

CHAPTER 347

HEALTH CARE POLICY AND FINANCING

SENATE BILL 07-211

BY SENATOR(S) Hagedorn, Bacon, Boyd, Fitz-Gerald, Groff, Isgar, Morse, Sandoval, Shaffer, Tapia, Tochtrop, Tupa, and Williams;
also REPRESENTATIVE(S) McGihon.

AN ACT

CONCERNING IMPROVEMENTS TO HEALTH CARE FOR CHILDREN, AND MAKING AN APPROPRIATION THEREFOR.

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

SECTION 1. Legislative declaration. (1) The general assembly hereby finds and declares that:

(a) Providing quality health care coverage for all children in Colorado, regardless of economic status or geographic location, is of vital importance to the state;

(b) Healthy children will have fewer absences from school and be better prepared to learn;

(c) All low-income children in Colorado should have access to health coverage by the end of 2010; and

(d) In order to ensure that all low-income children are covered by the end of 2010, an advisory committee should be established to examine the barriers to coverage and investigate ways to expand coverage.

(2) The general assembly further finds and declares that there are certain steps that can be taken immediately to both increase the number of children receiving health coverage and improve the quality of the health care available for children, including:

(a) Authorizing the appointment of a chief medical officer for the department of health care policy and financing;

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

(b) Streamlining application methods and requirements for medicaid and the children's basic health plan;

(c) Reviewing measures of access to and quality of health care for children; and

(d) Developing clinical standards and methods of collecting, analyzing, and disclosing information concerning clinical performance.

SECTION 2. Part 2 of article 1 of title 25.5, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW SECTION to read:

25.5-1-202. Advisory committee on covering all children in Colorado - reports - repeal. (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(a) "CHILDREN'S BASIC HEALTH PLAN" MEANS THE PLAN ESTABLISHED PURSUANT TO ARTICLE 8 OF THIS TITLE.

(b) "COMMITTEE" MEANS THE ADVISORY COMMITTEE ON COVERING ALL CHILDREN IN COLORADO CREATED PURSUANT TO SUBSECTION (2) OF THIS SECTION.

(c) "MEDICAID" MEANS THE PROGRAM ESTABLISHED BY THE "COLORADO MEDICAL ASSISTANCE ACT" IN ARTICLES 4 TO 6 OF THIS TITLE.

(2) (a) THERE IS HEREBY CREATED IN THE STATE DEPARTMENT THE ADVISORY COMMITTEE ON COVERING ALL CHILDREN IN COLORADO TO PLAN AND OVERSEE THE IMPLEMENTATION OF A PLAN TO PROVIDE HEALTH COVERAGE FOR ALL LOW-INCOME CHILDREN IN COLORADO BY THE END OF 2010.

(b) (I) THE COMMITTEE SHALL CONSIST OF NOT MORE THAN FIFTEEN MEMBERS APPOINTED AS FOLLOWS:

(A) THE PRESIDENT OF THE SENATE AND THE SPEAKER OF THE HOUSE OF REPRESENTATIVES SHALL EACH APPOINT TWO MEMBERS OF THE COMMITTEE.

(B) THE MINORITY LEADER OF THE SENATE AND THE MINORITY LEADER OF THE HOUSE OF REPRESENTATIVES SHALL EACH APPOINT ONE MEMBER OF THE COMMITTEE.

(C) THE GOVERNOR SHALL APPOINT NOT MORE THAN NINE MEMBERS OF THE COMMITTEE.

(II) MEMBERS OF THE COMMITTEE SHALL INCLUDE BUT NOT BE LIMITED TO CHILD HEALTH ADVOCATES AND RECIPIENTS AND PROVIDERS OF MEDICAL ASSISTANCE. MEMBERS OF THE COMMITTEE SHALL SERVE WITHOUT COMPENSATION BUT MAY BE REIMBURSED FOR EXPENSES INCURRED IN CONNECTION WITH THEIR SERVICE ON THE COMMITTEE IF THE STATE DEPARTMENT RECEIVES GIFTS, GRANTS, OR DONATIONS TO COVER THE COSTS OF THE REIMBURSEMENTS.

