

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

INTRODUCED

LLS NO. 07-0137.01 Jerry Barry

SENATE BILL 07-211

SENATE SPONSORSHIP

Hagedorn,

HOUSE SPONSORSHIP

McGihon,

Senate Committees
Health and Human Services

House Committees

A BILL FOR AN ACT

101 **CONCERNING IMPROVEMENTS TO HEALTH CARE 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.)

Establishes an advisory committee in the department of health care policy and financing ("department") to develop and oversee the implementation of a plan to provide health coverage for all low-income children in Colorado by the end of 2010. Specifies duties of the advisory committee. Requires the advisory committee to submit, at least annually, reports and recommendations to specified committees of the general assembly.

Authorizes the executive director of the department to appoint a chief medical officer. Specifies qualifications and duties of the chief

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 officer.

For the baby and kid care program under medicaid:

Increases the percentage level of the federal poverty line for eligibility for persons at least 6 and under 19 years of age to 133% effective July 1, 2008;

Prohibits the department from requiring an applicant to produce proof of family income;

Establishes presumptive eligibility for children who meet the income level requirements; and

Provides for 12-month enrollment following eligibility except for defined circumstances and ensures continuous enrollment if eligible for the children's basic health plan.

For the children's basic health plan:

Increases the percentage level of the federal poverty line for eligibility to 300% effective July 1, 2009;

Suspends the annual enrollment fee for a year;

Prohibits the department from requiring an applicant to produce proof of family income;

Establishes presumptive eligibility for children who meet the income level requirements; and

Ensures continuous enrollment between children's basic health plan and medicaid, if eligible for medicaid.

Authorizes the department to train and certify application assistance sites to assist families in completing applications for medicaid and the children's basic health plan. Establishes a mini-grant program to provide moneys to community-based organizations that establish application assistance sites. Funds the mini-grant program through a transfer of moneys from the tobacco tax revenues.

Directs the department and the department of human services to jointly submit a report to the health and human services committees on the Colorado benefits management system. Identifies certain matters to be included in the report.

Excludes from the requirement to prove lawful presence pregnant women and individuals over 18 and under 19 years of age who remain eligible for medical benefits after their 18th birthday.

Directs the department to report to legislative committees on measures of access and quality of care received by children eligible for benefits through the department.

Directs the department to develop clinical standards and methods for collecting, analyzing, and disclosing information concerning clinical performance. Directs the department to review the data generated and make recommendations concerning strategies to improve health outcomes.

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

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

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

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

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

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

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

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

20 (b) Expanding eligibility of children under medicaid and the
21 children's basic health plan;

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

24 (d) Reviewing the current electronic benefits management system;

25 (e) Reviewing measures of access to and quality of health care for
26 children; and

27 (f) Developing clinical standards and methods of collecting,

1 analyzing, and disclosing information concerning clinical performance.

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

5 **25.5-1-202. Advisory committee on covering all children in**
6 **Colorado - reports - repeal.** (1) AS USED IN THIS SECTION, UNLESS THE
7 CONTEXT OTHERWISE REQUIRES:

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

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

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

16 (2)(a) THERE IS HEREBY CREATED IN THE STATE DEPARTMENT THE
17 ADVISORY COMMITTEE ON COVERING ALL CHILDREN IN COLORADO TO
18 PLAN AND OVERSEE THE IMPLEMENTATION OF A PLAN TO PROVIDE HEALTH
19 COVERAGE FOR ALL LOW-INCOME CHILDREN IN COLORADO BY THE END OF
20 2010.

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

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

26 (B) THE MINORITY LEADER OF THE SENATE AND THE MINORITY
27 LEADER OF THE HOUSE OF REPRESENTATIVES SHALL EACH APPOINT ONE

1 MEMBER OF THE COMMITTEE.

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

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

11 (3) (a) THE COMMITTEE SHALL:

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

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

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

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

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

26 (III) INVESTIGATE THE FEASIBILITY OF EXPANDING THE SITES WITH
27 DIRECT ACCESS TO THE STATE SYSTEM FOR ENROLLMENT IN MEDICAID AND

1 THE CHILDREN'S BASIC HEALTH PLAN;

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

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

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

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

12 (VIII) MAKE RECOMMENDATIONS FOR THE AWARD OF GRANTS
13 UNDER THE MINI-GRANT PROGRAM ESTABLISHED IN SECTION 25.5-4-205
14 (3) (c); AND

15 (IX) CONSIDER OTHER ISSUES IDENTIFIED BY THE COMMITTEE.

