

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

PREAMENDED

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

LLS NO. 11-0397.01 Bob Lackner

SENATE BILL 11-063

SENATE SPONSORSHIP

Giron and Newell,

HOUSE SPONSORSHIP

(None),

Senate Committees

Local Government and Energy

House Committees

A BILL FOR AN ACT

101 **CONCERNING THE PROMOTION OF HEALTH CARE ACCESSIBILITY BY**
102 **ENCOURAGING LOCAL GOVERNMENTS TO CONSIDER THE**
103 **HEALTH CARE NEEDS OF THEIR COMMUNITIES IN THE**
104 **COMPOSITION OF THEIR MASTER LAND USE PLANS.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://www.leg.state.co.us/billsummaries>.)

The bill authorizes counties, regions, and municipalities (local governments) to include in their comprehensive or master land use plans

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.

a community health element reflecting current and projected population estimates pursuant to which the applicable local government will indicate how its planning decisions will promote public health and safety and the general welfare of the residents of the local government. Matters to be addressed in connection with this element of the master plan may include, without limitation, accessibility, availability, affordability, and delivery of health care services and health care facilities; public safety; civic participation within the territorial boundaries of the local government; and any other factors or policies that will promote public health and safety and the general welfare within the territorial boundaries of the local government. In assessing the accessibility, availability, affordability, and delivery of current and anticipated health care services and facilities, the bill authorizes the applicable planning commission to consider:

- ! Surrounding local governments in order to develop an inventory of existing facilities and services and an assessment of transit accessibility; and
- ! Population estimates and projections provided by the Colorado department of local affairs to establish current and projected needs of facilities and services.

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, determines, and declares that:

4 (a) New and emerging pandemics increase the burdens faced by
5 county, municipal, and other local health care delivery systems;

6 (b) Acts of domestic and international terrorism increase the need
7 for counties, municipalities, and special districts to ensure that their health
8 care infrastructure is equipped to respond to biological and other attacks
9 that threaten the health and welfare of their populations;

10 (c) The state demography office of the Colorado department of
11 local affairs estimates that the state's population will increase by fifty
12 percent by the year 2035 to almost seven million seven hundred thousand
13 people;

14 (d) Colorado faces urgent and interconnected problems regarding

1 health care that will only continue as the state's population increases;

2 (e) Future demographic projections provide the basis for planning
3 for a community's future health care needs;

4 (f) A community's comprehensive or master plan is a public
5 document that reflects decisions and regulations made by city and county
6 officials and citizens to guide the future physical, economic, and social
7 development of that community;

8 (g) A community's current and anticipated health care needs are
9 integral components to the physical, economic, and social development
10 of that community and its health care workforce; ==

11 (h) Access to health care is directly connected to transit
12 accessibility; and

13 (i) As critical delivery points for the provision of health care and
14 emergency services to a community, and major contributors to a
15 community's workforce, hospitals bring a unique capacity to increase
16 positive health outcomes for Colorado residents and to educate
17 stakeholders about the safety and quality of health care in their
18 community.

19 (2) The general assembly further finds, determines, and declares
20 that:

21 (a) In 2008, the blue ribbon commission for health care reform
22 identified objectives for state-level health reform including: Reducing the
23 number of uninsured Coloradans; making it easier for Coloradans to
24 obtain and maintain their health care coverage; improving the delivery of
25 services to vulnerable populations; encouraging and rewarding prevention
26 and personal responsibility; preserving and enhancing consumer choice;
27 strengthening the safety net of health care providers; and identifying

1 administrative streamlining measures to reduce public expenditures
2 related to health care;

3 (b) Under Senate Bill 08-194, the department of public health and
4 environment was required to develop a comprehensive, statewide public
5 health improvement plan, referred to herein as the "state plan", on or
6 before December 31, 2009, and every five years thereafter, and, as soon
7 as practicable after the approval of each state plan, each county or district
8 public health agency was required to prepare a county or district public
9 health plan, referred to herein as the "local plan", which was required to
10 be consistent with the state plan;

11 (c) With the enactment of House Bill 09-1111 in 2009, the general
12 assembly recognized that a shortage of qualified health care professionals
13 exists in most areas of the state, particularly in rural and low-income
14 communities, and that lack of access to health care increases health
15 inequities in Colorado and increases the overall cost of health care
16 services;

17 (d) A growing number of local governments nationwide are
18 recognizing the value of including health care in the comprehensive
19 master planning process;

20 (e) By recognizing the importance of accessibility and
21 affordability of health care in a community's development, cities and
22 counties can provide a foundation for an increased quality of life for the
23 residents of their communities;

24 (f) Assessing communities' current and anticipated health care
25 needs and available services in the city and county comprehensive
26 planning process may increase the quality of life for all Colorado citizens;
27 and

1 (g) The statewide task force focused on healthy eating and active
2 living, convened by the Colorado department of public health and
3 environment, is currently convening to provide policy makers with model
4 policies and plans to promote healthy eating and active living.

