

First Regular Session  
Sixty-sixth General Assembly  
STATE OF COLORADO

**REREVISED**

*This Version Includes All Amendments  
Adopted in the Second House*

LLS NO. 07-0630.03 Jane Ritter

**SENATE BILL 07-130**

**SENATE SPONSORSHIP**

**Boyd,**

**HOUSE SPONSORSHIP**

**Carroll M.,**

**Senate Committees**

Health and Human Services  
Appropriations

**House Committees**

Health and Human Services  
Appropriations

**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.*

HOUSE  
3rd Reading Unamended  
April 26, 2007

HOUSE  
Amended 2nd Reading  
April 25, 2007

SENATE  
3rd Reading Unamended  
April 18, 2007

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.

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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. ■■■ ■■■ ■■■ IF A CHILD'S  
13 MEDICAL HOME IS NOT A PRIMARY MEDICAL CARE PROVIDER, THE CHILD  
14 MUST HAVE A PRIMARY MEDICAL CARE PROVIDER TO ENSURE THAT A  
15 CHILD'S PRIMARY MEDICAL CARE NEEDS ARE APPROPRIATELY ADDRESSED.  
16 ALL MEDICAL HOMES SHALL ENSURE, AT A MINIMUM, THE FOLLOWING:

- 17 (a) HEALTH MAINTENANCE AND PREVENTATIVE CARE;
- 18 (b) ANTICIPATORY GUIDANCE AND HEALTH EDUCATION;
- 19 (c) ACUTE AND CHRONIC ILLNESS CARE;
- 20 (d) COORDINATION OF MEDICATIONS, SPECIALISTS, AND  
21 THERAPIES;
- 22 (e) PROVIDER PARTICIPATION IN HOSPITAL CARE; AND
- 23 (f) TWENTY-FOUR-HOUR TELEPHONE CARE.

24 **SECTION 2.** Part 1 of article 1 of title 25.5, Colorado Revised

1 Statutes, is amended BY THE ADDITION OF A NEW SECTION to  
2 read:

3 **25.5-1-123. Medical homes for children - legislative**  
4 **declaration - duties of the department - reporting requirements.**

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

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

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

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

25 (d) THE STATE DEPARTMENT SHOULD STRIVE TO FIND A MEDICAL  
26 HOME FOR EACH CHILD RECEIVING SERVICES THROUGH THE STATE  
27 MEDICAL ASSISTANCE PROGRAM, ARTICLES 4, 5, AND 6 OF THIS TITLE, OR

1 THE CHILDREN'S BASIC HEALTH PLAN, ARTICLE 8 OF THIS TITLE.

2 (2) ON OR BEFORE JULY 1, 2008, THE STATE DEPARTMENT, IN  
3 CONJUNCTION WITH THE COLORADO MEDICAL HOME INITIATIVE IN THE  
4 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, SHALL DEVELOP  
5 SYSTEMS AND STANDARDS TO MAXIMIZE THE NUMBER OF CHILDREN  
6 ENROLLED IN THE STATE MEDICAL ASSISTANCE PROGRAM OR THE  
7 CHILDREN'S BASIC HEALTH PLAN WHO HAVE A MEDICAL HOME. THE  
8 SYSTEMS AND STANDARDS DEVELOPED SHALL INCLUDE, BUT NEED NOT BE  
9 LIMITED TO, WAYS TO ENSURE THAT A MEDICAL HOME SHALL OFFER  
10 FAMILY-CENTERED, COMPASSIONATE, CULTURALLY EFFECTIVE CARE AND  
11 SENSITIVE, RESPECTFUL COMMUNICATION TO A CHILD AND HIS OR HER  
12 FAMILY.

13 (3) ON OR BEFORE JANUARY 30, 2008, AND EVERY JANUARY 30  
14 THEREAFTER, THE STATE DEPARTMENT SHALL REPORT [REDACTED] TO THE  
15 HEALTH AND HUMAN SERVICES COMMITTEES OF THE HOUSE OF  
16 REPRESENTATIVES AND THE SENATE, OR ANY SUCCESSOR COMMITTEES, ON  
17 PROGRESS MADE TOWARD MAXIMIZING THE NUMBER OF CHILDREN WITH  
18 A MEDICAL HOME WHO ARE ENROLLED IN THE STATE MEDICAL ASSISTANCE  
19 PROGRAM OR THE CHILDREN'S BASIC HEALTH PLAN.

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

1 In addition to said appropriation, the general assembly anticipates that, for  
2 the fiscal year beginning July 1, 2007, the department of health care  
3 policy and financing will receive the sum of seventy-three thousand one  
4 hundred sixty-three dollars (\$73,163) in federal funds for the  
5 implementation of this act. Although the federal funds are not  
6 appropriated in this act, they are noted for the purpose of indicating the  
7 assumptions used relative to these funds in developing state appropriation  
8 amounts.

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

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

13 (b) The final fiscal estimate for House Bill 07-1021, determined  
14 from the appropriations enacted in said bill, shows a net reduction in the  
15 amount of general fund expenditures appropriated for the state fiscal year  
16 2007-08, that is equal to or greater than the amount of the general fund  
17 appropriation made for the implementation of this act for the state fiscal  
18 year 2007-08, as reflected in section 3 of this act; and

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

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