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

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

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

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

1 read:

2 **25.5-1-105.5. Chief medical officer - qualifications.** (1) THE
3 EXECUTIVE DIRECTOR MAY APPOINT A CHIEF MEDICAL OFFICER WHO
4 SHALL:

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

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

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

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

16 **SECTION 4.** 25.5-5-205 (3) (c) (II) and (3) (d), Colorado
17 Revised Statutes, are amended, and the said 25.5-5-205 (3) is further
18 amended BY THE ADDITION OF A NEW PARAGRAPH, to read:

19 **25.5-5-205. Baby and kid care program - creation - eligibility.**

20 (3) (c) (II) The percentage level of the federal poverty line, as defined
21 pursuant to 42 U.S.C. sec. 9902 (2), used to determine eligibility under
22 this paragraph (c) shall be one hundred percent; EXCEPT THAT, FOR FISCAL
23 YEARS COMMENCING ON AND AFTER JULY 1, 2008, THE PERCENTAGE
24 LEVEL OF THE FEDERAL POVERTY LINE SHALL BE INCREASED TO ONE
25 HUNDRED THIRTY-THREE PERCENT. If the federal government establishes
26 a new federal minimum percentage level of the federal poverty line used
27 to determine eligibility under this paragraph (c) that is different from the

1 level set in this subparagraph (II), the state department is authorized to
2 meet such federal minimum level without requiring additional legislation;
3 however, such minimum federal level shall be established by rule of the
4 state board.

5 (d) An asset test shall not be applied as a condition of eligibility
6 for a child under this subsection (3). FOR DETERMINING ELIGIBILITY FOR
7 A CHILD UNDER THIS SUBSECTION (3), THE DEPARTMENT SHALL NOT
8 REQUIRE THAT THE APPLICANT PROVIDE PROOF OF FAMILY INCOME BUT
9 SHALL VERIFY THE FAMILY INCOME THROUGH THE DEPARTMENT OF LABOR
10 AND EMPLOYMENT. A CHILD UNDER THIS SUBSECTION (3) WHOSE FAMILY
11 INCOME DOES NOT EXCEED THE APPLICABLE LEVEL PURSUANT TO
12 PARAGRAPH (b) OR (c) OF THIS SUBSECTION (3) SHALL BE PRESUMPTIVELY
13 ELIGIBLE UNDER THIS SECTION.

14 (e) A CHILD WHO IS DETERMINED TO BE ELIGIBLE UNDER THIS
15 SUBSECTION (3) SHALL REMAIN ELIGIBLE FOR TWELVE MONTHS
16 SUBSEQUENT TO THE LAST DAY OF THE MONTH IN WHICH THE CHILD WAS
17 ENROLLED; EXCEPT THAT A CHILD SHALL NO LONGER BE ELIGIBLE AND
18 SHALL BE DISENROLLED IF THE DEPARTMENT BECOMES AWARE OF OR IS
19 NOTIFIED THAT ANY OF THE FOLLOWING HAS OCCURRED:

20 (I) THE CHILD HAS MOVED OUT OF THE STATE;

21 (II) THE CHILD HAS BEEN ENROLLED IN THE CHILDREN'S BASIC
22 HEALTH PLAN PURSUANT TO ARTICLE 8 OF THIS TITLE; EXCEPT THAT IF A
23 CHILD IS DISENROLLED PURSUANT TO THIS SUBPARAGRAPH (II), THE
24 DEPARTMENT SHALL ENSURE THAT THE CHILD IS CONTINUOUSLY COVERED
25 THROUGH THE TRANSITION BETWEEN THE BABY AND KID CARE PROGRAM
26 TO THE CHILDREN'S BASIC HEALTH PLAN; OR