5 (3) The general assembly further finds, determines, and declares
6 that the purpose of Senate Bill 11-063, enacted in 2011, is to encourage
7 municipalities, counties, and regions subject to master planning
8 requirements to consider including a community health element in their
9 master plans as a foundation for increased quality of life for their
10 residents and the sustained well-being of the population. The general
11 assembly further declares that the ultimate purpose of Senate Bill 11-063
12 is to reduce disparities in the accessibility, availability, affordability, and
13 delivery of health care services faced by Coloradans living in different
14 regions of the state. Nothing in Senate Bill 11-063 shall prohibit planning
15 commissions or other bodies responsible for developing a community's
16 master plan from collaborating with adjoining municipalities, counties,
17 or regions as appropriate to better assess their communities' health care
18 needs and to design master plans that promote and evidence such
19 cooperation.

20 **SECTION 2.** 30-28-106 (3), Colorado Revised Statutes, is
21 amended BY THE ADDITION OF A NEW PARAGRAPH to read:

22 **30-28-106. Adoption of master plan - contents - definitions.**

23 (3) (h) (I) THE MASTER PLAN OF A COUNTY OR REGION ADOPTED IN
24 ACCORDANCE WITH THIS SECTION MAY INCLUDE A COMMUNITY HEALTH
25 ELEMENT REFLECTING CURRENT AND PROJECTED POPULATION ESTIMATES
26 PURSUANT TO WHICH THE COUNTY OR REGION SHALL INDICATE HOW ITS
27 PLANNING DECISIONS WILL PROMOTE PUBLIC HEALTH AND SAFETY AND

1 THE GENERAL WELFARE OF THE RESIDENTS OF THE COUNTY OR REGION, AS
2 APPLICABLE. MATTERS TO BE ADDRESSED IN CONNECTION WITH THIS
3 ELEMENT OF THE MASTER PLAN MAY INCLUDE, WITHOUT LIMITATION,
4 ACCESSIBILITY, AVAILABILITY, AFFORDABILITY, AND DELIVERY OF HEALTH
5 CARE SERVICES AND HEALTH CARE FACILITIES; PUBLIC SAFETY; CIVIC
6 PARTICIPATION WITHIN THE TERRITORIAL BOUNDARIES OF THE COUNTY OR
7 REGION; AND ANY OTHER FACTORS OR POLICIES THAT WILL PROMOTE
8 PUBLIC HEALTH AND SAFETY AND THE GENERAL WELFARE WITHIN THE
9 TERRITORIAL BOUNDARIES OF THE COUNTY OR REGION. IN ASSESSING THE
10 ACCESSIBILITY, AVAILABILITY, AFFORDABILITY, AND DELIVERY OF
11 CURRENT AND ANTICIPATED HEALTH CARE SERVICES AND FACILITIES, THE
12 PLANNING COMMISSION MAY CONSIDER:

13 (A) SURROUNDING COUNTIES, REGIONS, OR MUNICIPALITIES IN
14 ORDER TO DEVELOP AN INVENTORY OF EXISTING FACILITIES AND SERVICES
15 AND AN ASSESSMENT OF TRANSIT ACCESSIBILITY; AND

16 (B) POPULATION ESTIMATES AND PROJECTIONS PROVIDED BY THE
17 COLORADO DEPARTMENT OF LOCAL AFFAIRS TO ESTABLISH CURRENT AND
18 PROJECTED NEEDS OF FACILITIES AND SERVICES.

19 (II) NOTHING IN SUBPARAGRAPH (I) OF THIS PARAGRAPH (h) SHALL
20 BE CONSTRUED TO PRECLUDE THE DEVELOPMENT OF A HEALTH CARE
21 FACILITY OR HOSPITAL THAT IS NOT INCLUDED IN THE MASTER PLAN OF A
22 COUNTY OR REGION, NOR SHALL ANYTHING IN SAID SUBPARAGRAPH (I) BE
23 CONSTRUED AS REQUIRING ANY HOSPITAL OR FACILITY TO OFFER ANY
24 SERVICE THAT IS INCLUDED IN THE PLAN.

25 (III) TO THE EXTENT PRACTICABLE, A COUNTY OR REGION THAT
26 ELECTS TO INCLUDE A COMMUNITY HEALTH ELEMENT IN ITS MASTER PLAN
27 IS STRONGLY ENCOURAGED TO COLLABORATE WITH A PUBLIC HEALTH

1 AGENCY OF THE COUNTY OR DISTRICT, AS APPLICABLE, IN THE INCLUSION
2 OF SUCH ELEMENT AND TO FURTHER USE INFORMATION CONTAINED IN A
3 PUBLIC HEALTH PLAN GOVERNING THE COUNTY OR REGION PURSUANT TO
4 THE PROVISIONS OF SUBPART 3 OF PART 5 OF ARTICLE 1 OF TITLE 25,
5 C.R.S., IN THE INCLUSION OF SUCH ELEMENT.

