

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

**PREAMENDED**

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

LLS NO. 09-0413.02 Kristen Forrestal

**HOUSE BILL 09-1273**

---

**HOUSE SPONSORSHIP**

**Kefalas**, Green, Frangas, Court, Fischer, Hullinghorst, Labuda, Levy, Miklosi, Pace, Vigil, Apuan, McCann, Ryden, Schafer S., McGihon

**SENATE SPONSORSHIP**

**Foster**, Bacon, Carroll M.

---

**House Committees**

Business Affairs and Labor  
Appropriations

**Senate Committees**

---

**A BILL FOR AN ACT**

101     **CONCERNING THE CREATION OF A HEALTH CARE AUTHORITY TO**  
102             **DEVELOP A HEALTH CARE SYSTEM THAT SHALL BE THE**  
103             **ADMINISTRATOR FOR HEALTH CARE SERVICES IN COLORADO.**

---

**Bill Summary**

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

Creates the Colorado health care authority (authority) as a body corporate and political subdivision of the state. Establishes the mission of the authority, which is to create a health care system in Colorado that is the administrator and payer for health care services.

Requires the authority to create a system to recommend to the general assembly that provides comprehensive medical benefits to

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.*



1 CANNOT PAY;

2 (d) EXTENDING HEALTH CARE TO ALL COLORADANS WILL  
3 ELIMINATE THE BURDEN OF UNCOMPENSATED CARE, REDUCE COSTS,  
4 IMPROVE THE HEALTH OF COLORADANS, AND ESTABLISH THE PRINCIPLE OF  
5 UNIVERSAL HEALTH CARE COVERAGE;

6 (e) THE FUNDAMENTAL PARTICIPANT IN HEALTH CARE  
7 TRANSACTIONS IS THE INDIVIDUAL AND THE FUNDAMENTAL RELATIONSHIP  
8 IS BETWEEN THE INDIVIDUAL AND HIS OR HER HEALTH CARE PROVIDER;

9 (f) HEALTH CARE SERVICES SHOULD BE PROVIDED TO AN  
10 INDIVIDUAL WITH LIMITED AND EFFICIENT OUTSIDE INTERVENTION AND  
11 MAXIMUM TRANSPARENCY;

12 (g) THE INCREASING COSTS TO BUSINESSES OF PROVIDING  
13 EMPLOYEE HEALTH CARE COVERAGE ARE NOT ECONOMICALLY  
14 SUSTAINABLE UNDER THE CURRENT HEALTH CARE SYSTEM UNLESS AN  
15 AFFORDABLE SOLUTION IS FOUND FOR ALL COLORADANS; AND

16 (h) THERE SHOULD BE NO REQUIRED CONNECTION BETWEEN  
17 HEALTH CARE AND EMPLOYMENT;

18 (i) AN EFFECTIVE MEANS TO ADDRESS THE PROBLEMS OF ACCESS,  
19 COST, AND QUALITY IS A COMPREHENSIVE HEALTH CARE SYSTEM THAT  
20 GUARANTEES COVERAGE THAT IS PRIMARILY PUBLICLY FUNDED AND  
21 PRIVATELY DELIVERED WITH INDIVIDUAL CHOICE OF PROVIDER AND  
22 SERVICES.

23 **25.5-9-103. Definitions.** AS USED IN THIS ARTICLE, UNLESS THE  
24 CONTEXT OTHERWISE REQUIRES:

25 (1) "AUTHORITY" MEANS THE COLORADO HEALTH CARE  
26 AUTHORITY CREATED IN SECTION 25.5-9-104.

27 (2) "BOARD" MEANS THE BOARD OF DIRECTORS OF THE

1 AUTHORITY.

2 (3) "EXECUTIVE DIRECTOR" MEANS THE EXECUTIVE DIRECTOR OF  
3 THE AUTHORITY.

