

First Regular Session
Sixty-eighth General Assembly
STATE OF COLORADO

INTRODUCED

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; and

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

13 (2) The general assembly further finds, determines, and declares
14 that:

15 (a) In 2008, the blue ribbon commission for health care reform
16 identified objectives for state-level health reform including: Reducing the
17 number of uninsured Coloradans; making it easier for Coloradans to
18 obtain and maintain their health care coverage; improving the delivery of
19 services to vulnerable populations; encouraging and rewarding prevention
20 and personal responsibility; preserving and enhancing consumer choice;
21 strengthening the safety net of health care providers; and identifying
22 administrative streamlining measures to reduce public expenditures
23 related to health care;

24 (b) With the enactment of House Bill 09-1111 in 2009, the general
25 assembly recognized that a shortage of qualified health care professionals
26 exists in most areas of the state, particularly in rural and low-income
27 communities, and that lack of access to health care increases health

1 inequities in Colorado and increases the overall cost of health care
2 services;

3 (c) A growing number of local governments nationwide are
4 recognizing the value of including health care in the comprehensive
5 master planning process;

6 (d) By recognizing the importance of accessibility and
7 affordability of health care in a community's development, cities and
8 counties can provide a foundation for an increased quality of life for the
9 residents of their communities;

10 (e) Assessing communities' current and anticipated health care
11 needs and available services in the city and county comprehensive
12 planning process may increase the quality of life for all Colorado citizens;
13 and

14 (f) The statewide task force focused on healthy eating and active
15 living, convened by the Colorado department of public health and
16 environment, is currently convening to provide policy makers with model
17 policies and plans to promote healthy eating and active living.

18 (3) The general assembly further finds, determines, and declares
19 that the purpose of Senate Bill 11-____, enacted in 2011, is to encourage
20 municipalities, counties, and regions subject to master planning
21 requirements to consider including a community health element in their
22 master plans as a foundation for increased quality of life for their
23 residents and the sustained well-being of the population. The general
24 assembly further declares that the ultimate purpose of Senate Bill 11-____
25 is to reduce disparities in the accessibility, availability, affordability, and
26 delivery of health care services faced by Coloradans living in different
27 regions of the state. Nothing in Senate Bill 11-____ shall prohibit planning

1 commissions or other bodies responsible for developing a community's
2 master plan from collaborating with adjoining municipalities, counties,
3 or regions as appropriate to better assess their communities' health care
4 needs and to design master plans that promote and evidence such
5 cooperation.

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

8 **30-28-106. Adoption of master plan - contents - definitions.**

9 (3) (h) (I) THE MASTER PLAN OF A COUNTY OR REGION ADOPTED IN
10 ACCORDANCE WITH THIS SECTION MAY INCLUDE A COMMUNITY HEALTH
11 ELEMENT REFLECTING CURRENT AND PROJECTED POPULATION ESTIMATES
12 PURSUANT TO WHICH THE COUNTY OR REGION SHALL INDICATE HOW ITS
13 PLANNING DECISIONS WILL PROMOTE PUBLIC HEALTH AND SAFETY AND
14 THE GENERAL WELFARE OF THE RESIDENTS OF THE COUNTY OR REGION, AS
15 APPLICABLE. MATTERS TO BE ADDRESSED IN CONNECTION WITH THIS
16 ELEMENT OF THE MASTER PLAN MAY INCLUDE, WITHOUT LIMITATION,
17 ACCESSIBILITY, AVAILABILITY, AFFORDABILITY, AND DELIVERY OF HEALTH
18 CARE SERVICES AND HEALTH CARE FACILITIES; PUBLIC SAFETY; CIVIC
19 PARTICIPATION WITHIN THE TERRITORIAL BOUNDARIES OF THE COUNTY OR
20 REGION; AND ANY OTHER FACTORS OR POLICIES THAT WILL PROMOTE
21 PUBLIC HEALTH AND SAFETY AND THE GENERAL WELFARE WITHIN THE
22 TERRITORIAL BOUNDARIES OF THE COUNTY OR REGION. IN ASSESSING THE
23 ACCESSIBILITY, AVAILABILITY, AFFORDABILITY, AND DELIVERY OF
24 CURRENT AND ANTICIPATED HEALTH CARE SERVICES AND FACILITIES, THE
25 PLANNING COMMISSION MAY CONSIDER:

26 (A) SURROUNDING COUNTIES, REGIONS, OR MUNICIPALITIES IN
27 ORDER TO DEVELOP AN INVENTORY OF EXISTING FACILITIES AND SERVICES

1 AND AN ASSESSMENT OF TRANSIT ACCESSIBILITY; AND

2 (B) POPULATION ESTIMATES AND PROJECTIONS PROVIDED BY THE
3 COLORADO DEPARTMENT OF LOCAL AFFAIRS TO ESTABLISH CURRENT AND
4 PROJECTED NEEDS OF FACILITIES AND SERVICES.