6 (IV) AS USED IN THIS PARAGRAPH (h), UNLESS THE CONTEXT
7 OTHERWISE REQUIRES:

8 (A) "HEALTH CARE FACILITY" OR "FACILITY" INCLUDES, WITHOUT
9 LIMITATION, PUBLIC AND PRIVATE HEALTH CARE CLINICS OR PRACTICES,
10 INCLUDING SCHOOL-BASED HEALTH CENTERS; LOCATIONS THAT PROVIDE
11 ACCESS TO ALTERNATIVE MEDICINES; LONG-TERM CARE FACILITIES;
12 REHABILITATIVE CENTERS; HOSPICES; AND PHARMACIES. FOR PURPOSES
13 OF THIS PARAGRAPH (h), "HEALTH CARE FACILITY" SHALL NOT INCLUDE A
14 HOSPITAL, OR ANY FACILITY OWNED OR OPERATED BY A HOSPITAL, THAT
15 IS LICENSED OR CERTIFIED PURSUANT TO SECTION 25-3-101, C.R.S.

16 (B) "HEALTH CARE SERVICE" OR "SERVICE" MEANS, WITHOUT
17 LIMITATION, ADOLESCENT HEALTH CARE, BEHAVIORAL CARE,
18 CHIROPRACTIC SERVICES, DENTAL SERVICES, THE PROVISION OF DURABLE
19 MEDICAL EQUIPMENT, EMERGENCY CARE, WELL WOMAN CARE, GERIATRIC
20 CARE, HEALTH AND MEDICAL INSTRUCTION AT LOCAL EDUCATIONAL
21 INSTITUTIONS, HEARING SERVICES AND THE PROVISION OF HEARING AIDS,
22 INPATIENT CARE, LONG-TERM CARE, MENTAL HEALTH SERVICES,
23 OBSTETRIC AND GYNECOLOGICAL CARE, OUTPATIENT CARE, PEDIATRIC
24 SERVICES, THE PROVISION OF PRESCRIPTION DRUGS AND MEDICATION
25 THERAPY MANAGEMENT, PRIMARY AND PREVENTIVE CARE, SUBSTANCE
26 ABUSE TREATMENT, TRAUMA CARE, VISION CARE AND CORRECTION, AND
27 CARE FOR INDIVIDUALS WITH DISABILITIES.

1 **SECTION 3.** 31-23-206, Colorado Revised Statutes, is amended
2 BY THE ADDITION OF A NEW SUBSECTION to read:

3 **31-23-206. Master plan - definitions.** (5.5) (a) THE MASTER
4 PLAN OF A MUNICIPALITY ADOPTED IN ACCORDANCE WITH THIS SECTION
5 MAY INCLUDE A COMMUNITY HEALTH ELEMENT REFLECTING CURRENT AND
6 PROJECTED POPULATION ESTIMATES PURSUANT TO WHICH THE
7 MUNICIPALITY SHALL INDICATE HOW ITS PLANNING DECISIONS WILL
8 PROMOTE PUBLIC HEALTH AND SAFETY AND THE GENERAL WELFARE OF
9 THE RESIDENTS OF THE MUNICIPALITY. MATTERS TO BE ADDRESSED IN
10 CONNECTION WITH THIS ELEMENT OF THE MASTER PLAN MAY INCLUDE,
11 WITHOUT LIMITATION, ACCESSIBILITY, AVAILABILITY, AFFORDABILITY,
12 AND DELIVERY OF HEALTH CARE SERVICES AND HEALTH CARE FACILITIES;
13 PUBLIC SAFETY; CIVIC PARTICIPATION WITHIN THE TERRITORIAL
14 BOUNDARIES OF THE MUNICIPALITY; AND ANY OTHER FACTORS OR
15 POLICIES THAT WILL PROMOTE PUBLIC HEALTH AND SAFETY AND THE
16 GENERAL WELFARE WITHIN THE TERRITORIAL BOUNDARIES OF THE
17 MUNICIPALITY. IN ASSESSING THE ACCESSIBILITY, AVAILABILITY,
18 AFFORDABILITY, AND DELIVERY OF CURRENT AND ANTICIPATED HEALTH
19 CARE SERVICES AND FACILITIES, THE PLANNING COMMISSION MAY
20 CONSIDER:

21 (I) SURROUNDING COUNTIES, REGIONS, OR MUNICIPALITIES IN
22 ORDER TO DEVELOP AN INVENTORY OF EXISTING FACILITIES AND SERVICES
23 AND AN ASSESSMENT OF TRANSIT ACCESSIBILITY; AND

24 (II) POPULATION ESTIMATES AND PROJECTIONS PROVIDED BY THE
25 COLORADO DEPARTMENT OF LOCAL AFFAIRS TO ESTABLISH CURRENT AND
26 PROJECTED NEEDS OF FACILITIES AND SERVICES.

