First Regular Session Sixty-eighth General Assembly STATE OF COLORADO

REVISED

This Version Includes All Amendments Adopted on Second Reading in the Second House HOUSE BILL 11-1217

LLS NO. 11-0087.01 Christy Chase

HOUSE SPONSORSHIP

Acree, Joshi, Kerr A., Stephens, Summers

Boyd, Roberts

SENATE SPONSORSHIP

House Committees Health and Environment Appropriations

Senate Committees Health and Human Services

A BILL FOR AN ACT

101 CONCERNING MEASURES TO EXPAND ACCESS TO HEALTH CARE

102 THROUGHOUT THE STATE.

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 enacts measures to expand access to health care in Colorado, including the following:

Section 1 of the bill expands the school-based health center grant program administered by the prevention services division in the department of public health and SENATE Am ended 2nd Reading M ay 9, 2011



ended 2nd Reading

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HOUSE

April8, 2011

environment to allow the division to award grants to center operators to offer rehabilitative services at existing centers.

- ! Sections 2 and 3 of the bill expand eligibility for participation in the state loan repayment program to health care providers who do not provide primary care services, practice in a for-profit setting, or are otherwise not currently eligible. These providers' eligibility is contingent upon their agreement to provide services in underserved areas of the state and upon a corresponding expansion of the federal government's national loan repayment program.
- ! Section 4 charges the center for improving value in health care (CIVHC), which was established in 2008 by an executive order of the governor, with studying and recommending improvements to the system for reimbursing health care providers who deliver care to recipients of the state's public medical assistance programs as well as to insured individuals.
- ! Section 5 requires the department of health care policy and financing to reimburse providers for medical care, services, or goods provided to medicaid recipients, regardless of the location of the service delivery, and to seek a waiver from the United States department of health and human services if necessary to implement this requirement.
- ! Sections 6 and 7 authorize the state and local governments to enter into agreements with health care providers to allow the providers to use available space in a building owned by the state or local government and located in a federally designated health professional shortage area for purposes of providing access to health care to persons residing in close proximity to the public building. As a condition of the agreement to use space in the public building, the health care provider must agree to accept medicaid patients at those sites.
- ! Section 8 extends governmental immunity to health care practitioners who provide care to patients, including medicaid patients, in available space in a public building located in a federally designated health professional shortage area pursuant to an agreement authorized by section 6 or 7 of the bill.
- 1 Be it enacted by the General Assembly of the State of Colorado:

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1	SECTION <u>1.</u> Part 1 of article 1 of title 25.5, Colorado Revised
2	Statutes, is amended BY THE ADDITION OF A NEW SECTION to
3	read:
4	25.5-1-128. Provider payments - exemption from certain state
5	fiscal requirements. $(1)(a)$ NOTWITHSTANDING ANY PROVISION OF LAW
6	TO THE CONTRARY, WHEN THE STATE DEPARTMENT HAS REGULATORY
7	AUTHORITY OVER A PROVIDER AND HAS ESTABLISHED A STATE
8	DEPARTMENT-APPROVED PROVIDER APPLICATION TO PROVIDE A SERVICE
9	OR BILL THE STATE DEPARTMENT OR ITS AUTHORIZED CONTRACTOR FOR
10	THE SERVICE, THE PROVIDER AND THE STATE DEPARTMENT ARE EXEMPT
11	FROM THE REQUIREMENTS OF SECTION 24-30-202 (1), C.R.S.
12	(b) THE EXECUTIVE DIRECTOR MAY ADOPT RULES TO IMPLEMENT
13	THIS SECTION FOR ANY PROGRAM THE STATE DEPARTMENT IS AUTHORIZED
14	TO ADMINISTER, INCLUDING:
15	(I) THE "COLORADO MEDICAL ASSISTANCE ACT", ARTICLES 4 TO
16	6 OF THIS TITLE;
17	(II) THE "CHILDREN'S BASIC HEALTH PLAN ACT", ARTICLE 8 OF
18	THIS TITLE;
19	(III) THE "COLORADO INDIGENT CARE PROGRAM", PART 1 OF
20	ARTICLE 3 OF THIS TITLE;
21	(IV) THE SCHOOL HEALTH SERVICES PROGRAM AUTHORIZED BY
22	SECTION 25.5-5-318;
23	(V) THE PRIMARY CARE FUND, PURSUANT TO PART 3 OF ARTICLE
24	3 of this title; and
25	(VI) STATE-FUNDED HEALTH AND MEDICAL CARE PURSUANT TO
26	ARTICLE 2 OF THIS TITLE.
27	(2) AS USED IN THIS SECTION, "PROVIDER" MEANS A HEALTH CARE