27 (III) THE CHILD HAS BEEN ENROLLED IN A COMMERCIAL HEALTH

1 INSURANCE PLAN DURING THE TWELVE-MONTH PERIOD FOLLOWING
2 ENROLLMENT UNDER THIS SECTION.

3 **SECTION 5.** 25.5-8-103 (4) (a), Colorado Revised Statutes, is
4 amended to read:

5 **25.5-8-103. Definitions.** As used in this article, unless the context
6 otherwise requires:

7 (4) "Eligible person" means:

8 (a) A person who is less than nineteen years of age, whose family
9 income does not exceed two hundred percent of the federal poverty level,
10 adjusted for family size; EXCEPT THAT, ON AND AFTER JULY 1, 2009, THE
11 PERCENTAGE OF THE FEDERAL POVERTY LEVEL FOR PURPOSES OF
12 ELIGIBILITY SHALL INCREASE TO THREE HUNDRED PERCENT; or

13 **SECTION 6.** 25.5-8-107 (1) (b), Colorado Revised Statutes, is
14 amended to read:

15 **25.5-8-107. Duties of the department - schedule of services -**
16 **premiums - copayments - subsidies - repeal.** (1) In addition to any
17 other duties pursuant to this article, the department shall have the
18 following duties:

19 (b) (I) To design and implement a system of cost-sharing with
20 enrollees using an annual enrollment fee that is based on a sliding fee
21 scale. The sliding fee scale shall be developed based on the enrollee's
22 family income; except that no enrollment fee shall be assessed against an
23 enrollee whose family income is at or below one hundred fifty percent of
24 the federal poverty level and no enrollment fee shall be assessed against
25 an enrollee who is a pregnant woman. As permitted by federal and state
26 law, enrollees in the plan may use funds from a medical savings account
27 to pay the annual enrollment fee. On or before November 1 of each year,

1 the department shall submit for approval to the joint budget committee its
2 annual proposal for cost sharing for the plan based upon a family's
3 income.

4 (II) (A) NOTWITHSTANDING THE PROVISIONS OF SUBPARAGRAPH
5 (I) OF THIS PARAGRAPH (b), FOR THE FISCAL YEAR BEGINNING JULY 1,
6 2007, THE DEPARTMENT SHALL NOT CHARGE OR COLLECT AN ENROLLMENT
7 FEE ON ENROLLEES UNDER THE PLAN.

8 (B) THIS SUBPARAGRAPH (II) IS REPEALED, EFFECTIVE JULY 1,
9 2008.

10 **SECTION 7.** 25.5-8-109 (3), the introductory portion to
11 25.5-8-109 (4), and 25.5-8-109 (4) (b), Colorado Revised Statutes, are
12 amended to read:

13 **25.5-8-109. Eligibility - children - pregnant women - repeal.**

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

18 (4) FOR DETERMINING ELIGIBILITY FOR A CHILD UNDER THE PLAN,
19 THE DEPARTMENT SHALL NOT REQUIRE THAT THE APPLICANT PROVIDE
20 PROOF OF FAMILY INCOME BUT SHALL VERIFY THE FAMILY INCOME
21 THROUGH THE DEPARTMENT OF LABOR AND EMPLOYMENT. A CHILD
22 WHOSE FAMILY INCOME DOES NOT EXCEED THE APPLICABLE LEVEL
23 SPECIFIED IN SECTION 25.5-8-103 (4) (a) SHALL BE PRESUMPTIVELY
24 ELIGIBLE FOR THE PLAN. Children who are determined to be eligible for
25 the plan shall remain eligible for twelve months subsequent to the last day
26 of the month in which they were enrolled; except that a child shall no
27 longer be eligible for the plan and shall be disenrolled from the plan if the

1 department becomes aware of or is notified that any of the following has
2 occurred:

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

8 **SECTION 8.** 25.5-4-205 (3), Colorado Revised Statutes, is
9 amended to read:

10 **25.5-4-205. Application - verification of eligibility -**
11 **demonstration project - application assistance sites - mini-grant**
12 **program - rules.** (3) (a) (I) The state department shall promulgate rules
13 to simplify the processing of applications in order that medical benefits
14 are furnished to recipients as soon as possible, including rules that
15 provide for initial processing of applications and determination of
16 eligibility for medical assistance only at locations other than the county
17 departments, at locations used for processing applications for the
18 Colorado works program, or at the location used by the private service
19 contractor that administers the children's basic health plan for determining
20 eligibility of children for such plan. Said rules may make provision for
21 the payment of medical benefits for a period not to exceed three months
22 prior to the date of application in cases where the applicant did not make
23 application prior to his or her need for said medical benefits.

