ~~25.5-6-203 (1)(a)(II).~~

25 (b.3) (I) ~~For the fiscal year commencing July 1, 2009, and for each~~  
26 ~~fiscal year thereafter, if the provider fee established under section~~  
27 ~~25.5-6-203 is insufficient to fully fund the supplemental medicaid~~

1 ~~payments established under subsections (5) to (7) of this section, subject~~  
2 ~~to the priority of the uses of the provider fee established pursuant to~~  
3 ~~section 25.5-6-203 (2)(b), the state department may suspend or reduce the~~  
4 ~~supplemental medicaid payment subject to the uses of the provider fee~~  
5 ~~established under section 25.5-6-203.~~

6 ~~(H) If it is determined by the state department that the case-mix~~  
7 ~~reimbursement includes a factor for nursing facility providers that serve~~  
8 ~~residents with severe dementia diseases and related disabilities or~~  
9 ~~acquired brain injury, the state department may eliminate the~~  
10 ~~supplemental medicaid payment to those providers that serve residents~~  
11 ~~with severe dementia diseases and related disabilities or acquired brain~~  
12 ~~injury.~~

13 ~~(d) The reimbursement rate components pursuant to subsections~~  
14 ~~(5) to (7) of this section shall be funded entirely through the provider fee~~  
15 ~~assessed pursuant to the provisions of section 25.5-6-203 and any~~  
16 ~~associated federal funds. No general fund moneys shall be used to pay for~~  
17 ~~the reimbursement rate components established pursuant to subsections~~  
18 ~~(5) to (7) of this section.~~

19 **SECTION 5.** In Colorado Revised Statutes, 25.5-6-203, **repeal**  
20 **(1); and add (2)(a.5) and (3) as follows:**

21 **25.5-6-203. Nursing facilities - provider fees - federal waiver**  
22 **- fund created - rules - repeal.** (1) ~~(a)(I) Beginning with the fiscal year~~  
23 ~~commencing July 1, 2008, and each fiscal year thereafter, the state~~  
24 ~~department shall charge and collect provider fees on health-care items or~~  
25 ~~services provided by nursing facility providers for the purpose of~~  
26 ~~obtaining federal financial participation under the state's medical~~  
27 ~~assistance program as described in articles 4 to 6 of this title. As specified~~

1 by the priority of the uses of the provider fee in paragraph (b) of  
2 subsection (2) of this section, the provider fees shall be used to sustain or  
3 increase reimbursement for providing medical care under the state's  
4 medical assistance program for nursing facility providers:

5 (H) For the fiscal years commencing July 1, 2009, and July 1,  
6 2010, the provider fee shall not exceed seven dollars and fifty cents per  
7 nonmedicare-resident day. For the fiscal year commencing July 1, 2011,  
8 and each fiscal year thereafter, the provider fee shall not exceed twelve  
9 dollars per nonmedicare-resident day plus inflation based on the national  
10 skilled nursing facility market basket index as determined by the secretary  
11 of the department of health and human services pursuant to 42 U.S.C. sec.  
12 1395yy (e)(5) or any successor index.

13 (HH) In calculating the amount of the provider fee portion of the  
14 supplemental medicaid payments established under section 25.5-6-202  
15 (5), the state department may include an additional amount of up to five  
16 percent of the provider fee portion of said supplemental medicaid  
17 payments to initiate the payment to any provider who complies with the  
18 established performance measures during the state fiscal year.

19 (b) The provider fees shall be charged on a nonmedicare-resident  
20 day basis and shall be based upon the aggregate gross or net revenue, as  
21 prescribed by the state department, of all nursing facility providers subject  
22 to the provider fee. The state department may exempt revenue categories  
23 from the gross or net revenue calculation and the collection of the  
24 provider fee from nursing facility providers, as authorized by federal law.