4 (4) "MEDICAL HOME" MEANS AN APPROPRIATELY QUALIFIED  
5 MEDICAL SPECIALTY, DEVELOPMENTAL, THERAPEUTIC, OR MENTAL  
6 HEALTH CARE PRACTICE THAT VERIFIABLY ENSURES CONTINUOUS,  
7 ACCESSIBLE, AND COMPREHENSIVE ACCESS TO A COORDINATION OF  
8 COMMUNITY-BASED MEDICAL CARE, MENTAL HEALTH CARE, ORAL HEALTH  
9 CARE, AND RELATED SERVICES FOR THE CONSUMER. A MEDICAL HOME  
10 SHALL ENSURE, AT A MINIMUM, THE FOLLOWING:

- 11 (a) HEALTH MAINTENANCE AND PREVENTATIVE CARE;
- 12 (b) ANTICIPATORY GUIDANCE AND HEALTH EDUCATION;
- 13 (c) ACUTE AND CHRONIC ILLNESS CARE;
- 14 (d) COORDINATION OF MEDICATIONS, SPECIALISTS, AND  
15 THERAPIES; AND
- 16 (e) PROVIDER PARTICIPATION IN HOSPITAL CARE.

17 (5) "SYSTEM" MEANS THE HEALTH CARE SYSTEM CREATED BY THE  
18 AUTHORITY.

19 **25.5-9-104. Colorado health care authority.** (1) THERE IS  
20 HEREBY CREATED THE COLORADO HEALTH CARE AUTHORITY, THAT SHALL  
21 BE A BODY CORPORATE AND A POLITICAL SUBDIVISION OF THE STATE, THAT  
22 SHALL NOT BE AN AGENCY OF STATE GOVERNMENT, AND THAT SHALL NOT  
23 BE SUBJECT TO ADMINISTRATIVE DIRECTION OR CONTROL BY ANY  
24 DEPARTMENT, COMMISSION, BOARD, BUREAU, OR AGENCY OF THE STATE.

25 (2) THE AUTHORITY AND ITS CORPORATE EXISTENCE SHALL  
26 CONTINUE UNTIL TERMINATED BY LAW; EXCEPT THAT NO SUCH LAW SHALL  
27 TAKE EFFECT IF THE AUTHORITY HAS NOTES OR OTHER OBLIGATIONS

1 OUTSTANDING UNLESS ADEQUATE PROVISION HAS BEEN MADE FOR THE  
2 PAYMENT THEREOF.

3 **25.5-9-105. Mission of the authority - create health care**  
4 **system.** THE MISSION OF THE AUTHORITY SHALL BE TO CREATE A HEALTH  
5 CARE SYSTEM IN COLORADO THAT SHALL BE THE BENEFITS  
6 ADMINISTRATOR AND PAYER FOR HEALTH CARE SERVICES AS DEFINED BY  
7 THE AUTHORITY. THE AUTHORITY SHALL CREATE A SYSTEM TO  
8 RECOMMEND TO THE GENERAL ASSEMBLY THAT PROVIDES  
9 COMPREHENSIVE MEDICAL BENEFITS TO ALL ELIGIBLE PARTICIPANTS IN  
10 COLORADO.

11 **25.5-9-106. Creation of system - required elements of system.**

12 (1) THE BOARD SHALL CREATE AND DESIGN THE HEALTH CARE SYSTEM  
13 FOR COLORADO IN COLLABORATION WITH PARTIES THAT MAY BE  
14 AFFECTED BY THE DESIGN AND IMPLEMENTATION OF THE SYSTEM. IN  
15 CREATING AND DESIGNING THE SYSTEM, THE BOARD SHALL NOT BE  
16 LIMITED IN MAKING RECOMMENDATIONS REGARDING THE ELEMENTS OF  
17 THE SYSTEM, BUT SHALL AT LEAST MAKE RECOMMENDATIONS  
18 CONCERNING THE FOLLOWING ELEMENTS:

19 (a) THE MEMBERSHIP OF A BOARD OF DIRECTORS TO GOVERN THE  
20 AUTHORITY ONCE THE SYSTEM IS ESTABLISHED;