24 (II) Adequate safeguards shall be established by the state
25 department to ensure that only eligible persons receive benefits under this
26 article and articles 5 and 6 of this title. In addition, an applicant who is
27 eighteen years of age or older shall be required to supply a form of

1 personal photographic identification either by providing a valid Colorado
2 driver's license or a valid identification card issued by the department of
3 revenue pursuant to section 42-2-302, C.R.S. The state department may
4 adopt rules that exempt applicants from the requirement of supplying a
5 form of personal photographic identification if such requirement causes
6 an unreasonable hardship or if such requirement is in conflict with federal
7 law. The state department shall also adopt rules that allow for assistance
8 to be provided on an emergency basis until the applicant is able to obtain
9 or qualify for a driver's license or identification card; however, a county
10 department or an entity designated by the state department pursuant to
11 subsection (1) of this section is not required to recover emergency
12 assistance from an applicant who fails, upon recertification, to meet the
13 photographic identification requirement.

14 (b) THE STATE DEPARTMENT SHALL AUTHORIZE APPLICATION
15 ASSISTANCE SITES TO ASSIST FAMILIES IN COMPLETING APPLICATIONS FOR
16 MEDICAID AND THE CHILDREN'S BASIC HEALTH PLAN. THE STATE
17 DEPARTMENT SHALL PROVIDE TRAINING AND CERTIFICATION FOR PERSONS
18 AND ORGANIZATIONS ESTABLISHING APPLICATION ASSISTANCE SITES.

19 (c) (I) THERE IS HEREBY ESTABLISHED THE APPLICATION
20 ASSISTANCE MINI-GRANT PROGRAM, REFERRED TO IN THIS PARAGRAPH (c)
21 AS THE "MINI-GRANT PROGRAM" TO ASSIST ELIGIBLE ORGANIZATIONS IN
22 ESTABLISHING AND OPERATING APPLICATION ASSISTANCE SITES. MONEYS
23 FOR THE MINI-GRANT PROGRAM SHALL COME FROM THE HEALTH CARE
24 EXPANSION FUND ESTABLISHED PURSUANT TO SECTION 24-22-117 (2) (a)
25 (I), C.R.S. THE STATE DEPARTMENT SHALL AWARD MINI-GRANTS OF UP TO
26 FIFTY THOUSAND DOLLARS PER YEAR TO COMMUNITY-BASED
27 ORGANIZATIONS CERTIFIED PURSUANT TO PARAGRAPH (b) OF THIS

1 SUBSECTION (3) THAT SHOW THAT THE GRANT MONEYS SHALL BE USED TO:

2 (A) ESTABLISH AND OPERATE MOBILE ELIGIBILITY UNITS;

3 (B) PROVIDE OUTREACH ACTIVITIES, INCLUDING BUT NOT LIMITED
4 TO DEVELOPING OUTREACH MATERIALS AND GIVING PRESENTATIONS
5 ABOUT APPLICATION ASSISTANCE SITES AT COMMUNITY EVENTS;

6 (C) PROVIDE APPLICATION ASSISTANCE AT COMMUNITY EVENTS,
7 INCLUDING BUT NOT LIMITED TO SCHOOL REGISTRATIONS, FAITH-BASED
8 EVENTS, AND COMMUNITY CENTERS;

9 (D) PROVIDE TARGETED, INDIVIDUAL APPLICATION ASSISTANCE
10 THROUGH HOME VISITS OR OTHER METHODS;

11 (E) OBTAIN NECESSARY CAPITAL EQUIPMENT TO OPERATE AN
12 APPLICATION ASSISTANCE SITE, INCLUDING BUT NOT LIMITED TO A MOTOR
13 VEHICLE OR COMPUTER EQUIPMENT;

14 (F) ASSIST FAMILIES IN OBTAINING DOCUMENTS NECESSARY TO
15 VERIFY CITIZENSHIP, IDENTITY, OR LAWFUL PRESENCE; OR

16 (G) PERFORM OR OBTAIN OTHER SERVICES DEEMED APPROPRIATE
17 BY THE STATE DEPARTMENT.