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1	PROVIDER, MENTAL HEALTH CARE PROVIDER, PHARMACIST, HOME HEALTH
2	AGENCY, GENERAL PROVIDER, AS DEFINED IN SECTION $25.5-3-103$ (3),
3	QUALIFIED PROVIDER, AS DEFINED IN SECTION 25.5-3-203 (5), SCHOOL
4	DISTRICT, AS DEFINED IN SECTION 25.5-5-318 (1) (a), OR ANY OTHER
5	ENTITY THAT PROVIDES HEALTH CARE, HEALTH CARE COORDINATION,
6	OUTREACH, ENROLLMENT, OR ADMINISTRATIVE SUPPORT SERVICES
7	THROUGH FEE-FOR-SERVICE, THE PRIMARY CARE PHYSICIAN PROGRAM, A
8	MANAGED CARE ENTITY, A BEHAVIORAL HEALTH ORGANIZATION, A
9	MEDICAL HOME, OR ANY SYSTEM OF CARE THAT COORDINATES HEALTH
10	CARE OR SERVICES, AS DEFINED AND AUTHORIZED THROUGH STATE BOARD
11	OR EXECUTIVE DIRECTOR RULE.
12	SECTION 2. 30-28-106 (3), Colorado Revised Statutes, is
13	amended BY THE ADDITION OF A NEW PARAGRAPH to read:
14	<u>30-28-106. Adoption of master plan - contents - definitions.</u>
15	(3) (h) (I) THE MASTER PLAN OF A COUNTY OR REGION ADOPTED IN
	(J) (I) (I) THE MASTER FLAN OF A COUNTT OR REGION ADOFTED IN
16	ACCORDANCE WITH THIS SECTION MAY INCLUDE A COMMUNITY HEALTH
16 17	
	ACCORDANCE WITH THIS SECTION MAY INCLUDE A COMMUNITY HEALTH
17	ACCORDANCE WITH THIS SECTION MAY INCLUDE A COMMUNITY HEALTH ELEMENT REFLECTING CURRENT AND PROJECTED POPULATION ESTIMATES
17 18	ACCORDANCE WITH THIS SECTION MAY INCLUDE A COMMUNITY HEALTH ELEMENT REFLECTING CURRENT AND PROJECTED POPULATION ESTIMATES PURSUANT TO WHICH THE COUNTY OR REGION SHALL INDICATE HOW ITS
17 18 19	ACCORDANCE WITH THIS SECTION MAY INCLUDE A COMMUNITY HEALTH ELEMENT REFLECTING CURRENT AND PROJECTED POPULATION ESTIMATES PURSUANT TO WHICH THE COUNTY OR REGION SHALL INDICATE HOW ITS PLANNING DECISIONS WILL PROMOTE PUBLIC HEALTH AND SAFETY AND
17 18 19 20	ACCORDANCE WITH THIS SECTION MAY INCLUDE A COMMUNITY HEALTH ELEMENT REFLECTING CURRENT AND PROJECTED POPULATION ESTIMATES PURSUANT TO WHICH THE COUNTY OR REGION SHALL INDICATE HOW ITS PLANNING DECISIONS WILL PROMOTE PUBLIC HEALTH AND SAFETY AND THE GENERAL WELFARE OF THE RESIDENTS OF THE COUNTY OR REGION, AS
17 18 19 20 21	ACCORDANCE WITH THIS SECTION MAY INCLUDE A COMMUNITY HEALTH ELEMENT REFLECTING CURRENT AND PROJECTED POPULATION ESTIMATES PURSUANT TO WHICH THE COUNTY OR REGION SHALL INDICATE HOW ITS PLANNING DECISIONS WILL PROMOTE PUBLIC HEALTH AND SAFETY AND THE GENERAL WELFARE OF THE RESIDENTS OF THE COUNTY OR REGION, AS APPLICABLE. MATTERS TO BE ADDRESSED IN CONNECTION WITH THIS
17 18 19 20 21 22	ACCORDANCE WITH THIS SECTION MAY INCLUDE A COMMUNITY HEALTH ELEMENT REFLECTING CURRENT AND PROJECTED POPULATION ESTIMATES PURSUANT TO WHICH THE COUNTY OR REGION SHALL INDICATE HOW ITS PLANNING DECISIONS WILL PROMOTE PUBLIC HEALTH AND SAFETY AND THE GENERAL WELFARE OF THE RESIDENTS OF THE COUNTY OR REGION, AS APPLICABLE. MATTERS TO BE ADDRESSED IN CONNECTION WITH THIS ELEMENT OF THE MASTER PLAN MAY INCLUDE, WITHOUT LIMITATION,
 17 18 19 20 21 22 23 	ACCORDANCE WITH THIS SECTION MAY INCLUDE A COMMUNITY HEALTH ELEMENT REFLECTING CURRENT AND PROJECTED POPULATION ESTIMATES PURSUANT TO WHICH THE COUNTY OR REGION SHALL INDICATE HOW ITS PLANNING DECISIONS WILL PROMOTE PUBLIC HEALTH AND SAFETY AND THE GENERAL WELFARE OF THE RESIDENTS OF THE COUNTY OR REGION, AS APPLICABLE. MATTERS TO BE ADDRESSED IN CONNECTION WITH THIS ELEMENT OF THE MASTER PLAN MAY INCLUDE, WITHOUT LIMITATION, ACCESSIBILITY, AVAILABILITY, AFFORDABILITY, AND DELIVERY OF HEALTH
 17 18 19 20 21 22 23 24 	ACCORDANCE WITH THIS SECTION MAY INCLUDE A COMMUNITY HEALTH ELEMENT REFLECTING CURRENT AND PROJECTED POPULATION ESTIMATES PURSUANT TO WHICH THE COUNTY OR REGION SHALL INDICATE HOW ITS PLANNING DECISIONS WILL PROMOTE PUBLIC HEALTH AND SAFETY AND THE GENERAL WELFARE OF THE RESIDENTS OF THE COUNTY OR REGION, AS APPLICABLE. 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