25 (c)(I) In accordance with the redistributive method set forth in 42  
26 CFR 433.68 (c)(1) and (c)(2), the state department shall seek a waiver  
27 from the broad-based provider fees requirement or the uniform provider

1 fees requirement, or both, to exclude nursing facility providers from the  
2 provider fee. The state department shall exempt the following nursing  
3 facility providers to obtain federal approval and minimize the financial  
4 impact on nursing facility providers:

5 (A) A facility operated as a continuing care retirement community  
6 that provides a continuum of services by one operational entity providing  
7 independent living services, assisted living services, and skilled nursing  
8 care on a single, contiguous campus. Assisted living services include an  
9 assisted living residence as defined in section 25-27-102 or that provides  
10 assisted living services on-site, twenty-four hours per day, seven days per  
11 week.

12 (B) A skilled nursing facility owned and operated by the state;

13 (C) A nursing facility that is a distinct part of a facility that is  
14 licensed as a general acute care hospital; and

15 (D) A facility that has forty-five or fewer licensed beds.

16 (H) No later than July 1, 2026, the state department shall  
17 promulgate rules maintaining the exemptions identified in this subsection  
18 (1)(c) in order to minimize the financial impact on nursing facility  
19 providers.

20 (HH) This subsection (1)(c) is repealed, effective July 1, 2028.

21 (d) The state department may lower the amount of the provider fee  
22 charged to certain nursing facility providers to meet the requirements of  
23 42 CFR 433.68 (e) and to obtain federal approval.

24 (e) The imposition and collection of a provider fee shall be  
25 prohibited without the federal government's approval of a state medicaid  
26 plan amendment authorizing federal financial participation for the  
27 provider fees. The state department may alter the method prescribed in

1 this section to the extent necessary to meet the federal requirements and  
2 to obtain federal approval.

3 (f) ~~If the provider fee required by this subsection (1) is not~~  
4 ~~approved by the federal government, notwithstanding any other provision~~  
5 ~~of this section, the state department shall not implement the assessment~~  
6 ~~or collection of the provider fee from nursing facility providers.~~

7 (g) ~~The state department shall establish a schedule to assess and~~  
8 ~~collect the provider fee on a monthly basis. The state board shall establish~~  
9 ~~rules so that provider fee payments from a nursing facility provider and~~  
10 ~~the state department's supplemental medicaid payments to the nursing~~  
11 ~~facility are due as nearly simultaneously as feasible; except that the state~~  
12 ~~department's supplemental medicaid payments to the nursing facility shall~~  
13 ~~be due no more than fifteen days after the provider fee payment is~~  
14 ~~received from the nursing facility. The state department shall require each~~  
15 ~~nursing facility provider to report annually its total number of days of care~~  
16 ~~provided to nonmedicare residents.~~

17 (h) ~~The state department shall not assess or collect the provider~~  
18 ~~fee until state medicaid plan amendments adopting the medicaid~~  
19 ~~reimbursement system for the state's class I nursing facility providers,~~  
20 ~~pursuant to section 25.5-6-202, including the waiver with respect to the~~  
21 ~~provider fees pursuant to this section, have been approved by the federal~~  
22 ~~government.~~

23 (i) ~~The state board shall promulgate any rules pursuant to the~~  
24 ~~"State Administrative Procedure Act", article 4 of title 24, C.R.S.,~~  
25 ~~necessary for the administration and implementation of this section.~~

26 (j) ~~A nursing facility provider shall not include any amount of the~~  
27 ~~provider fee as a separate line item in its billing statements.~~

1 (2) (a.5) NOTWITHSTANDING ANY PROVISION OF THIS SUBSECTION  
2 (2) TO THE CONTRARY, ON JUNE 30, 2025, THE STATE TREASURER SHALL  
3 TRANSFER THE BALANCE OF THE FUND TO THE HEALTHCARE  
4 AFFORDABILITY AND SUSTAINABILITY NURSING FACILITY PROVIDER FEE  
5 CASH FUND CREATED IN SECTION 25.5-4-402.4 (5.5).

6 (3) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2025.