21 (b) THE ESTABLISHMENT, AS PART OF THE PLAN FOR THE SYSTEM,  
22 OF REGIONAL SYSTEMS TO ADMINISTER AND PAY FOR COMPREHENSIVE  
23 MEDICAL BENEFITS COVERAGE FOR ALL ELIGIBLE PARTICIPANTS BASED ON  
24 PATIENT NEED AND WITHOUT DELAY OR DISCRIMINATION;

25 (c) THE IMPACT OF INCORPORATING THE MEDICAL PORTIONS OF  
26 STATE LIABILITY INSURANCE, WORKERS' COMPENSATION INSURANCE, AND  
27 AUTOMOBILE INSURANCE INTO THE SYSTEM THROUGH AN ANALYSIS

1 COMPLETED BY THE BOARD;

2 (d) APPROPRIATE AND COST-EFFECTIVE BENEFIT DESIGN AND  
3 ELIGIBILITY REQUIREMENTS, STANDARDS AND QUALIFICATIONS FOR  
4 HEALTH CARE PROVIDERS, PROVIDER RATES, AND ANY OTHER PROVISIONS  
5 THE BOARD FINDS NECESSARY TO CARRY OUT THE MISSION AND PURPOSES  
6 OF THIS ARTICLE;

7 (e) THE CURRENT USE OF PUBLIC MONEYS SPENT ON HEALTH CARE  
8 IN COLORADO AND HOW THE FUNDING SOURCES MAY BE STREAMLINED  
9 AND USED IN A MORE EFFICIENT AND COST-EFFECTIVE MANNER;

10 (f) THE CREATION, AS PART OF THE PLAN FOR THE SYSTEM, OF THE  
11 ALLOWANCE FOR PARTICIPANTS TO CHOOSE A LICENSED PERSONAL  
12 PHYSICIAN OR LICENSED ADVANCED PRACTICE NURSE TO MANAGE AND  
13 COORDINATE THE CONTINUAL CARE OF THE PARTICIPANT AND SERVE AS  
14 THE PARTICIPANT'S MEDICAL HOME;

15 (g) A PLAN FOR THE SHORT- AND LONG-TERM HEALTH CARE NEEDS  
16 OF THE PARTICIPANTS;

17 (h) THE DEVELOPMENT OF INFORMATION TECHNOLOGY  
18 SPECIFICATIONS FOR:

19 (I) CLEARLY DEFINED STANDARDS FOR A CONFIDENTIAL,  
20 ELECTRONIC PATIENT RECORDS SYSTEM AND ELECTRONIC PERSONAL  
21 HEALTH RECORDS TO MAINTAIN ACCURATE PATIENT RECORDS AND TO  
22 SIMPLIFY THE BILLING PROCESS, THEREBY REDUCING MEDICAL ERRORS  
23 AND ADMINISTRATIVE COSTS;

24 (II) AN AUTOMATED METHOD FOR CLAIMS PROCESSING, BILLING,  
25 AND PAYMENT; AND;

26 (III) PROVISIONS FOR STATEWIDE AND REGIONAL COLLECTION AND  
27 ANALYSIS OF CLINICAL DATA INCLUDING UTILIZATION, QUALITY

1 MEASURES, OUTCOMES, AND ERRORS;

2 (i) ESTABLISHING MECHANISMS FOR THE USE OF CLINICAL DATA  
3 COLLECTED UNDER SUBPARAGRAPH (III) OF PARAGRAPH (h) OF THIS  
4 SUBSECTION (1) TO ESTABLISH STANDARDS FOR BEST PRACTICES THROUGH  
5 THE APPLICATION OF EVIDENCE-BASED MEDICINE;

6 (j) IMPROVING THE HEALTH OF COLORADANS WITH COMMUNITY  
7 HEALTH INITIATIVES; THE SUPPORT OF INNOVATIVE, EFFICIENT, AND  
8 COORDINATED CARE; WELLNESS EDUCATION; AND END-OF-LIFE  
9 EDUCATION;