1 TERRITORIAL BOUNDARIES OF THE COUNTY OR REGION. IN ASSESSING THE 2 ACCESSIBILITY, AVAILABILITY, AFFORDABILITY, AND DELIVERY OF 3 CURRENT AND ANTICIPATED HEALTH CARE SERVICES AND FACILITIES, THE 4 PLANNING COMMISSION MAY CONSIDER: 5 (A) SURROUNDING COUNTIES, REGIONS, OR MUNICIPALITIES IN 6 ORDER TO DEVELOP AN INVENTORY OF EXISTING FACILITIES AND SERVICES 7 AND AN ASSESSMENT OF TRANSIT ACCESSIBILITY; AND 8 (B) POPULATION ESTIMATES AND PROJECTIONS PROVIDED BY THE 9 COLORADO DEPARTMENT OF LOCAL AFFAIRS TO ESTABLISH CURRENT AND 10 PROJECTED NEEDS OF FACILITIES AND SERVICES. 11 (II) NOTHING IN SUBPARAGRAPH (I) OF THIS PARAGRAPH (h) SHALL 12 BE CONSTRUED TO PRECLUDE THE DEVELOPMENT OF A HEALTH CARE 13 FACILITY OR HOSPITAL THAT IS NOT INCLUDED IN THE MASTER PLAN OF A 14 COUNTY OR REGION, NOR SHALL ANYTHING IN SAID SUBPARAGRAPH (I) BE 15 CONSTRUED AS REQUIRING A HOSPITAL OR FACILITY TO OFFER ANY 16 SERVICE THAT IS INCLUDED IN THE PLAN. 17 (III) TO THE EXTENT PRACTICABLE, A COUNTY OR REGION THAT 18 ELECTS TO INCLUDE A COMMUNITY HEALTH ELEMENT IN ITS MASTER PLAN 19 IS STRONGLY ENCOURAGED TO COLLABORATE WITH A PUBLIC HEALTH 20 AGENCY OF THE COUNTY OR DISTRICT, AS APPLICABLE, IN THE INCLUSION 21 OF SUCH ELEMENT AND TO FURTHER USE INFORMATION CONTAINED IN A 22 PUBLIC HEALTH PLAN GOVERNING THE COUNTY OR REGION PURSUANT TO 23 SUBPART 3 OF PART 5 OF ARTICLE 1 OF TITLE 25, C.R.S., IN THE INCLUSION 24 OF SUCH ELEMENT. 25 (IV) AS USED IN THIS PARAGRAPH (h), UNLESS THE CONTEXT 26 **OTHERWISE REQUIRES:** 27 (A) "HEALTH CARE FACILITY" OR "FACILITY" INCLUDES, WITHOUT