(3) (a) THE COMMITTEE SHALL:

(I) DEVELOP AND OVERSEE THE IMPLEMENTATION OF A PLAN TO ENSURE THAT ALL LOW-INCOME CHILDREN IN COLORADO HAVE HEALTH COVERAGE BY THE END OF 2010; AND

(II) MAKE RECOMMENDATIONS FOR CHANGES IN LEGISLATION AND RULES TO INCREASE ENROLLMENT OF CHILDREN IN MEDICAID AND THE CHILDREN'S BASIC HEALTH PLAN.

(b) IN CONNECTION WITH ITS DUTIES AS DESCRIBED IN PARAGRAPH (a) OF THIS SUBSECTION (3), THE COMMITTEE SHALL:

(I) REVIEW THE MARKETING AND ENROLLMENT PRACTICES AND THE EXPENDITURE OF MONEYS FOR THOSE PRACTICES FROM SECTION 21 OF ARTICLE X OF THE STATE CONSTITUTION;

(II) ANALYZE ENROLLMENT AND REENROLLMENT BARRIERS TO MEDICAID AND THE CHILDREN'S BASIC HEALTH PLAN AND METHODS TO OVERCOME THE BARRIERS;

(III) INVESTIGATE THE FEASIBILITY OF EXPANDING THE SITES WITH DIRECT ACCESS TO THE STATE SYSTEM FOR ENROLLMENT IN MEDICAID AND THE CHILDREN'S BASIC HEALTH PLAN;

(IV) INVESTIGATE THE FEASIBILITY OF CENTRALIZING ENROLLMENT IN MEDICAID AND THE CHILDREN'S BASIC HEALTH PLAN;

(V) ANALYZE METHODS TO IMPROVE COMMUNICATION AMONG THE STATE DEPARTMENT, THE DEPARTMENT OF HUMAN SERVICES AND COUNTY DEPARTMENTS OF SOCIAL SERVICES;

(VI) INVESTIGATE THE FEASIBILITY OF SHARING INCOME ELIGIBILITY INFORMATION AND VERIFICATION WITH OTHER BENEFIT PROGRAMS;

(VII) REVIEW QUARTERLY ENROLLMENT DATA FOR MEDICAID AND THE CHILDREN'S BASIC HEALTH PLAN BY COUNTY OR GEOGRAPHIC REGION; AND

(VIII) CONSIDER OTHER ISSUES IDENTIFIED BY THE COMMITTEE.

(c) THE COMMITTEE SHALL SUBMIT REPORTS AND RECOMMENDATIONS AT LEAST ON OR BEFORE NOVEMBER 1, 2007, AND ON OR BEFORE NOVEMBER 1 EACH YEAR THEREAFTER. THE COMMITTEE SHALL SUBMIT ITS REPORTS AND RECOMMENDATIONS TO THE HEALTH AND HUMAN SERVICES COMMITTEES OF THE SENATE AND THE HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AND TO THE JOINT BUDGET COMMITTEE.

(4) (a) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2012.

(b) PRIOR TO SAID REPEAL, THE ADVISORY COMMITTEE SHALL BE REVIEWED AS PROVIDED FOR IN SECTION 2-3-1203, C.R.S.

SECTION 3. Part 1 of article 1 of title 25.5, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW SECTION to read:

25.5-1-105.5. Chief medical officer - qualifications. (1) THE EXECUTIVE DIRECTOR MAY APPOINT A CHIEF MEDICAL OFFICER WHO SHALL:

(a) HAVE A DEGREE OF DOCTOR OF MEDICINE OR DOCTOR OF OSTEOPATHY AND BE LICENSED TO PRACTICE MEDICINE IN THE STATE OF COLORADO;

(b) HAVE AT LEAST TWO YEARS OF POST-GRADUATE EXPERIENCE IN PRIMARY CARE; AND

(c) HAVE AT LEAST TWO YEARS OF EXPERIENCE IN AN ADMINISTRATIVE CAPACITY IN A HEALTH CARE ORGANIZATION.

(2) THE CHIEF MEDICAL OFFICER SHALL, WITH THE ASSISTANCE OF ADVISORY COMMITTEES OF THE STATE DEPARTMENT, PROVIDE MEDICAL JUDGMENT AND ADVICE REGARDING ALL MEDICAL ISSUES INVOLVING PROGRAMS ADMINISTERED BY THE STATE DEPARTMENT.