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

7 (A) "HEALTH CARE FACILITY" OR "FACILITY" INCLUDES, WITHOUT
8 LIMITATION, HOSPITALS; PUBLIC AND PRIVATE HEALTH CARE CLINICS OR
9 PRACTICES, INCLUDING SCHOOL-BASED HEALTH CENTERS; LOCATIONS
10 THAT PROVIDE ACCESS TO ALTERNATIVE MEDICINES; LONG-TERM CARE
11 FACILITIES; REHABILITATIVE CENTERS; HOSPICES; AND PHARMACIES.

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

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

26 **31-23-206. Master plan - definitions.** (5.5) (a) THE MASTER
27 PLAN OF A MUNICIPALITY ADOPTED IN ACCORDANCE WITH THIS SECTION

1 MAY INCLUDE A COMMUNITY HEALTH ELEMENT REFLECTING CURRENT AND
2 PROJECTED POPULATION ESTIMATES PURSUANT TO WHICH THE
3 MUNICIPALITY SHALL INDICATE HOW ITS PLANNING DECISIONS WILL
4 PROMOTE PUBLIC HEALTH AND SAFETY AND THE GENERAL WELFARE OF
5 THE RESIDENTS OF THE MUNICIPALITY. MATTERS TO BE ADDRESSED IN
6 CONNECTION WITH THIS ELEMENT OF THE MASTER PLAN MAY INCLUDE,
7 WITHOUT LIMITATION, ACCESSIBILITY, AVAILABILITY, AFFORDABILITY,
8 AND DELIVERY OF HEALTH CARE SERVICES AND HEALTH CARE FACILITIES;
9 PUBLIC SAFETY; CIVIC PARTICIPATION WITHIN THE TERRITORIAL
10 BOUNDARIES OF THE MUNICIPALITY; AND ANY OTHER FACTORS OR
11 POLICIES THAT WILL PROMOTE PUBLIC HEALTH AND SAFETY AND THE
12 GENERAL WELFARE WITHIN THE TERRITORIAL BOUNDARIES OF THE
13 MUNICIPALITY. IN ASSESSING THE ACCESSIBILITY, AVAILABILITY,
14 AFFORDABILITY, AND DELIVERY OF CURRENT AND ANTICIPATED HEALTH
15 CARE SERVICES AND FACILITIES, THE PLANNING COMMISSION MAY
16 CONSIDER:

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

20 (II) POPULATION ESTIMATES AND PROJECTIONS PROVIDED BY THE
21 COLORADO DEPARTMENT OF LOCAL AFFAIRS TO ESTABLISH CURRENT AND
22 PROJECTED NEEDS OF FACILITIES AND SERVICES.

23 (b) AS USED IN THIS SUBSECTION (5.5), UNLESS THE CONTEXT
24 OTHERWISE REQUIRES:

25 (I) "HEALTH CARE FACILITY" OR "FACILITY" INCLUDES, WITHOUT
26 LIMITATION, HOSPITALS; PUBLIC AND PRIVATE HEALTH CARE CLINICS OR
27 PRACTICES, INCLUDING SCHOOL-BASED HEALTH CENTERS; LOCATIONS

1 THAT PROVIDE ACCESS TO ALTERNATIVE MEDICINES; LONG-TERM CARE
2 FACILITIES; REHABILITATIVE CENTERS; HOSPICES; AND PHARMACIES.

3 (II) "HEALTH CARE SERVICE" OR "SERVICE" MEANS, WITHOUT
4 LIMITATION, ADOLESCENT HEALTH CARE, BEHAVIORAL CARE,
5 CHIROPRACTIC SERVICES, DENTAL SERVICES, THE PROVISION OF DURABLE
6 MEDICAL EQUIPMENT, EMERGENCY CARE, WELL WOMAN CARE, GERIATRIC
7 CARE, HEALTH AND MEDICAL INSTRUCTION AT LOCAL EDUCATIONAL
8 INSTITUTIONS, HEARING SERVICES AND THE PROVISION OF HEARING AIDS,
9 INPATIENT CARE, LONG-TERM CARE, MENTAL HEALTH SERVICES,
10 OBSTETRIC AND GYNECOLOGICAL CARE, OUTPATIENT CARE, PEDIATRIC
11 SERVICES, THE PROVISION OF PRESCRIPTION DRUGS AND MEDICATION
12 THERAPY MANAGEMENT, PRIMARY AND PREVENTIVE CARE, SUBSTANCE
13 ABUSE TREATMENT, TRAUMA CARE, VISION CARE AND CORRECTION, AND
14 CARE FOR INDIVIDUALS WITH DISABILITIES.

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