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1	LIMITATION, PUBLIC AND PRIVATE HEALTH CARE CLINICS OR PRACTICES,
2	INCLUDING SCHOOL-BASED HEALTH CENTERS; LOCATIONS THAT PROVIDE
3	ACCESS TO ALTERNATIVE MEDICINES; LONG-TERM CARE FACILITIES;
4	REHABILITATIVE CENTERS; HOSPICES; AND PHARMACIES. FOR PURPOSES
5	OF THIS PARAGRAPH (h), "HEALTH CARE FACILITY" SHALL NOT INCLUDE A
6	HOSPITAL, OR ANY FACILITY OWNED OR OPERATED BY A HOSPITAL, THAT
7	IS LICENSED OR CERTIFIED PURSUANT TO SECTION 25-3-101, C.R.S.
8	(B) "HEALTH CARE SERVICE" OR "SERVICE" MEANS, WITHOUT
9	LIMITATION, ADOLESCENT HEALTH CARE, BEHAVIORAL CARE,
10	CHIROPRACTIC SERVICES, DENTAL SERVICES, THE PROVISION OF DURABLE
11	MEDICAL EQUIPMENT, EMERGENCY CARE, WELL WOMAN CARE, GERIATRIC
12	CARE, HEALTH AND MEDICAL INSTRUCTION AT LOCAL EDUCATIONAL
13	INSTITUTIONS, HEARING SERVICES AND THE PROVISION OF HEARING AIDS,
14	INPATIENT CARE, LONG-TERM CARE, MENTAL HEALTH SERVICES,
15	OBSTETRIC AND GYNECOLOGICAL CARE, OUTPATIENT CARE, PEDIATRIC
16	SERVICES, THE PROVISION OF PRESCRIPTION DRUGS AND MEDICATION
17	THERAPY MANAGEMENT, PRIMARY AND PREVENTIVE CARE, SUBSTANCE
18	ABUSE TREATMENT, TRAUMA CARE, VISION CARE AND CORRECTION, AND
19	CARE FOR INDIVIDUALS WITH DISABILITIES.
20	SECTION 3. 31-23-206, Colorado Revised Statutes, is amended
21	BY THE ADDITION OF A NEW SUBSECTION to read:
22	31-23-206. Master plan - definitions. (5.5) (a) THE MASTER
23	PLAN OF A MUNICIPALITY ADOPTED IN ACCORDANCE WITH THIS SECTION
24	MAY INCLUDE A COMMUNITY HEALTH ELEMENT REFLECTING CURRENT AND
25	PROJECTED POPULATION ESTIMATES PURSUANT TO WHICH THE
26	MUNICIPALITY SHALL INDICATE HOW ITS PLANNING DECISIONS WILL
27	PROMOTE PUBLIC HEALTH AND SAFETY AND THE GENERAL WELFARE OF