18 (II) THE STATE DEPARTMENT SHALL DEVELOP AN APPLICATION
19 FORM AND PROCEDURES FOR APPLYING FOR MINI-GRANTS. THE ADVISORY
20 COMMITTEE ON COVERING ALL CHILDREN IN COLORADO, CREATED IN
21 SECTION 25.5-1-202 (2), SHALL REVIEW APPLICATIONS FOR MINI-GRANTS
22 AND SHALL MAKE RECOMMENDATIONS TO THE STATE DEPARTMENT ON
23 WHICH APPLICANTS SHOULD BE AWARDED GRANTS. THE STATE
24 DEPARTMENT SHALL AWARD GRANTS UNDER THE MINI-GRANT PROGRAM.
25 NO GRANT SHALL BE FOR MORE THAN FIFTY THOUSAND DOLLARS DURING
26 ANY FISCAL YEAR.

27 (III) ON OR BEFORE AUGUST 1 OF THE YEAR FOLLOWING THE

1 AWARD OF THE GRANT, EACH GRANT RECIPIENT SHALL SUBMIT A REPORT
2 TO THE STATE DEPARTMENT DEMONSTRATING THE USE OF THE GRANT
3 MONEYS.

4 **SECTION 9.** 24-22-117 (2) (a) (II) (G), Colorado Revised
5 Statutes, is amended to read:

6 **24-22-117. Tobacco tax cash fund - accounts - creation -**
7 **repeal.** (2) There are hereby created in the state treasury the following
8 funds:

9 (a) (II) Except as provided in subparagraphs (III) and (IV) of this
10 paragraph (a), for fiscal year 2005-06 and each fiscal year thereafter,
11 moneys in the health care expansion fund shall be annually appropriated
12 by the general assembly to the department of health care policy and
13 financing for the following purposes:

14 (G) To provide up to ~~five hundred forty thousand~~ ONE MILLION
15 FORTY THOUSAND dollars for cost-effective marketing to increase the
16 enrollment of eligible children and pregnant women in the children's basic
17 health plan, article 8 of title 25.5, C.R.S.; and

18 **SECTION 10.** Part 1 of article 1 of title 25.5, Colorado Revised
19 Statutes, is amended BY THE ADDITION OF A NEW SECTION to
20 read:

21 **25.5-1-106.5. Review of electronic benefits management**
22 **system - report - repeal.** (1) THE STATE DEPARTMENT AND THE
23 DEPARTMENT OF HUMAN SERVICES SHALL JOINTLY REVIEW THE CURRENT
24 ELECTRONIC BENEFITS MANAGEMENT SYSTEM USED BY VARIOUS STATE
25 AND LOCAL DEPARTMENTS, COMMONLY REFERRED TO AS THE COLORADO
26 BENEFITS MANAGEMENT SYSTEM, AND REFERRED TO IN THIS SECTION AS
27 THE "SYSTEM". ON OR BEFORE JANUARY 1, 2008, THE DEPARTMENTS

1 SHALL JOINTLY SUBMIT A REPORT ON THE STATUS OF THE SYSTEM TO THE
2 HEALTH AND HUMAN SERVICES COMMITTEES OF THE SENATE AND THE
3 HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES. THE
4 REPORT SHALL INCLUDE BUT NOT BE LIMITED TO:

5 (a) THE CURRENT STATUS OF THE SYSTEM, INCLUDING
6 IDENTIFICATION OF ANY FUNCTIONS THAT THE SYSTEM WAS INTENDED TO
7 PERFORM THAT IT IS NOT PERFORMING;

8 (b) IDENTIFICATION OF ANY ONGOING PROBLEMS WITH THE
9 SYSTEM;

10 (c) THE ANTICIPATED COST TO REMEDY ANY ONGOING PROBLEM
11 AND A DATE BY WHICH THE PROBLEM WILL BE REMEDIED.