10 (k) ESTABLISHING A CENTRAL PURCHASING AUTHORITY  
11 RESPONSIBLE FOR NEGOTIATING FAVORABLE PRICES FOR PRESCRIPTION  
12 DRUGS AND DURABLE MEDICAL EQUIPMENT WHERE APPROPRIATE;

13 (l) INCLUDING HEALTH CARE COVERAGE FOR ALL MEDICALLY  
14 NECESSARY ORAL HEALTH CARE, MENTAL HEALTH CARE, AND SUBSTANCE  
15 ABUSE TREATMENT ON THE SAME BASIS AS THE COVERAGE FOR OTHER  
16 CONDITIONS;

17 (m) DEVELOPING A TRANSITION PLAN FOR RETRAINING AND JOB  
18 PLACEMENT THAT CONSIDERS EXTENDED UNEMPLOYMENT BENEFITS FOR  
19 THOSE WHOSE JOBS HAVE BEEN IMPACTED BY THE IMPLEMENTATION OF  
20 THE SYSTEM;

21 (n) PROVIDING SUPPORT FOR HEALTH CARE PROVIDER EDUCATION  
22 AND TRAINING THAT EFFECTIVELY ADDRESSES PRIMARY CARE, NURSING,  
23 AND OTHER PROVIDER SHORTAGES PRIMARILY IN RURAL AND  
24 UNDERSERVED AREAS OF THE STATE;

25 (o) ESTABLISHING A SYSTEM FOR FILING AND ARBITRATING ALL  
26 GRIEVANCES REGARDING DELAY, DENIAL, OR MODIFICATION OF HEALTH  
27 CARE SERVICES;

1 (p) CREATING A COLORADO HEALTH CARE QUALITY AND DISPUTE  
2 RESOLUTION SYSTEM TO MEASURE QUALITY, INVESTIGATE REPORTS OF  
3 POOR QUALITY, AND DEVELOP AN EFFICIENT AND FAIR DISPUTE  
4 RESOLUTION SYSTEM;

5 (q) COLLABORATING WITH LOCAL GOVERNMENTS, SPECIAL  
6 DISTRICTS, CRITICAL ACCESS HOSPITALS, PRIVATE SECTOR FOUNDATIONS,  
7 AND REPRESENTATIVES OF SPECIAL POPULATIONS TO ADDRESS SPECIAL  
8 HEALTH CARE NEEDS AND ESTABLISH EDUCATION AND OUTREACH  
9 PROGRAMS, RESEARCH STUDIES, GRANTS, AND FINANCIAL INCENTIVES TO  
10 MEET THE HEALTH CARE NEEDS OF LOCALITIES AND SPECIAL POPULATIONS;

11 (r) RECOMMENDING A FINANCING SYSTEM TO CARRY OUT THE  
12 MISSION OF THE AUTHORITY AND THE PURPOSES OF THIS ARTICLE. IN ITS  
13 ANALYSIS, THE BOARD SHALL CONSIDER:

14 (I) COLLECTING FEES OR PREMIUMS FROM ALL RESIDENTS OF  
15 COLORADO WHO ARE ELIGIBLE TO PARTICIPATE IN THE SYSTEM;

16 (II) DETERMINING THE FEE OR PREMIUM STRUCTURE AND  
17 APPROVAL PROCESS, INCLUDING A MEANS-BASED FEE OR PREMIUM THAT  
18 ENSURES ALL INCOME EARNERS AND EMPLOYERS ARE CONTRIBUTING AN  
19 AMOUNT THAT IS AFFORDABLE, FAIR, AND CONSISTENT WITH CURRENT  
20 FUNDING SOURCES FOR HEALTH CARE IN COLORADO;

21 (III) COORDINATING WITH EXISTING, ONGOING FUNDING SOURCES  
22 FROM FEDERAL AND STATE PROGRAMS;

23 (IV) BEING CONSISTENT WITH STATE AND FEDERAL REQUIREMENTS  
24 GOVERNING FINANCIAL CONTRIBUTIONS FOR PERSONS ELIGIBLE FOR PUBLIC  
25 PROGRAMS; AND

26 (V) COMPLYING WITH FEDERAL REQUIREMENTS.