1	THE RESIDENTS OF THE MUNICIPALITY. MATTERS TO BE ADDRESSED IN
2	CONNECTION WITH THIS ELEMENT OF THE MASTER PLAN MAY INCLUDE,
3	WITHOUT LIMITATION, ACCESSIBILITY, AVAILABILITY, AFFORDABILITY,
4	AND DELIVERY OF HEALTH CARE SERVICES AND HEALTH CARE FACILITIES;
5	PUBLIC SAFETY; CIVIC PARTICIPATION WITHIN THE TERRITORIAL
6	BOUNDARIES OF THE MUNICIPALITY; AND ANY OTHER FACTORS OR
7	POLICIES THAT WILL PROMOTE PUBLIC HEALTH AND SAFETY AND THE
8	GENERAL WELFARE WITHIN THE TERRITORIAL BOUNDARIES OF THE
9	MUNICIPALITY. IN ASSESSING THE ACCESSIBILITY, AVAILABILITY,
10	AFFORDABILITY, AND DELIVERY OF CURRENT AND ANTICIPATED HEALTH
11	CARE SERVICES AND FACILITIES, THE PLANNING COMMISSION MAY
12	CONSIDER:
13	(I) 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	(II) 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	(b) TO THE EXTENT PRACTICABLE, A MUNICIPALITY THAT ELECTS
20	TO INCLUDE A COMMUNITY HEALTH ELEMENT IN ITS MASTER PLAN IS
21	STRONGLY ENCOURAGED TO COLLABORATE WITH A PUBLIC HEALTH
22	AGENCY OF THE MUNICIPALITY OR OF THE COUNTY OR DISTRICT WITHIN
23	WHICH THE MUNICIPALITY IS LOCATED, AS APPLICABLE, IN THE INCLUSION
24	OF SUCH ELEMENT AND TO FURTHER USE INFORMATION CONTAINED IN A
25	PUBLIC HEALTH PLAN GOVERNING THE MUNICIPALITY PURSUANT TO
26	SUBPART 3 OF PART 5 OF ARTICLE 1 OF TITLE 25, C.R.S., IN THE INCLUSION
27	OF SUCH ELEMENT.

1	(c) NOTHING IN PARAGRAPH (a) OF THIS SUBSECTION (5.5) SHALL
2	BE CONSTRUED TO PRECLUDE THE DEVELOPMENT OF A HEALTH CARE
3	FACILITY OR HOSPITAL THAT IS NOT INCLUDED IN THE MASTER PLAN OF A
4	MUNICIPALITY, NOR SHALL ANYTHING IN SAID PARAGRAPH (a) BE
5	CONSTRUED AS REQUIRING A HOSPITAL OR FACILITY TO OFFER ANY
6	SERVICE THAT IS INCLUDED IN THE PLAN.
7	(d) As used in this subsection (5.5), unless the context
8	OTHERWISE REQUIRES:
9	(I) "HEALTH CARE FACILITY" OR "FACILITY" INCLUDES, WITHOUT
10	LIMITATION, PUBLIC AND PRIVATE HEALTH CARE CLINICS OR PRACTICES,
11	INCLUDING SCHOOL-BASED HEALTH CENTERS; LOCATIONS THAT PROVIDE
12	ACCESS TO ALTERNATIVE MEDICINES; LONG-TERM CARE FACILITIES;
13	REHABILITATIVE CENTERS; HOSPICES; AND PHARMACIES. FOR PURPOSES
14	OF THIS SUBSECTION (5.5), "HEALTH CARE FACILITY" SHALL NOT INCLUDE
15	A HOSPITAL, OR ANY FACILITY OWNED OR OPERATED BY A HOSPITAL, THAT
16	IS LICENSED OR CERTIFIED PURSUANT TO SECTION 25-3-101, C.R.S.
17	(II) "HEALTH CARE SERVICE" OR "SERVICE" MEANS, WITHOUT
18	LIMITATION, ADOLESCENT HEALTH CARE, BEHAVIORAL CARE,
19	CHIROPRACTIC SERVICES, DENTAL SERVICES, THE PROVISION OF DURABLE
20	MEDICAL EQUIPMENT, EMERGENCY CARE, WELL WOMAN CARE, GERIATRIC
21	CARE, HEALTH AND MEDICAL INSTRUCTION AT LOCAL EDUCATIONAL
22	INSTITUTIONS, HEARING SERVICES AND THE PROVISION OF HEARING AIDS,
23	INPATIENT CARE, LONG-TERM CARE, MENTAL HEALTH SERVICES,
24	OBSTETRIC AND GYNECOLOGICAL CARE, OUTPATIENT CARE, PEDIATRIC
25	SERVICES, THE PROVISION OF PRESCRIPTION DRUGS AND MEDICATION
26	THERAPY MANAGEMENT, PRIMARY AND PREVENTIVE CARE, SUBSTANCE
27	ABUSE TREATMENT, TRAUMA CARE, VISION CARE AND CORRECTION, AND