12 (2) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2008.

13 **SECTION 11.** 24-76.5-103 (3) (e) (III) and (3) (f), Colorado
14 Revised Statutes, are amended, and the said 24-76.5-103 (3) is further
15 amended BY THE ADDITION OF A NEW PARAGRAPH, to read:

16 **24-76.5-103. Verification of lawful presence - exceptions -**
17 **reporting.** (3) Verification of lawful presence in the United States shall
18 not be required:

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

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

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

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

27 **SECTION 12.** 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 **25.5-1-113.5. Children's access to health care - reports.**

4 (1) ON OR BEFORE JANUARY 1, 2008, AND ON OR BEFORE EACH JANUARY
5 1 THEREAFTER, THE STATE DEPARTMENT SHALL SUBMIT A REPORT TO THE
6 HEALTH AND HUMAN SERVICES COMMITTEES OF THE SENATE AND THE
7 HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, ON
8 MEASURES OF ACCESS TO AND QUALITY OF HEALTH CARE FOR CHILDREN
9 ELIGIBLE FOR PROGRAMS PURSUANT TO THIS TITLE, INCLUDING BUT NOT
10 LIMITED TO DATA SHOWING WHETHER:

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

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

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

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

25 **SECTION 13.** Part 1 of article 1 of title 25.5, Colorado Revised
26 Statutes, is amended BY THE ADDITION OF A NEW SECTION to
27 read:

1 **25.5-1-109.5. Clinical standards - development - reports.**

2 (1) THE GENERAL ASSEMBLY FINDS THAT:

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

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

9 (2) (a) THE STATE DEPARTMENT, FOLLOWING CONSULTATION WITH
10 EXTERNAL CLINICAL ADVISORS, SHALL DEVELOP CLINICAL STANDARDS
11 AND METHODS FOR COLLECTING, ANALYZING, AND DISCLOSING
12 INFORMATION REGARDING CLINICAL PERFORMANCE, INCLUDING BUT NOT
13 LIMITED TO IMMUNIZATION RATES, MEDICAL HOME STANDARDS, CLINICAL
14 CARE GUIDELINES, CARE COORDINATION, CASE MANAGEMENT, DISEASE
15 MANAGEMENT, AND COORDINATION AND INTEGRATION OF MENTAL
16 HEALTH SERVICES. THE STANDARDS AND METHODS SHALL BE CONSISTENT
17 WITH NATIONAL GUIDELINES AND STANDARDS REGARDING THE
18 COLLECTION AND ANALYSIS OF HEALTH DATA, WHERE FEASIBLE, AND
19 SHALL MEET THE FEDERAL REPORTING REQUIREMENTS ESTABLISHED
20 UNDER TITLES XIX AND XXI OF THE FEDERAL "SOCIAL SECURITY ACT",
21 42 U.S.C. SECS. 1396 AND 1397.

22 (b) THE STATE DEPARTMENT SHALL REVIEW DATA COLLECTED
23 PURSUANT TO PARAGRAPH (a) OF THIS SUBSECTION (2) AND ASSESS THE
24 HEALTH OUTCOMES FOR PROGRAMS ADMINISTERED BY THE STATE
25 DEPARTMENT. ON OR BEFORE JULY 1, 2008, AND ON OR BEFORE EACH
26 JULY 1 THEREAFTER, BASED ON THE REVIEW OF THIS DATA, THE STATE
27 DEPARTMENT SHALL RECOMMEND TO THE HEALTH AND HUMAN SERVICES

1 COMMITTEES OF THE SENATE AND THE HOUSE OF REPRESENTATIVES, OR
2 ANY SUCCESSOR COMMITTEES, STRATEGIES TO IMPROVE HEALTH
3 OUTCOMES.

4 **SECTION 14.** 2-3-1203 (3), Colorado Revised Statutes, is
5 amended BY THE ADDITION OF A NEW PARAGRAPH to read:

6 **2-3-1203. Sunset review of advisory committees.** (3) The
7 following dates are the dates for which the statutory authorization for the
8 designated advisory committees is scheduled for repeal:

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

11 **SECTION 15. Effective date.** This act shall take effect July 1,
12 2007.

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