27 (s) AN ANALYSIS OF HOW TO FINANCE AND ADDRESS HEALTH CARE

1 SERVICES FOR VISITORS, NONRESIDENT STUDENTS, REFUGEES, AND OTHER  
2 INELIGIBLE PERSONS IN COLORADO.

3 (2) IN ADDITION TO THE DUTIES DESCRIBED IN SUBSECTION (1) OF  
4 THIS SECTION, THE BOARD MAY ADDRESS OTHER ISSUES AND IMPLEMENT  
5 OTHER MEASURES AS NECESSARY TO CREATE THE SYSTEM.

6 (3) THE SYSTEM SHALL NOT BE IMPLEMENTED UNLESS THE  
7 REQUIREMENTS OF SECTION 25.5-9-111 (3) ARE MET.

8 (4) THE BOARD SHALL ENSURE THAT THE HEALTH BENEFIT PLAN  
9 OFFERED PURSUANT TO THE SYSTEM DOES NOT CAUSE HARM TO PERSONS  
10 ELIGIBLE FOR BENEFITS PURSUANT TO THE "COLORADO MEDICAL  
11 ASSISTANCE ACT", ARTICLES 4, 5, AND 6 OF THIS TITLE.

12 **25.5-9-107. Board of directors.** (1) THE AUTHORITY SHALL BE  
13 GOVERNED BY A BOARD OF DIRECTORS, CONSISTING OF TWENTY-THREE  
14 MEMBERS, WHO SHALL BE APPOINTED AS FOLLOWS:

15 (a) THE PRESIDENT OF THE SENATE SHALL APPOINT THE  
16 FOLLOWING MEMBERS:

- 17 (I) ONE LICENSED PRIMARY CARE PHYSICIAN;
- 18 (II) ONE LICENSED DENTIST;
- 19 (III) ONE HEALTH CARE CONSUMER;
- 20 (IV) ONE REPRESENTATIVE OF ORGANIZED LABOR; AND
- 21 (V) ONE REPRESENTATIVE OF A FEDERALLY QUALIFIED HEALTH  
22 CARE CENTER.

23 (b) THE MINORITY LEADER OF THE SENATE SHALL APPOINT THE  
24 FOLLOWING MEMBERS:

- 25 (I) ONE LICENSED PHYSICIAN WITH EXPERIENCE IN PUBLIC HEALTH  
26 OR EPIDEMIOLOGY;
- 27 (II) ONE LICENSED PHARMACIST;

1 (III) ONE HEALTH CARE CONSUMER WHO IS EITHER A MEMBER OF  
2 THE DISABLED COMMUNITY OR IS A CARE GIVER OF MEMBERS OF THE  
3 DISABLED COMMUNITY;

4 (IV) ONE REPRESENTATIVE OF SMALL BUSINESSES;

5 (V) ONE REPRESENTATIVE OF HOSPITALS.

6 (c) THE SPEAKER OF THE HOUSE OF REPRESENTATIVES SHALL  
7 APPOINT THE FOLLOWING MEMBERS:

8 (I) ONE LICENSED MENTAL HEALTH CARE PROVIDER;

9 (II) ONE LICENSED PROFESSIONAL NURSE;

10 (III) ONE HEALTH CARE CONSUMER WHO IS AT LEAST SIXTY-FIVE  
11 YEARS OF AGE AND HAS SERVED AS AN ADVOCATE FOR SENIOR CITIZENS;

12 (IV) ONE REPRESENTATIVE OF LARGE BUSINESSES; AND

13 (V) ONE REPRESENTATIVE OF THE INSURANCE INDUSTRY.