7 **SECTION 6.** In Colorado Revised Statutes, 25.5-6-204, **amend**  
8 (1)(c) as follows:

9 **25.5-6-204. Providers - reimbursement - intermediate care**  
10 **facility for individuals with intellectual disabilities - reimbursement**  
11 **- maximum allowable - repeal.** (1) (c) ~~(f) Beginning in fiscal year~~  
12 ~~2013-14, and for each fiscal year thereafter, the state department is~~  
13 ~~authorized to charge both privately owned intermediate care facilities for~~  
14 ~~individuals with intellectual disabilities and state-operated intermediate~~  
15 ~~care facilities for individuals with intellectual disabilities a service fee for~~  
16 ~~the purposes of maintaining the quality and continuity of services~~  
17 ~~provided by intermediate care facilities for individuals with intellectual~~  
18 ~~disabilities. The service fee charged by the state department pursuant to~~  
19 ~~this paragraph (c) will be assessed pursuant to rules adopted by the state~~  
20 ~~board but must not exceed five percent of the total costs incurred by all~~  
21 ~~intermediate care facilities for the fiscal year in which the service fee is~~  
22 ~~charged. The state board shall adopt rules consistent with federal law in~~  
23 ~~order to implement the provisions of this paragraph (c).~~

24 (II) ~~The moneys collected in each fiscal year pursuant to~~  
25 ~~subparagraph (f) of this paragraph (c) shall be transmitted by the state~~  
26 ~~department to the state treasurer, who shall credit the same to The service~~  
27 ~~fee fund which fund is hereby created and referred to in this paragraph (c)~~



1 SUBSECTION (1)(c) as the "fund". The ~~moneys~~ MONEY in the fund shall be  
2 subject to annual appropriation by the general assembly to the state  
3 department to be used toward the state match for the federal financial  
4 participation to reimburse intermediate care facilities for individuals with  
5 intellectual disabilities pursuant to this section. Any unexpended and  
6 unencumbered ~~moneys~~ MONEY remaining in the fund at the end of any  
7 fiscal year shall remain in the fund and not be credited or transferred to  
8 the general fund or any other fund.

9 (III) (A) NOTWITHSTANDING ANY PROVISION OF THIS SUBSECTION  
10 (1)(c) TO THE CONTRARY, ON JUNE 30, 2025, THE STATE TREASURER SHALL  
11 TRANSFER THE BALANCE OF THE SERVICE FEE FUND TO THE HEALTHCARE  
12 AFFORDABILITY AND SUSTAINABILITY INTERMEDIATE CARE FACILITY FEE  
13 CASH FUND CREATED IN SECTION 25.5-4-402.4 (5.7).

14 (B) THIS SUBSECTION (1)(c) IS REPEALED, EFFECTIVE JULY 1, 2025.

15 **SECTION 7.** In Colorado Revised Statutes, 25.5-6-210, **amend**  
16 (4)(b) as follows:

17 **25.5-6-210. Additional supplemental payments - nursing**  
18 **facilities - funding methodology - reporting requirement - rules -**  
19 **repeal.** (4) (b) For the purposes of federal upper payment limit  
20 calculations, the state department shall pursue federal matching funds for  
21 payments made pursuant to this section but only after securing federal  
22 matching funds for payments outlined in ~~sections 25.5-6-203 (2)~~  
23 SECTIONS 25.5-4-402.4 (5.5)(b) and 25.5-6-208.

24 **SECTION 8.** In Colorado Revised Statutes, 25-3-108, **amend** (7)  
25 as follows:

26 **25-3-108. Receivership.** (7) The department of public health and  
27 environment shall grant the receiver a license pursuant to section

1 25-3-102 and shall recommend certification for medicaid participation,  
2 and the department of health care policy and financing AND THE  
3 COLORADO HEALTHCARE AFFORDABILITY AND SUSTAINABILITY  
4 ENTERPRISE shall reimburse the receiver for the long-term health-care  
5 facility's medicaid residents pursuant to ~~section~~ SECTIONS 25.5-6-204  
6 ~~C.R.S.~~ AND 25.5-4-402.4 (5.7).

7 **SECTION 9.** In Colorado Revised Statutes, **amend** 2-3-119 as  
8 follows:

9 **2-3-119. Audit of healthcare affordability and sustainability**  
10 **hospital provider fee - cost shift.** At the discretion of the legislative  
11 audit committee, the state auditor shall conduct or cause to be conducted  
12 a performance and fiscal audit of the healthcare affordability and  
13 sustainability HOSPITAL PROVIDER fee established pursuant to section  
14 25.5-4-402.4.