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CARE FOR INDIVIDUALS WITH DISABILITIES.

2	SECTION 4. 25.5-6-108.5 (2) (b), Colorado Revised Statutes, is
3	amended to read:
4	25.5-6-108.5. Community long-term care studies - authority
5	to implement - alternative care facility report. (2) (b) The study
6	conducted pursuant to this subsection (2) shall be completed by January
7	1, 2011 2012, and, if federal approval is obtained prior to final
8	figure-setting for the fiscal year commencing July 1, 2011 2012, the state
9	department shall submit a request through the budget process for
10	implementation of the approved changes for that fiscal year.
11	SECTION 5. 25.5-4-402.3, Colorado Revised Statutes, is
12	amended BY THE ADDITION OF A NEW SUBSECTION to read:
13	25.5-4-402.3. Providers - hospital - provider fees - legislative
14	<u>declaration - federal waiver - fund created - rules - advisory board -</u>
15	repeal. (8) The state department shall evaluate legislation
15 16	repeal. (8) The state department shall evaluate legislation Enacted by the general assembly after July 1, 2009, to determine
16	ENACTED BY THE GENERAL ASSEMBLY AFTER JULY 1, 2009, TO DETERMINE
16 17	ENACTED BY THE GENERAL ASSEMBLY AFTER JULY 1, 2009, TO DETERMINE WHETHER THE LEGISLATION IMPACTS A PUBLIC MEDICAL ASSISTANCE
16 17 18	ENACTED BY THE GENERAL ASSEMBLY AFTER JULY 1, 2009, TO DETERMINE WHETHER THE LEGISLATION IMPACTS A PUBLIC MEDICAL ASSISTANCE PROGRAM IN A MANNER THAT LIMITS THE EXPANSION OF ELIGIBILITY FOR
16 17 18 19	ENACTED BY THE GENERAL ASSEMBLY AFTER JULY 1, 2009, TO DETERMINE WHETHER THE LEGISLATION IMPACTS A PUBLIC MEDICAL ASSISTANCE PROGRAM IN A MANNER THAT LIMITS THE EXPANSION OF ELIGIBILITY FOR PUBLIC MEDICAL ASSISTANCE PURSUANT TO SUB-SUBPARAGRAPH (B) OF
16 17 18 19 20	ENACTED BY THE GENERAL ASSEMBLY AFTER JULY 1, 2009, TO DETERMINE WHETHER THE LEGISLATION IMPACTS A PUBLIC MEDICAL ASSISTANCE PROGRAM IN A MANNER THAT LIMITS THE EXPANSION OF ELIGIBILITY FOR PUBLIC MEDICAL ASSISTANCE PURSUANT TO SUB-SUBPARAGRAPH (B) OF SUBPARAGRAPH (IV) OF PARAGRAPH (b) OF SUBSECTION (4) OF THIS
16 17 18 19 20 21	ENACTED BY THE GENERAL ASSEMBLY AFTER JULY 1, 2009, TO DETERMINE WHETHER THE LEGISLATION IMPACTS A PUBLIC MEDICAL ASSISTANCE PROGRAM IN A MANNER THAT LIMITS THE EXPANSION OF ELIGIBILITY FOR PUBLIC MEDICAL ASSISTANCE PURSUANT TO SUB-SUBPARAGRAPH (B) OF SUBPARAGRAPH (IV) OF PARAGRAPH (b) OF SUBSECTION (4) OF THIS SECTION OR CREATES A BARRIER TO ACCESS TO HEALTH CARE FOR THE