14 (d) THE MINORITY LEADER OF THE HOUSE OF REPRESENTATIVES  
15 SHALL APPOINT THE FOLLOWING MEMBERS:

16 (I) ONE REPRESENTATIVE WHO IS AN ACTUARY AND WHO HAS  
17 EXPERIENCE WITH THE INSURANCE INDUSTRY;

18 (II) ONE REPRESENTATIVE OF AMBULATORY SURGICAL CENTERS;

19 (III) ONE REPRESENTATIVE OF AN INTEGRATED HEALTH CARE  
20 DELIVERY SYSTEM;

21 (IV) ONE REPRESENTATIVE OF RURAL COMMUNITIES WHO IS  
22 FAMILIAR WITH CONSUMER HEALTH CARE ISSUES; AND

23 (V) ONE ADVANCED PRACTICE NURSE.

24 (e) THE GOVERNOR SHALL APPOINT THE FOLLOWING MEMBERS:

25 (I) ONE REPRESENTATIVE WHO HAS EXPERTISE IN HOSPITAL AND  
26 PHYSICIAN COSTS, BILLING, AND FEES;

27 (II) ONE CONSUMER; AND

1 (III) ONE REPRESENTATIVE FROM THE LONG-TERM CARE  
2 INDUSTRY.

3 (2) EACH MEMBER SHALL SERVE A TERM OF FOUR YEARS; EXCEPT  
4 THAT ELEVEN OF THE MEMBERS SHALL SERVE AN INITIAL TERM OF TWO  
5 YEARS. EACH MEMBER OF THE BOARD SHALL HOLD OFFICE FOR SUCH  
6 MEMBER'S TERM AND UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIED.  
7 ANY MEMBER SHALL BE ELIGIBLE FOR REAPPOINTMENT, BUT MEMBERS  
8 SHALL NOT BE ELIGIBLE TO SERVE MORE THAN TWO CONSECUTIVE FULL  
9 TERMS.

10 (3) IN MAKING APPOINTMENTS TO THE BOARD, THE APPOINTING  
11 AUTHORITIES SHALL MAKE GOOD FAITH EFFORTS TO ASSURE THAT THEIR  
12 APPOINTMENTS REFLECT, TO THE GREATEST EXTENT POSSIBLE, THE  
13 SOCIAL, DEMOGRAPHIC, AND GEOGRAPHIC DIVERSITY OF THE STATE. THE  
14 APPROPRIATE APPOINTING AUTHORITY SHALL FILL ANY VACANCY ON THE  
15 BOARD WITHIN THIRTY DAYS AFTER THE VACANCY OCCURS.

16 (4) NO PART OF THE REVENUES OR ASSETS OF THE AUTHORITY  
17 SHALL INURE TO THE BENEFIT OF, OR BE DISTRIBUTED TO, ITS BOARD OR  
18 OFFICERS OR ANY OTHER PRIVATE PERSON OR ENTITY; EXCEPT THAT THE  
19 AUTHORITY MAY MAKE REASONABLE PAYMENTS FOR EXPENSES INCURRED  
20 ON ITS BEHALF RELATING TO ANY OF ITS LAWFUL PURPOSES, INCLUDING  
21 FOR THE PROVISION OF HEALTH CARE SERVICES; AND THE AUTHORITY IS  
22 AUTHORIZED AND EMPOWERED TO PAY REASONABLE COMPENSATION FOR  
23 SERVICES RENDERED TO OR FOR ITS BENEFIT RELATING TO ANY OF ITS  
24 LAWFUL PURPOSES, INCLUDING PAYMENT ■ TO EACH MEMBER FOR EACH  
25 MEETING ATTENDED.