SECTION 4. 25.5-5-204, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW SUBSECTION to read:

25.5-5-204. Presumptive eligibility - pregnant women - children - state plan. (2.5) A CHILD UNDER THE AGE OF EIGHTEEN YEARS SHALL BE PRESUMPTIVELY ELIGIBLE FOR THE MEDICAL ASSISTANCE PROGRAM AND SHALL RECEIVE SERVICES SPECIFIED BY FEDERAL LAW ONLY IF A PARENT OR LEGAL GUARDIAN OF THE CHILD DECLARES ALL PERTINENT INFORMATION RELATING TO THE CRITERIA OF INCOME, ASSETS, AND STATUS OF THE CHILD'S FAMILY.

SECTION 5. 25.5-5-205 (3) (d), Colorado Revised Statutes, is amended to read:

25.5-5-205. Baby and kid care program - creation - eligibility. (3) (d) An asset test shall not be applied as a condition of eligibility for a child under this subsection (3). A CHILD UNDER THIS SUBSECTION (3) WHOSE FAMILY INCOME DOES NOT EXCEED THE APPLICABLE LEVEL PURSUANT TO PARAGRAPH (b) OR (c) OF THIS SUBSECTION (3) SHALL BE PRESUMPTIVELY ELIGIBLE UNDER THIS SECTION.

SECTION 6. 25.5-8-109 (3), the introductory portion to 25.5-8-109 (4), and 25.5-8-109 (4) (b), Colorado Revised Statutes, are amended to read:

25.5-8-109. Eligibility - children - pregnant women - repeal. (3) The department may establish procedures such that children with family incomes that exceed ~~one hundred eighty-five~~ THE percent of the federal poverty guidelines SPECIFIED IN SECTION 25.5-8-103 (4) (a) may enroll in the plan, but are not eligible for subsidies from the department.

(4) A CHILD WHOSE FAMILY INCOME DOES NOT EXCEED THE APPLICABLE LEVEL SPECIFIED IN SECTION 25.5-8-103 (4) (a) SHALL BE PRESUMPTIVELY ELIGIBLE FOR THE PLAN. Children who are determined to be eligible for the plan shall remain eligible for twelve months subsequent to the last day of the month in which they were enrolled; except that a child shall no longer be eligible for the plan and shall be disenrolled from the plan if the department becomes aware of or is notified that any of the following has occurred:

(b) The child has been enrolled in the medicaid program; EXCEPT THAT, IN DISENROLLING A CHILD PURSUANT TO THIS PARAGRAPH (b), THE DEPARTMENT SHALL ENSURE THAT THE CHILD IS CONTINUOUSLY COVERED UNDER THIS SECTION UNTIL THE COVERAGE IS ATTAINED UNDER THE MEDICAID PROGRAM AND THAT THERE IS NO GAP IN COVERAGE; or

SECTION 7. 24-76.5-103 (3) (e) (III) and (3) (f), Colorado Revised Statutes, are amended, and the said 24-76.5-103 (3) is further amended BY THE ADDITION OF A NEW PARAGRAPH, to read:

24-76.5-103. Verification of lawful presence - exceptions - reporting.

(3) Verification of lawful presence in the United States shall not be required:

(e) For programs, services, or assistance, such as soup kitchens, crisis counseling and intervention, and short-term shelter specified by federal law or regulation that:

(III) Are necessary for the protection of life or safety; or

(f) For ~~prenatal care~~ PREGNANT WOMEN; OR

(g) FOR INDIVIDUALS OVER THE AGE OF EIGHTEEN YEARS AND UNDER THE AGE OF NINETEEN YEARS WHO CONTINUE TO BE ELIGIBLE FOR MEDICAL ASSISTANCE PROGRAMS AFTER THEIR EIGHTEENTH BIRTHDAY.