16 17 18 19 20 21 22	ENACTED BY THE GENERAL ASSEMBLY AFTER JULY 1, 2009, TO DETERMINE WHETHER THE LEGISLATION IMPACTS A PUBLIC MEDICAL ASSISTANCE PROGRAM IN A MANNER THAT LIMITS THE EXPANSION OF ELIGIBILITY FOR PUBLIC MEDICAL ASSISTANCE PURSUANT TO SUB-SUBPARAGRAPH (B) OF SUBPARAGRAPH (IV) OF PARAGRAPH (b) OF SUBSECTION (4) OF THIS SECTION OR CREATES A BARRIER TO ACCESS TO HEALTH CARE FOR THE PERSONS ELIGIBLE FOR PUBLIC MEDICAL ASSISTANCE PURSUANT TO
 16 17 18 19 20 21 22 23 	ENACTED BY THE GENERAL ASSEMBLY AFTER JULY 1, 2009, TO DETERMINE WHETHER THE LEGISLATION IMPACTS A PUBLIC MEDICAL ASSISTANCE PROGRAM IN A MANNER THAT LIMITS THE EXPANSION OF ELIGIBILITY FOR PUBLIC MEDICAL ASSISTANCE PURSUANT TO SUB-SUBPARAGRAPH (B) OF SUBPARAGRAPH (IV) OF PARAGRAPH (b) OF SUBSECTION (4) OF THIS SECTION OR CREATES A BARRIER TO ACCESS TO HEALTH CARE FOR THE PERSONS ELIGIBLE FOR PUBLIC MEDICAL ASSISTANCE PURSUANT TO SUB-SUBPARAGRAPH (B) OF SUBPARAGRAPH (IV) OF PARAGRAPH (b) OF
 16 17 18 19 20 21 22 23 24 	ENACTED BY THE GENERAL ASSEMBLY AFTER JULY 1, 2009, TO DETERMINE WHETHER THE LEGISLATION IMPACTS A PUBLIC MEDICAL ASSISTANCE PROGRAM IN A MANNER THAT LIMITS THE EXPANSION OF ELIGIBILITY FOR PUBLIC MEDICAL ASSISTANCE PURSUANT TO SUB-SUBPARAGRAPH (B) OF SUBPARAGRAPH (IV) OF PARAGRAPH (b) OF SUBSECTION (4) OF THIS SECTION OR CREATES A BARRIER TO ACCESS TO HEALTH CARE FOR THE PERSONS ELIGIBLE FOR PUBLIC MEDICAL ASSISTANCE PURSUANT TO SUB-SUBPARAGRAPH (B) OF SUBPARAGRAPH (IV) OF PARAGRAPH (b) OF SUBSECTION (4) OF THIS SECTION. IF THE STATE DEPARTMENT DETERMINES

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IMPLEMENT THE LEGISLATION.

2	SECTION 6. Appropriation. In addition to any other
3	appropriation, there is hereby appropriated, to the department of health
4	care policy and financing, for allocation to the executive director's office,
5	general professional services and special projects, for the fiscal year
6	beginning July 1, 2011, the sum of seventy-five thousand dollars
7	(\$75,000), or so much thereof as may be necessary, for the
8	implementation of this act. Of said sum, thirty-seven thousand five
9	hundred dollars (\$37,500) shall be from the department of health care
10	policy and financing cash fund, and thirty-seven thousand five hundred
11	dollars (\$37,500) shall be from federal funds.
12	SECTION 7. Effective date. This act shall take effect July 1,
13	<u>2011.</u>
14	SECTION 8. Safety clause. The general assembly hereby finds,
15	determines, and declares that this act is necessary for the immediate
16	preservation of the public peace, health, and safety.