26 (5) ANY MEMBER OF THE BOARD WHO HAS AN IMMEDIATE  
27 PERSONAL OR FINANCIAL INTEREST IN ANY MATTER BEFORE THE BOARD

1 SHALL DISCLOSE THE FACT TO THE BOARD AND SHALL NOT VOTE UPON THE  
2 MATTER.

3 (6) THE BOARD MAY EMPLOY AN EXECUTIVE DIRECTOR OF THE  
4 AUTHORITY, A CHIEF FINANCIAL OFFICER, A CHIEF MEDICAL OFFICER, A  
5 PATIENT ADVOCATE, A PATIENT SAFETY OFFICER, A PROVIDER ADVOCATE,  
6 AND ANY OTHER OFFICERS THE BOARD FINDS NECESSARY TO CREATE AND  
7 DEVELOP THE SYSTEM.

8 (7) THE BOARD MAY ENTER INTO SUCH CONTRACTS AS ARE  
9 NECESSARY OR PROPER TO CARRY OUT THE PROVISIONS AND PURPOSES OF  
10 THIS ARTICLE, INCLUDING CONTRACTS WITH APPROPRIATE  
11 ADMINISTRATIVE STAFF, CONSULTANTS, AND LEGAL COUNSEL. NO  
12 CONTRACT ENTERED INTO PURSUANT TO THIS SUBSECTION (7) SHALL BE  
13 SUBJECT TO ARTICLE 103 OF TITLE 24, C.R.S.

14 (8) THE BOARD MAY APPOINT APPROPRIATE LEGAL, ACTUARIAL,  
15 AND OTHER COMMITTEES AS NECESSARY TO PROVIDE TECHNICAL  
16 ASSISTANCE AND OTHER EXPERTISE AND EXPERIENCE IN THE  
17 DEVELOPMENT OF THE SYSTEM.

18 (9) ON OR BEFORE FEBRUARY 1 OF EACH YEAR, THE BOARD SHALL  
19 REPORT TO THE HEALTH AND HUMAN SERVICES COMMITTEES OF THE  
20 SENATE AND THE HOUSE OF REPRESENTATIVES OR THEIR SUCCESSOR  
21 COMMITTEES AND THE GOVERNOR REGARDING THE PROGRESS OF THE  
22 SYSTEM, ANY RECOMMENDED LEGISLATIVE CHANGES, AND THE FUTURE  
23 GOALS AND PRIORITIES OF THE AUTHORITY.

24 **25.5-9-108. Required covered benefits.** (1) COVERED  
25 COMPREHENSIVE MEDICAL BENEFITS UNDER THE SYSTEM PLAN SHALL  
26 INCLUDE:

27 (a) PRIMARY AND PREVENTIVE CARE;

- 1 (b) INPATIENT CARE;
- 2 (c) OUTPATIENT CARE;
- 3 (d) EMERGENCY CARE;
- 4 (e) PRESCRIPTION DRUGS;
- 5 (f) DURABLE MEDICAL EQUIPMENT;
- 6 (g) LONG-TERM CARE, INCLUDING COMMUNITY-BASED AND
- 7 CONSUMER-DIRECTED SERVICES;
- 8 (h) MENTAL HEALTH SERVICES;
- 9 (i) DENTAL SERVICES;
- 10 (j) SUBSTANCE ABUSE TREATMENT;
- 11 (k) CHIROPRACTIC SERVICES;
- 12 (l) REPRODUCTIVE HEALTH CARE SERVICES;
- 13 (m) OCCUPATIONAL AND PHYSICAL THERAPY SERVICES;
- 14 (n) VISION CARE AND CORRECTION; AND
- 15 (o) HEARING SERVICES AND HEARING AIDS.

16 (2) THE PLAN FOR THE SYSTEM SHALL INCLUDE COMPREHENSIVE  
17 MEDICAL BENEFITS COVERAGE FOR ALL ELIGIBLE PARTICIPANTS IN  
18 COLORADO THAT SHALL BE COORDINATED WITH OTHER PUBLIC HEALTH  
19 EFFORTS AND MAY BE COORDINATED WITH PUBLIC HEALTH OFFICIALS,  
20 AGENCIES, AND ORGANIZATIONS.