SECTION 8. Part 1 of article 1 of title 25.5, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW SECTION to read:

25.5-1-113.5. Children's access to health care - reports. (1) ON OR BEFORE JANUARY 1, 2008, AND ON OR BEFORE EACH JANUARY 1 THEREAFTER, THE STATE DEPARTMENT SHALL SUBMIT A REPORT TO THE HEALTH AND HUMAN SERVICES COMMITTEES OF THE SENATE AND THE HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, ON MEASURES OF ACCESS TO AND QUALITY OF HEALTH CARE FOR CHILDREN ELIGIBLE FOR PROGRAMS PURSUANT TO THIS TITLE, INCLUDING BUT NOT LIMITED TO DATA SHOWING WHETHER:

(a) PROVIDERS FOR CHILDREN ARE PARTICIPATING IN THE PROGRAMS AND ARE ACCEPTING ELIGIBLE CHILDREN AS PATIENTS ON A REGULAR BASIS;

(b) ELIGIBLE CHILDREN ARE ENROLLING IN PROGRAMS UNDER THIS TITLE AND ARE REMAINING ENROLLED SO THAT THE CHILDREN HAVE CONTINUITY OF CARE;

(c) ELIGIBLE CHILDREN ARE RECEIVING THE EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT SERVICES REQUIRED BY FEDERAL LAW, INCLUDING BUT NOT LIMITED TO REGULAR PREVENTATIVE CARE AND, WHEN APPROPRIATE, TIMELY SPECIALTY CARE, AND THAT PROVIDERS ARE ACCURATELY REPORTING THE DATA FROM THESE VISITS; AND

(d) PROVIDERS ARE USING OTHER APPROPRIATE MEASURES OF ACCESS AND QUALITY TO IMPROVE HEALTH OUTCOMES AND MAXIMIZE THE EXPENDITURE OF HEALTH CARE RESOURCES.

SECTION 9. Part 1 of article 1 of title 25.5, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW SECTION to read:

25.5-1-109.5. Clinical standards - development - reports. (1) THE GENERAL ASSEMBLY FINDS THAT:

(a) IT IS IMPORTANT TO COLLECT AND ANALYZE OBJECTIVE CLINICAL STANDARDS TO MAXIMIZE THE SCARCE DOLLARS AVAILABLE FOR MEDICAL CARE; AND

(b) THE DEVELOPMENT OF AN ONGOING, TRANSPARENT MEASUREMENT OF HEALTH OUTCOMES IS ESSENTIAL TO ENSURE QUALITY HEALTH CARE FOR COLORADANS.

(2) (a) THE STATE DEPARTMENT, FOLLOWING CONSULTATION WITH EXTERNAL CLINICAL ADVISORS, SHALL DEVELOP CLINICAL STANDARDS AND METHODS FOR COLLECTING, ANALYZING, AND DISCLOSING INFORMATION REGARDING CLINICAL PERFORMANCE, INCLUDING BUT NOT LIMITED TO IMMUNIZATION RATES, MEDICAL HOME STANDARDS, CLINICAL CARE GUIDELINES, CARE COORDINATION, CASE MANAGEMENT, DISEASE MANAGEMENT, AND COORDINATION AND INTEGRATION OF MENTAL HEALTH SERVICES. THE STANDARDS AND METHODS SHALL BE CONSISTENT WITH NATIONAL GUIDELINES AND STANDARDS REGARDING THE COLLECTION AND ANALYSIS OF HEALTH DATA, WHERE FEASIBLE, AND SHALL MEET THE FEDERAL REPORTING REQUIREMENTS ESTABLISHED UNDER TITLES XIX AND XXI OF THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SECS. 1396 AND 1397.

(b) THE STATE DEPARTMENT SHALL REVIEW DATA COLLECTED PURSUANT TO PARAGRAPH (a) OF THIS SUBSECTION (2) AND ASSESS THE HEALTH OUTCOMES FOR PROGRAMS ADMINISTERED BY THE STATE DEPARTMENT. ON OR BEFORE JULY 1, 2008, AND ON OR BEFORE EACH JULY 1 THEREAFTER, BASED ON THE REVIEW OF THIS DATA, THE STATE DEPARTMENT SHALL RECOMMEND TO THE HEALTH AND HUMAN SERVICES COMMITTEES OF THE SENATE AND THE HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, STRATEGIES TO IMPROVE HEALTH OUTCOMES.

SECTION 10. 2-3-1203 (3), Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW PARAGRAPH to read:

2-3-1203. Sunset review of advisory committees. (3) The following dates are the dates for which the statutory authorization for the designated advisory committees is scheduled for repeal:

(y) JULY 1, 2012: THE ADVISORY COMMITTEE ON COVERING ALL CHILDREN IN COLORADO, CREATED IN SECTION 25.5-1-202, C.R.S.

