

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

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

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.**

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 department to report annually their progress toward maximizing the number of children who have a medical home and who are enrolled in 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.

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;
- 25 (e) PROVIDER PARTICIPATION IN HOSPITAL CARE; AND

1 (f) TWENTY-FOUR-HOUR TELEPHONE CARE.

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

5 **25.5-1-123. Medical homes for children - legislative**
6 **declaration - duties of the department - reporting requirements.**

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

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

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

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

27 (d) THE STATE DEPARTMENT SHOULD STRIVE TO FIND A MEDICAL

1 HOME FOR EACH CHILD RECEIVING SERVICES THROUGH THE STATE
2 MEDICAL ASSISTANCE PROGRAM, ARTICLES 4, 5, AND 6 OF THIS TITLE, OR
3 THE CHILDREN'S BASIC HEALTH PLAN, ARTICLE 8 OF THIS TITLE.

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

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

16 **SECTION 3. Safety clause.** The general assembly hereby finds,
17 determines, and declares that this act is necessary for the immediate
18 preservation of the public peace, health, and safety.