15 **SECTION 10.** In Colorado Revised Statutes, 7-121-401, **amend**  
16 (33.5)(b)(V) as follows:

17 **7-121-401. General definitions.** As used in articles 121 to 137 of  
18 this title 7, unless the context otherwise requires:

19 (33.5) (b) Notwithstanding subsection (33.5)(a) of this section,  
20 "residential nonprofit corporation" does not include:

21 (V) A continuing care retirement community, as described in  
22 ~~section 25.5-6-203, C.R.S.~~ SECTION 25.5-4-402.4 (4.5)(d)(II)(A), operated  
23 by an entity that is licensed or otherwise subject to state regulation.

24 **SECTION 11.** In Colorado Revised Statutes, 10-16-1205, **amend**  
25 (5)(a) as follows:

26 **10-16-1205. Health insurance affordability fee - special**  
27 **assessment on hospitals - allocation of revenues.** (5) (a) The special

1 assessments on hospitals under subsection (1)(a)(II) of this section must  
2 comply with and not violate 42 CFR 433.68. If the federal centers for  
3 medicare and medicaid services in the United States department of health  
4 and human services informs the state that the state will not be in  
5 compliance with 42 CFR 433.68 as a result of the special assessment on  
6 hospitals pursuant to subsection (1)(a)(II) of this section, the enterprise  
7 shall reduce the amount of the special assessment as necessary to avoid  
8 any reduction in the healthcare affordability and sustainability HOSPITAL  
9 PROVIDER fee collected pursuant to section 25.5-4-402.4.

10 **SECTION 12.** In Colorado Revised Statutes, 25.5-4-402.8,  
11 **amend** (2)(g)(I) as follows:

12 **25.5-4-402.8. Hospital transparency report and requirements**  
13 **- definitions.** (2) (g) (I) If a hospital does not provide all of the  
14 information required pursuant to subsection (2)(b) of this section, the  
15 state department shall inform the hospital of its noncompliance within  
16 sixty days and identify the information that needs to be provided. If a  
17 hospital does not comply, the state department shall issue a corrective  
18 action plan with a timeline of sixty days required for compliance. If a  
19 hospital continues to not comply, the state department may create a  
20 mandatory pay-for-reporting compliance measure within the hospital  
21 transformation program that is tied to the healthcare affordability and  
22 sustainability HOSPITAL PROVIDER fee supplemental payment and is based  
23 on compliance with subsection (2)(b) of this section.

24 **SECTION 13.** In Colorado Revised Statutes, 25.5-5-201, **amend**  
25 (1)(o)(II) and (1)(r)(II) as follows:

26 **25.5-5-201. Optional provisions - optional groups - rules.**  
27 (1) (o) (II) Notwithstanding the provisions of subsection (1)(o)(I) of this

1 section, if the money in the healthcare affordability and sustainability  
2 HOSPITAL PROVIDER fee cash fund established pursuant to section  
3 25.5-4-402.4, together with the corresponding federal matching funds, is  
4 insufficient to fully fund all of the purposes described in section  
5 25.5-4-402.4 (5)(b), after receiving recommendations from the Colorado  
6 healthcare affordability and sustainability enterprise established pursuant  
7 to section 25.5-4-402.4 (3), for individuals with disabilities who are  
8 participating in the medicaid buy-in program established in part 14 of  
9 article 6 of this title 25.5, the state board by rule adopted pursuant to the  
10 provisions of section 25.5-4-402.4 (6)(b)(III) may reduce the medical  
11 benefits offered or the percentage of the federal poverty line to below  
12 four hundred fifty percent or may eliminate this eligibility group.

