

First Regular Session  
Sixty-eighth General Assembly  
STATE OF COLORADO

**REENGROSSED**

*This Version Includes All Amendments  
Adopted in the House of Introduction*

LLS NO. 11-0397.01 Bob Lackner

**SENATE BILL 11-063**

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**SENATE SPONSORSHIP**

**Giron and Newell,**

**HOUSE SPONSORSHIP**

**Kefalas,**

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**Senate Committees**  
Local Government and Energy

**House Committees**

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**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.**

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**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.*

SENATE  
3rd Reading Unamended  
March 1, 2011

SENATE  
Amended 2nd Reading  
February 25, 2011

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.

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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.