

**First Regular Session  
Sixty-sixth General Assembly  
STATE OF COLORADO**

**ENGROSSED**

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

LLS NO. 07-0630.03 Jane Ritter

**SENATE BILL 07-130**

---

**SENATE SPONSORSHIP**

**Boyd,**

**HOUSE SPONSORSHIP**

**(None),**

---

**Senate Committees**

Health and Human Services  
Appropriations

**House Committees**

---

**A BILL FOR AN ACT**

101 **CONCERNING MEDICAL HOMES FOR CHILDREN, AND MAKING AN**  
102 **APPROPRIATION THEREFOR.**

---

**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)*

Defines the term "medical home" as a primary care practice that provides continuous, accessible, and comprehensive medical and nonmedical services to a child and his or her family.

Instructs the state department of health care policy and financing ("department") to develop systems and standards to maximize the number of children who are enrolled in the medical assistance program or the children's basic health plan who have a medical home. Requires the

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
*Capital letters indicate new material to be added to existing statute.*  
*Dashes through the words indicate deletions from existing statute.*

SENATE  
Amended 2nd Reading  
April 17, 2007

department to report annually their progress toward maximizing the number of children who have a medical home and who are enrolled in the medical assistance program or the children's basic health plan.

---

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

2 **SECTION 1.** 25.5-1-103, Colorado Revised Statutes, is amended  
3 BY THE ADDITION OF A NEW SUBSECTION to read:

4 **25.5-1-103. Definitions.** As used in this title, unless the context  
5 otherwise requires:

6 (5.5) "MEDICAL HOME" MEANS AN APPROPRIATELY QUALIFIED  
7 MEDICAL SPECIALTY, DEVELOPMENTAL, THERAPEUTIC, OR MENTAL  
8 HEALTH CARE PRACTICE THAT VERIFIABLY ENSURES CONTINUOUS,  
9 ACCESSIBLE, AND COMPREHENSIVE ACCESS TO AND COORDINATION OF  
10 COMMUNITY-BASED MEDICAL CARE, MENTAL HEALTH CARE, ORAL HEALTH  
11 CARE, AND RELATED SERVICES FOR A CHILD. A MEDICAL HOME MAY ALSO  
12 BE REFERRED TO AS A HEALTH CARE HOME. A MEDICAL HOME SHALL  
13 OFFER FAMILY-CENTERED, COMPASSIONATE, CULTURALLY EFFECTIVE  
14 CARE AND SENSITIVE, RESPECTFUL COMMUNICATION TO A CHILD AND HIS  
15 OR HER FAMILY. IF A CHILD'S MEDICAL HOME IS NOT A PRIMARY MEDICAL  
16 CARE PROVIDER, THE CHILD MUST HAVE A PRIMARY MEDICAL CARE  
17 PROVIDER TO ENSURE THAT A CHILD'S PRIMARY MEDICAL CARE NEEDS ARE  
18 APPROPRIATELY ADDRESSED. ALL MEDICAL HOMES SHALL ENSURE, AT A  
19 MINIMUM, THE FOLLOWING:

- 20 (a) HEALTH MAINTENANCE AND PREVENTATIVE CARE;
- 21 (b) ANTICIPATORY GUIDANCE AND HEALTH EDUCATION;
- 22 (c) ACUTE AND CHRONIC ILLNESS CARE;
- 23 (d) COORDINATION OF MEDICATIONS, SPECIALISTS, AND  
24 THERAPIES;

- 1 (e) PROVIDER PARTICIPATION IN HOSPITAL CARE; AND
- 2 (f) TWENTY-FOUR-HOUR TELEPHONE CARE.

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

6 **25.5-1-123. Medical homes for children - legislative**  
7 **declaration - duties of the department - reporting requirements.**

8 (1) THE GENERAL ASSEMBLY HEREBY FINDS AND DECLARES THAT:

9 (a) THE BEST MEDICAL CARE FOR INFANTS, CHILDREN, AND  
10 ADOLESCENTS IS PROVIDED THROUGH A MEDICAL HOME, AS DEFINED IN  
11 SECTION 25.5-1-103, AND THAT IS CONSISTENT WITH THE JOINT PRINCIPLES  
12 OF A PATIENT-CENTERED MEDICAL HOME. THOSE PRINCIPLES SHALL  
13 INCLUDE A WHOLE PERSON ORIENTATION, CARE THAT IS COORDINATED  
14 AND INTEGRATED ACROSS ALL ELEMENTS OF THE COMPLEX HEALTH CARE  
15 SYSTEM AND THE PATIENT'S COMMUNITY, AND CARE THAT PROVIDES FOR  
16 QUALITY AND SAFETY OF THE PATIENT WHERE QUALIFIED HEALTH CARE  
17 PRACTITIONERS PROVIDE PRIMARY CARE AND HELP MANAGE AND  
18 FACILITATE ALL ASPECTS OF MEDICAL CARE;