13 (r) (II) Notwithstanding the provisions of subsection (1)(r)(I) of  
14 this section, if the money in the healthcare affordability and sustainability  
15 HOSPITAL PROVIDER fee cash fund established pursuant to section  
16 25.5-4-402.4, together with the corresponding federal matching funds, is  
17 insufficient to fully fund all of the purposes described in section  
18 25.5-4-402.4 (5)(b), after receiving recommendations from the Colorado  
19 healthcare affordability and sustainability enterprise established pursuant  
20 to section 25.5-4-402.4 (3), for persons eligible for a medicaid buy-in  
21 program established pursuant to section 25.5-5-206, the state board by  
22 rule adopted pursuant to the provisions of section 25.5-4-402.4 (6)(b)(III)  
23 may reduce the medical benefits offered, or the percentage of the federal  
24 poverty line, or may eliminate this eligibility group.

25 **SECTION 14.** In Colorado Revised Statutes, 25.5-5-204.5,  
26 **amend** (2) as follows:

27 **25.5-5-204.5. Continuous eligibility - children.**

1 (2) Notwithstanding the provisions of subsection (1) of this section, if the  
2 money in the healthcare affordability and sustainability HOSPITAL  
3 PROVIDER fee cash fund established pursuant to section 25.5-4-402.4,  
4 together with the corresponding federal matching funds, is insufficient to  
5 fully fund all of the purposes described in section 25.5-4-402.4 (5)(b),  
6 after receiving recommendations from the Colorado healthcare  
7 affordability and sustainability enterprise established pursuant to section  
8 25.5-4-402.4 (3), the state board by rule adopted pursuant to the  
9 provisions of section 25.5-4-402.4 (6)(b)(III) may eliminate the  
10 continuous enrollment requirement pursuant to this section.

11 **SECTION 15.** In Colorado Revised Statutes, 25.5-6-1403,  
12 **amend** (5)(b) as follows:

13 **25.5-6-1403. Waivers and amendments.** (5) (b) The state  
14 department shall not prepare and submit the amendments to the state  
15 medical assistance plan pursuant to this subsection (5) if there are  
16 insufficient revenues from the healthcare affordability and sustainability  
17 HOSPITAL PROVIDER fee cash fund, created in section 25.5-4-402.4, for the  
18 administrative expenses associated with preparing and submitting the  
19 state plan amendments. If there are insufficient revenues from the  
20 healthcare affordability and sustainability HOSPITAL PROVIDER fee cash  
21 fund, the state department may accept and expend gifts, grants, or  
22 donations for this purpose.

23 **SECTION 16.** In Colorado Revised Statutes, 25.5-8-103, **amend**  
24 (4)(a)(II) and (4)(b)(II) as follows:

25 **25.5-8-103. Definitions - rules.** As used in this article 8, unless  
26 the context otherwise requires:

27 (4) "Eligible person" means:

1 (a) (II) Notwithstanding the provisions of subsection (4)(a)(I) of  
2 this section, if the money in the healthcare affordability and sustainability  
3 HOSPITAL PROVIDER fee cash fund established pursuant to section  
4 25.5-4-402.4 (5), together with the corresponding federal matching funds,  
5 is insufficient to fully fund all of the purposes described in section  
6 25.5-4-402.4 (5)(b), after receiving recommendations from the Colorado  
7 healthcare affordability and sustainability enterprise established pursuant  
8 to section 25.5-4-402.4 (3), for persons less than nineteen years of age,  
9 the state board may by rule adopted pursuant to the provisions of section  
10 25.5-4-402.4 (6)(b)(III) reduce the percentage of the federal poverty line  
11 to below two hundred sixty percent, but the percentage shall not be  
12 reduced to below two hundred thirteen percent.

13 (b) (II) Notwithstanding the provisions of subsection (4)(b)(I) of  
14 this section, if the money in the healthcare affordability and sustainability  
15 HOSPITAL PROVIDER fee cash fund established pursuant to section  
16 25.5-4-402.4 (5), together with the corresponding federal matching funds,  
17 is insufficient to fully fund all of the purposes described in section  
18 25.5-4-402.4 (5)(b), after receiving recommendations from the Colorado  
19 healthcare affordability and sustainability enterprise established pursuant  
20 to section 25.5-4-402.4 (3), for pregnant women, the state board by rule  
21 adopted pursuant to the provisions of section 25.5-4-402.4 (6)(b)(III) may  
22 reduce the percentage of the federal poverty line to below two hundred  
23 sixty percent, but the percentage shall not be reduced to below two  
24 hundred thirteen percent.