SECTION 11. Appropriation - adjustment to the 2007 long bill. (1) For the implementation of this act, appropriations made in the annual general appropriation act to the department of health care policy and financing, for the fiscal year beginning July 1, 2007, shall be adjusted as follows:

(a) The general fund appropriation to the executive director's office, for personal services, is increased by the sum of thirty-two thousand four hundred three dollars (\$32,403) and 1.3 FTE. Said sum shall be subject to the "(M)" notation as defined in the general appropriation act. In addition to said appropriation, the general

assembly anticipates that, for the fiscal year beginning July 1, 2007, the department of health care policy and financing will receive the sum of thirty-two thousand four hundred three dollars (\$32,403) in federal funds for the implementation of this act. Although the federal funds are not appropriated in this act, they are noted for the purpose of indicating the assumptions used relative to these funds in developing state appropriation amounts.

(b) The general fund appropriation to the executive director's office, for operating expenses, is increased by two thousand nine hundred sixty-seven dollars (\$2,967). Said sum shall be subject to the "(M)" notation as defined in the general appropriation act. In addition to said appropriation, the general assembly anticipates that, for the fiscal year beginning July 1, 2007, the department of health care policy and financing will receive the sum of two thousand nine hundred sixty-seven dollars (\$2,967) in federal funds for the implementation of this act. Although the federal funds are not appropriated in this act, they are noted for the purpose of indicating the assumptions used relative to these funds in developing state appropriation amounts.

(c) The general fund appropriation to the executive director's office, for allocation to external quality review, is increased by seventeen thousand five hundred dollars (\$17,500). Said sum shall be subject to the "(M)" notation as defined in the general appropriation act. In addition to said appropriation, the general assembly anticipates that, for the fiscal year beginning July 1, 2007, the department of health care policy and financing will receive the sum of fifty-two thousand five hundred dollars (\$52,500) in federal funds for the implementation of this act. Although the federal funds are not appropriated in this act, they are noted for the purpose of indicating the assumptions used relative to these funds in developing state appropriation amounts.

(d) The appropriation to the department of human services medicaid-funded programs, for the office of information technology services - medicaid funding, for allocation to the Colorado benefits management system, is increased by twenty thousand six hundred eighty-seven dollars (\$20,687). Of said sum, nine thousand six hundred ninety-two dollars (\$9,692) shall be from the general fund, one thousand one hundred dollars (\$1,100) shall be from the children's basic health plan trust fund created in section 25.5-8-105 (1), Colorado Revised Statutes, one hundred thirty-seven dollars (\$137) shall be from the old age pension fund, and nine thousand seven hundred fifty-eight dollars (\$9,758) shall be from federal funds.

(2) For the implementation of this act, appropriations made in the annual general appropriation act to the department of human services, for the office of information technology services, for allocation to the Colorado benefits management system, for the fiscal year beginning July 1, 2007, shall be increased by fifty-nine thousand six hundred dollars (\$59,600). Of said sum, nine thousand six hundred ninety-two dollars (\$9,692) shall be from the general fund, four thousand six hundred seventy dollars (\$4,670) shall be from the old age pension fund created pursuant to article XXIV of the state constitution, twenty thousand six hundred eighty-seven dollars (\$20,687) shall be cash funds exempt transferred from the department of health care policy and financing, and twenty-four thousand nine hundred four dollars (\$24,904) shall be from federal funds.

SECTION 12. Effective date. (1) Except as otherwise provided in subsection (2) of this section, this act shall take effect July 1, 2007.

(2) Sections 4, 5, and 6 of this act shall take effect January 1, 2008, and sections 8 and 9 shall take effect July 1, 2007, only if:

(a) The final fiscal estimate for House Bill 07-1021 as reflected in the appropriations clause for said act shows a net general fund savings that is equal to or greater than the final general fund fiscal estimate for sections 4, 5, 6, 8, and 9 of this act;

(b) House Bill 07-1021 is enacted at the First Regular Session of the Sixty-sixth General Assembly and becomes law; and

(c) The staff director of the joint budget committee files written notice with the revisor of statutes no later than July 15, 2007, that the requirement set forth in paragraph (a) of this subsection (2) has been met.

SECTION 13. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: May 31, 2007