27 (b) TO THE EXTENT PRACTICABLE, A MUNICIPALITY THAT ELECTS

1 TO INCLUDE A COMMUNITY HEALTH ELEMENT IN ITS MASTER PLAN IS
2 STRONGLY ENCOURAGED TO COLLABORATE WITH A PUBLIC HEALTH
3 AGENCY OF THE MUNICIPALITY OR OF THE COUNTY OR DISTRICT WITHIN
4 WHICH THE MUNICIPALITY IS LOCATED, AS APPLICABLE, IN THE INCLUSION
5 OF SUCH ELEMENT AND TO FURTHER USE INFORMATION CONTAINED IN A
6 PUBLIC HEALTH PLAN GOVERNING THE MUNICIPALITY PURSUANT TO THE
7 PROVISIONS OF SUBPART 3 OF PART 5 OF ARTICLE 1 OF TITLE 25, C.R.S., IN
8 THE INCLUSION OF SUCH ELEMENT.

9 (c) NOTHING IN PARAGRAPH (a) OF THIS SUBSECTION (5.5) SHALL
10 BE CONSTRUED TO PRECLUDE THE DEVELOPMENT OF A HEALTH CARE
11 FACILITY OR HOSPITAL THAT IS NOT INCLUDED IN THE MASTER PLAN OF A
12 MUNICIPALITY, NOR SHALL ANYTHING IN SAID PARAGRAPH (a) BE
13 CONSTRUED AS REQUIRING ANY HOSPITAL OR FACILITY TO OFFER ANY
14 SERVICE THAT IS INCLUDED IN THE PLAN.

15 (d) AS USED IN THIS SUBSECTION (5.5), UNLESS THE CONTEXT
16 OTHERWISE REQUIRES:

17 (I) "HEALTH CARE FACILITY" OR "FACILITY" INCLUDES, WITHOUT
18 LIMITATION, PUBLIC AND PRIVATE HEALTH CARE CLINICS OR PRACTICES,
19 INCLUDING SCHOOL-BASED HEALTH CENTERS; LOCATIONS THAT PROVIDE
20 ACCESS TO ALTERNATIVE MEDICINES; LONG-TERM CARE FACILITIES;
21 REHABILITATIVE CENTERS; HOSPICES; AND PHARMACIES. FOR PURPOSES
22 OF THIS SUBSECTION (5.5), "HEALTH CARE FACILITY" SHALL NOT INCLUDE
23 A HOSPITAL, OR ANY FACILITY OWNED OR OPERATED BY A HOSPITAL, THAT
24 IS LICENSED OR CERTIFIED PURSUANT TO SECTION 25-3-101, C.R.S.

25 (II) "HEALTH CARE SERVICE" OR "SERVICE" MEANS, WITHOUT
26 LIMITATION, ADOLESCENT HEALTH CARE, BEHAVIORAL CARE,
27 CHIROPRACTIC SERVICES, DENTAL SERVICES, THE PROVISION OF DURABLE

1 MEDICAL EQUIPMENT, EMERGENCY CARE, WELL WOMAN CARE, GERIATRIC
2 CARE, HEALTH AND MEDICAL INSTRUCTION AT LOCAL EDUCATIONAL
3 INSTITUTIONS, HEARING SERVICES AND THE PROVISION OF HEARING AIDS,
4 INPATIENT CARE, LONG-TERM CARE, MENTAL HEALTH SERVICES,
5 OBSTETRIC AND GYNECOLOGICAL CARE, OUTPATIENT CARE, PEDIATRIC
6 SERVICES, THE PROVISION OF PRESCRIPTION DRUGS AND MEDICATION
7 THERAPY MANAGEMENT, PRIMARY AND PREVENTIVE CARE, SUBSTANCE
8 ABUSE TREATMENT, TRAUMA CARE, VISION CARE AND CORRECTION, AND
9 CARE FOR INDIVIDUALS WITH DISABILITIES.

10 **SECTION 4. Act subject to petition - effective date.** This act
11 shall take effect at 12:01 a.m. on the day following the expiration of the
12 ninety-day period after final adjournment of the general assembly (August
13 10, 2011, if adjournment sine die is on May 11, 2011); except that, if a
14 referendum petition is filed pursuant to section 1 (3) of article V of the
15 state constitution against this act or an item, section, or part of this act
16 within such period, then the act, item, section, or part shall not take effect
17 unless approved by the people at the general election to be held in
18 November 2012 and shall take effect on the date of the official
19 declaration of the vote thereon by the governor.