25 **SECTION 17. Appropriation - adjustments to 2025 long bill.**

26 (1) To implement this act, appropriations made in the annual general  
27 appropriation act for the 2025-26 state fiscal year to the department of

1 health care policy and financing from the Medicaid nursing facility cash  
 2 fund created in section 25.5-6-203 (2)(a), C.R.S., are decreased as  
 3 follows:

4	<b>Executive director's office, general administration</b>	
5	Personal services	\$246,811
6	Health, life, and dental	\$30,953
7	Short-term disability	\$65
8	Paid family and medical leave insurance	\$1,153
9	Unfunded liability amortization equalization	
10	disbursement payments	\$15,605
11	Salary survey	\$6,899
12	Step pay	\$461
13	PERA direct distribution	\$5,026
14	Workers' compensation	\$788
15	Operating expenses	\$13,200
16	Payment to risk management and property funds	\$772
17	Leased space	\$17,191
18	Payments to OIT	\$59,513
19	CORE operations	\$123
20	General professional services and special projects	\$1,250
21	<b>Executive director's office, utilization and quality review</b>	
22	<b>contracts</b>	
23	Professional services contracts	\$36,875
24	<b>Executive director's office, provider audits and services</b>	
25	Professional audit contracts	\$12,420
26	<b>Executive director's office, indirect cost recoveries</b>	
27	Indirect cost assessment	\$12,116

1	<b>Medical services premiums</b>	
2	Medical and long-term care services for Medicaid	
3	eligible individuals	\$62,525,000

4           (2) For the 2025-26 state fiscal year, \$62,986,221 is appropriated  
5 to the department of health care policy and financing. This appropriation  
6 is from the healthcare affordability and sustainability nursing facility  
7 provider fee cash fund created in section 25.5-4-402.4 (5.5)(a), C.R.S. To  
8 implement this act, the department may use this appropriation as follows:

9	<b>Executive director's office, general administration</b>	
10	Personal services	\$246,811
11	Health, life, and dental	\$30,953
12	Short-term disability	\$65
13	Paid family and medical leave insurance	\$1,153
14	Unfunded liability amortization equalization	
15	disbursement payments	\$15,605
16	Salary survey	\$6,899
17	Step pay	\$461
18	PERA direct distribution	\$5,026
19	Workers' compensation	\$788
20	Operating expenses	\$13,200
21	Payment to risk management and property funds	\$772
22	Leased space	\$17,191
23	Payments to OIT	\$59,513
24	CORE operations	\$123
25	General professional services and special projects	\$1,250

26           **Executive director's office, utilization and quality review**  
27           **contracts**



1	Professional services contracts	\$36,875
2	<b>Executive director's office, provider audits and services</b>	
3	Professional audit contracts	\$12,420
4	<b>Executive director's office, indirect cost recoveries</b>	
5	Indirect cost assessment	\$12,116
6	<b>Medical services premiums</b>	
7	Medical and long-term care services for Medicaid	
8	eligible individuals	\$62,525,000

9       (3) To implement this act, appropriations made in the annual general  
10 appropriation act for the 2025-26 state fiscal year to the department of  
11 health care policy and financing from the service fee fund created in  
12 section 25.5-6-204 (1)(c)(II), C.R.S., are decreased as follows:

13	<b>Executive director's office, general administration</b>	
14	Personal services	\$36,476
15	Health, life, and dental	\$4,955
16	Short-term disability	\$15
17	Paid family and medical leave insurance	\$169
18	Unfunded liability amortization equalization	
19	disbursement payments	\$2,287
20	Salary survey	\$1,150
21	Step pay	\$67
22	PERA direct distribution	\$737
23	Workers' compensation	\$116
24	Operating expenses	\$1,876
25	Payment to risk management and property funds	\$114
26	Leased space	\$2,371
27	Payments to OIT	\$8,789