19 (b) INFANTS, CHILDREN, AND ADOLESCENTS AND THEIR FAMILIES  
20 WORK BEST WITH A HEALTH CARE PRACTITIONER WHO KNOWS THE FAMILY  
21 AND WHO DEVELOPS A PARTNERSHIP OF MUTUAL RESPONSIBILITY AND  
22 TRUST;

23 (c) MEDICAL CARE PROVIDED THROUGH EMERGENCY  
24 DEPARTMENTS, WALK-IN CLINICS, AND OTHER URGENT-CARE FACILITIES IS  
25 OFTEN MORE COSTLY AND LESS EFFECTIVE THAN CARE GIVEN BY A  
26 PHYSICIAN WITH PRIOR KNOWLEDGE OF THE CHILD AND HIS OR HER  
27 FAMILY; AND

1 (d) THE STATE DEPARTMENT SHOULD STRIVE TO FIND A MEDICAL  
2 HOME FOR EACH CHILD RECEIVING SERVICES THROUGH THE STATE  
3 MEDICAL ASSISTANCE PROGRAM, ARTICLES 4, 5, AND 6 OF THIS TITLE, OR  
4 THE CHILDREN'S BASIC HEALTH PLAN, ARTICLE 8 OF THIS TITLE.

5 (2) THE STATE DEPARTMENT, IN CONJUNCTION WITH THE  
6 COLORADO MEDICAL HOME INITIATIVE IN THE DEPARTMENT OF PUBLIC  
7 HEALTH AND ENVIRONMENT, SHALL DEVELOP SYSTEMS AND STANDARDS  
8 TO MAXIMIZE THE NUMBER OF CHILDREN ENROLLED IN THE STATE  
9 MEDICAL ASSISTANCE PROGRAM OR THE CHILDREN'S BASIC HEALTH PLAN  
10 WHO HAVE A MEDICAL HOME.

11 (3) THE STATE DEPARTMENT SHALL REPORT ANNUALLY TO THE  
12 HEALTH AND HUMAN SERVICES COMMITTEES OF THE HOUSE OF  
13 REPRESENTATIVES AND THE SENATE, OR ANY SUCCESSOR COMMITTEES, ON  
14 PROGRESS MADE TOWARD MAXIMIZING THE NUMBER OF CHILDREN WITH  
15 A MEDICAL HOME WHO ARE ENROLLED IN THE STATE MEDICAL ASSISTANCE  
16 PROGRAM OR THE CHILDREN'S BASIC HEALTH PLAN.

17 **SECTION 3. Appropriation.** In addition to any other  
18 appropriation, there is hereby appropriated, out of any moneys in the  
19 general fund not otherwise appropriated, to the department of health care  
20 policy and financing, for allocation to the executive director's office, for  
21 the fiscal year beginning July 1, 2007, the sum of forty-four thousand nine  
22 hundred sixty-five dollars (\$44,965) and 1.0 FTE, or so much thereof as  
23 may be necessary, for the implementation of this act. Said sum shall be  
24 subject to the "(M)" notation as defined in the general appropriation act.  
25 In addition to said appropriation, the general assembly anticipates that, for  
26 the fiscal year beginning July 1, 2007, the department of health care  
27 policy and financing will receive the sum of seventy-three thousand one

1 hundred sixty-three dollars (\$73,163) in federal funds for the  
2 implementation of this act. Although the federal funds are not  
3 appropriated in this act, they are noted for the purpose of indicating the  
4 assumptions used relative to these funds in developing state appropriation  
5 amounts.

6 **SECTION 4. Effective date.** (1) This act shall take effect only  
7 if:

8 (a) House Bill 07-1021 is enacted at the first regular session of the  
9 sixty-sixth general assembly and becomes law;

10 (b) The final fiscal estimate for House Bill 07-1021, determined  
11 from the appropriations enacted in said bill, shows a net reduction in the  
12 amount of general fund expenditures appropriated for the state fiscal year  
13 2007-08, that is equal to or greater than the amount of the general fund  
14 appropriation made for the implementation of this act for the state fiscal  
15 year 2007-08, as reflected in section 3 of this act; and

16 (c) The staff director of the joint budget committee files written  
17 notice with the revisor of statutes no later than July 15, 2007, that the  
18 requirement set forth in paragraph (b) of this subsection (4) has been met.

19 **SECTION 5. Safety clause.** The general assembly hereby finds,  
20 determines, and declares that this act is necessary for the immediate  
21 preservation of the public peace, health, and safety.