21 **25.5-9-109. Gifts, grants, and donations - federal grant**  
22 **moneys.** THE BOARD IS AUTHORIZED TO SEEK GIFTS, GRANTS, AND  
23 DONATIONS AND FEDERAL GRANT MONEYS FOR THE PURPOSES OF  
24 IMPLEMENTING THIS ARTICLE. MONEYS RECEIVED BY THE BOARD SHALL  
25 BE TRANSFERRED DIRECTLY TO THE AUTHORITY FOR THE PURPOSES OF  
26 THIS ARTICLE. NO MONEYS FROM THE GENERAL FUND SHALL BE USED FOR  
27 THE IMPLEMENTATION OF THIS ARTICLE.

1           **25.5-9-110. Duty to seek waivers, exemptions, and**  
2 **agreements.** THE EXECUTIVE DIRECTOR SHALL SEEK INPUT FROM AND  
3 COLLABORATE WITH THE DEPARTMENT OF HEALTH CARE POLICY AND  
4 FINANCING TO SEEK ALL NECESSARY WAIVERS, EXEMPTIONS, AND  
5 AGREEMENTS FROM THE FEDERAL GOVERNMENT SO THAT ALL CURRENT  
6 LEVELS OF FUNDING FROM THE FEDERAL GOVERNMENT TO THE STATE,  
7 COUNTIES, OR LOCAL GOVERNMENTS FOR THE PROVISION AND PAYMENT  
8 OF HEALTH CARE SERVICES MAY BE APPROPRIATED TO THE AUTHORITY  
9 ONCE THE SYSTEM IS IMPLEMENTED BY BILL OF THE GENERAL ASSEMBLY.

10           **25.5-9-111. Requirements for implementation of the system -**  
11 **repeal.** (1) SECTIONS 25.5-9-101, 25.5-9-102, 25.5-9-103, 25.5-9-104,  
12 25.5-9-105, 25.5-9-107, 25.5-9-109, AND THIS SECTION SHALL TAKE  
13 EFFECT UPON THE ENACTMENT OF THIS ARTICLE.

14           (2) SECTIONS 25.5-9-106, 25.5-9-108, AND 25.5-9-110 SHALL NOT  
15 TAKE EFFECT UNTIL THE BOARD IDENTIFIES AND GUARANTEES THAT  
16 SUFFICIENT GIFTS, GRANTS, AND DONATIONS HAVE BEEN RECEIVED TO  
17 PLAN AND DEVELOP THE SYSTEM IN ACCORDANCE WITH SAID SECTIONS.  
18 UPON IDENTIFICATION AND GUARANTEE THAT THE BOARD HAS RECEIVED  
19 SUFFICIENT MONEYS TO IMPLEMENT SAID SECTIONS, THE BOARD SHALL  
20 NOTIFY THE REVISOR OF STATUTES, IN WRITING, OF THE EFFECTIVE DATE  
21 OF SAID SECTIONS. IF SUFFICIENT GIFTS, GRANTS, AND DONATIONS ARE  
22 NOT IDENTIFIED AND GUARANTEED ON OR BEFORE JULY 1, 2011, SAID  
23 SECTIONS SHALL NOT TAKE EFFECT, AND THIS ARTICLE IS REPEALED,  
24 EFFECTIVE JULY 1, 2011.

25           (3) IF SECTIONS 25.5-9-106, 25.5-9-108, AND 25.5-9-110 ARE  
26 IMPLEMENTED AND THE PLAN FOR THE SYSTEM IS DEVELOPED AND  
27 CREATED, THE SYSTEM SHALL NOT BE IMPLEMENTED UNTIL:

1 (a) ALL NECESSARY WAIVERS, EXEMPTIONS, AND AGREEMENTS  
2 ARE IN PLACE TO EFFECTIVELY IMPLEMENT THE SYSTEM; AND

3 (b) THE GENERAL ASSEMBLY APPROVES THE IMPLEMENTATION OF  
4 THE SYSTEM BY BILL.

5 **SECTION 2. Safety clause.** The general assembly hereby finds,  
6 determines, and declares that this act is necessary for the immediate  
7 preservation of the public peace, health, and safety.