1	CORE operations	\$18
2	<b>Executive director's office, indirect cost recoveries</b>	
3	Indirect cost assessment	\$1,778
4	<b>Medical services premiums</b>	
5	Medical and long-term care services for Medicaid	
6	eligible individuals	\$200,460
7	<b>Transfers to other state department Medicaid-funded programs,</b>	
8	<b>    human services</b>	
9	Regional centers for people with developmental	
10	disabilities	\$1,888,903
11	(4) For the 2025-26 state fiscal year, \$2,150,281 is appropriated to the	
12	department of health care policy and financing. This appropriation is from	
13	the healthcare affordability and sustainability intermediate care facility	
14	fee cash fund created in section 25.5-4-402.4 (5.7)(a), C.R.S. To	
15	implement this act, the department may use this appropriation as follows:	
16	<b>Executive director's office, general administration</b>	
17	Personal services	\$36,476
18	Health, life, and dental	\$4,955
19	Short-term disability	\$15
20	Paid family and medical leave insurance	\$169
21	Unfunded liability amortization equalization	
22	disbursement payments	\$2,287
23	Salary survey	\$1,150
24	Step pay	\$67
25	PERA direct distribution	\$737
26	Workers' compensation	\$116
27	Operating expenses	\$1,876

1	Payment to risk management and property funds	\$114
2	Leased space	\$2,371
3	Payments to OIT	\$8,789
4	CORE operations	\$18
5	<b>Executive director's office, indirect cost recoveries</b>	
6	Indirect cost assessment	\$1,778
7	<b>Medical services premiums</b>	
8	Medical and long-term care services for Medicaid	
9	eligible individuals	\$200,460
10	<b>Transfers to other state department Medicaid-funded programs,</b>	
11	<b>    human services</b>	
12	Regional centers for people with developmental	
13	disabilities	\$1,888,903

APPROPRIATION FROM

ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$

**SECTION 18. Appropriation to the department of health care policy and financing for the fiscal year beginning July 1, 2024.** In Session Laws of Colorado 2024, section

2 of chapter 519, (HB 24-1430), amend Part VI (2) and (7)(C)(6), as Part VI (2) and the affected totals are amended by section 1 of SB 25-093, as follows:

**Section 2. Appropriation.**

**PART VI**

**DEPARTMENT OF HEALTH CARE POLICY AND FINANCING**

**(2) MEDICAL SERVICES PREMIUMS**

Medical and Long-Term

Care Services for Medicaid

<u>Eligible Individuals<sup>24a</sup></u>	<u>12,081,998,495</u>	<u>2,376,915,878(M)</u>	<u>1,247,280,333<sup>a</sup></u>	<u>1,399,855,214<sup>b</sup></u>	<u>119,588,730<sup>c</sup></u>	<u>6,938,358,340</u>
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<sup>a</sup> This amount shall be from the General Fund Exempt Account created in Section 24-77-103.6 (2), C.R.S.

APPROPRIATION FROM

ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$

Of this amount, \$1,062,923,207 shall be from the Healthcare Affordability and Sustainability Fee Cash Fund created in Section 25.5-4-402.4 (5)(a), C.R.S., \$76,010,738 shall be from recoveries and recoupments, \$58,197,249 \$48,415,351 shall be from the Medicaid Nursing Facility Cash Fund created in Section 25.5-6-203 (2)(a), C.R.S., \$54,010,364 represents public funds certified as expenditures incurred by public emergency medical transportation providers, \$52,400,466 shall be from the Adult Dental Fund created in Section 25.5-5-207 (4)(a), C.R.S., \$46,929,200 shall be from the Health Care Expansion Fund created in Section 24-22-117 (2)(a)(I), C.R.S., \$24,736,077 represents public funds certified as expenditures incurred by public hospitals and agencies that are eligible for federal financial participation under the Medicaid program, \$20,376,822 shall be from the Home- and Community-based Services Improvement Fund created in Section 25.5-6-1805 (1), C.R.S., \$9,781,898 SHALL BE FROM THE HEALTHCARE AFFORDABILITY AND SUSTAINABILITY NURSING FACILITY PROVIDER FEE CASH FUND CREATED IN SECTION 25.5-4-402.4 (5.5)(a), C.R.S., \$1,491,000 shall be from the Tobacco Tax Cash Fund created in section 24-22-117 (1)(a), C.R.S., and meets the requirement to appropriate a portion of the revenues collected from the imposition of additional state cigarette and tobacco taxes to the Old Age Pension program for health related purposes pursuant to Section 21 of Article X of the State Constitution, \$857,151 shall be from the Tobacco Education Programs Fund created in Section 24-22-117 (2)(c)(I), C.R.S., \$700,000 shall be from an intergovernmental transfer from Denver Health, \$550,798 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 25.5-5-308 (8)(a)(I), C.R.S., \$471,682 shall be from the ARPA Home- and Community-Based Services Account created in Section 25.5-4-402.4 (5)(c)(I)(A), C.R.S., and \$200,460 shall be from the Service Fee Fund created in Section 25.5-6-204 (1)(c)(II), C.R.S.

Of this amount, \$107,671,715 shall be transferred from the Department of Higher Education from the Fee-for-service Contracts with State Institutions for Speciality Education Programs line item, \$9,253,841 shall be transferred from the Old Age Pension State Medical Program line item appropriation in the Other Medical Services division of this department, \$1,505,000 shall be from the Department of Early Childhood from the Home Visiting line item, and \$1,158,174 shall be transferred from Public School Health Services line item in the Other Medical Services division of this department.

APPROPRIATION FROM

	ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS
	\$	\$	\$	\$	\$	\$	\$
1							
2	<b><u>(7) TRANSFERS TO OTHER STATE DEPARTMENT MEDICAID-FUNDED PROGRAMS</u></b>						
3	<b><u>(C) Human Services</u></b>						
4	<b><u>(6) Office of Adults, Aging and Disability Services</u></b>						
5	<u>Administration</u>	<u>505,357</u>		<u>252,679(M)</u>			<u>252,678</u>
6	<u>Regional Centers for People</u>						
7	<u>with Developmental</u>						
8	<u>Disabilities</u>	<u>58,276,921</u>		<u>27,249,558(M)</u>	<u>1,888,903<sup>a</sup></u>		<u>29,138,460</u>
9	<u>Community Services for the</u>						
10	<u>Elderly</u>	<u>1,001,800</u>		<u>500,900(M)</u>			<u>500,900</u>
11		<u>59,784,078</u>					

13 <sup>a</sup> This OF THIS amount \$1,530,432 shall be from the Service Fee Fund created in Section 25.5-6-204 (1)(c)(II), C.R.S., AND \$358,471 SHALL BE FROM THE HEALTHCARE  
 14 AFFORDABILITY AND SUSTAINABILITY INTERMEDIATE CARE FACILITY CASH FUND CREATED IN SECTION 25.5-4-402.4 (5.7)(a), C.R.S.

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ITEM & SUBTOTAL	TOTAL	APPROPRIATION FROM				
		GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$
<b><u>TOTALS PART VI</u></b>						
<b><u>(HEALTH CARE</u></b>						
<b><u>POLICY AND</u></b>						
<b><u>FINANCING)</u></b> <sup>30</sup>	<u>\$16,304,072,844</u>	<u>\$3,819,066,512</u>	<u>\$1,247,571,367<sup>a</sup></u>	<u>\$1,913,251,446<sup>b</sup></u>	<u>\$137,592,164</u>	<u>\$9,186,591,355<sup>c</sup></u>

<sup>a</sup> Of this amount, \$1,247,280,333 shall be from the General Fund Exempt Account created in Section 24-77-103.6 (2), C.R.S., and \$291,034 shall be General Fund Exempt pursuant to Section 24-22-117 (1)(c)(I)(B.5), C.R.S. Said \$291,034 is not subject to the statutory limitation on General Fund appropriations imposed by Section 24-75-201.1, C.R.S.

<sup>b</sup> Of this amount, \$19,254,185 contains an (I) notation.

<sup>c</sup> Of this amount, \$438,736,989 contains an (I) notation.

1           **SECTION 19. Effective date.** This act takes effect May 1, 2025.

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