# Second Regular Session Sixty-eighth General Assembly STATE OF COLORADO

# **PREAMENDED**

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

LLS NO. 12-0273.01 Brita Darling x2241

**SENATE BILL 12-108** 

#### SENATE SPONSORSHIP

Nicholson,

### **HOUSE SPONSORSHIP**

Summers and Kerr A.,

Senate Committees
Health and Human Services
Appropriations

**House Committees** 

Health and Environment Appropriations

#### A BILL FOR AN ACT

101	CONCERNING PROVIDING ORAL HEALTH SERVICES TO PREGNANT
102	WOMEN WHO ARE ENROLLED IN MEDICAID, AND, IN CONNECTION
103	THEREWITH, MAKING AN APPROPRIATION.

# **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 includes dental services as a benefit for pregnant women under Colorado's medicaid program. The implementation date is January 1, 2014. The dental services provided to pregnant women will include those relevant dental services provided to children under the early and

SENATE 3rd Reading Unam ended April30,2012

SENATE ended 2nd Reading April26,2012

Am

periodic screening, diagnosis, and treatment benefit, with the addition of certain supplemental dental services.

The department of health care policy and financing (state department) is required to report to the general assembly concerning the oral health outcomes for pregnant women and their children and the cost-effectiveness of providing the dental benefits to pregnant women, and is authorized to contract for an independent evaluation of the program.

The state department is authorized to seek gifts, grants, and donations to pay for any necessary computer system changes and federal authorization for the dental benefit and services. The provision concerning gifts, grants, and donations repeals after three years.

1 Be it enacted by the General Assembly of the State of Colorado: 2 **SECTION 1.** In Colorado Revised Statutes, 25.5-5-202, add (1) 3 (r.5) as follows: 4 25.5-5-202. Basic services for the categorically needy - optional 5 services - repeal. (1) Subject to the provisions of subsection (2) of this 6 section, the following are services for which federal financial 7 participation is available and which Colorado has selected to provide as 8 optional services under the medical assistance program: 9 (r.5) DENTAL SERVICES FOR PREGNANT WOMEN PURSUANT TO 10 SECTION 25.5-5-207. 11 **SECTION 2.** In Colorado Revised Statutes, add 25.5-5-207 as 12 follows: 13 25.5-5-207. Dental services for pregnant women - legislative declaration - report - notice of funding through gifts, grants, and 14 15 donations - repeal. (1) (a) THE GENERAL ASSEMBLY FINDS AND 16 **DECLARES:** 17 (I) COMPREHENSIVE ORAL HEALTH SERVICES ARE NOT CURRENTLY 18 PROVIDED TO PREGNANT AND POSTPARTUM WOMEN UNDER COLORADO'S 19 MEDICAID PROGRAM;

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1	(II) RESEARCH HAS SHOWN THAT UNTREATED ORAL HEALTH
2	CONDITIONS INVOLVING BACTERIAL INFECTION AND INFLAMMATION MAY
3	RESULT IN MEDICAL COMPLICATIONS THAT IMPACT A WOMAN'S
4	PREGNANCY;
5	(III) FURTHER, THE PREGNANT WOMAN'S POOR ORAL HEALTH MAY
6	AFFECT THE FETUS AND MAY RESULT IN PREGNANCY COMPLICATIONS FOR
7	THE FETUS, INCLUDING PRE-TERM DELIVERY AND LOW BIRTH WEIGHT;
8	(IV) BABIES BORN WITH A LOW BIRTH WEIGHT CAN HAVE MEDICAL
9	PROBLEMS THAT LAST A LIFETIME, AND THE COST OF PROVIDING MEDICAL
10	CARE FOR THESE BABIES UNDER THE MEDICAID PROGRAM, INCLUDING
11	CONTINUING CARE FOR A PRE-TERM, LOW-BIRTH-WEIGHT CHILD, IS
12	SIGNIFICANT;
13	(V) ADDITIONALLY, A MOTHER'S UNTREATED ORAL HEALTH
14	CONDITIONS MAY POTENTIALLY IMPACT THE DEVELOPING CHILD'S ORAL
15	HEALTH IN THE EARLY YEARS OF HIS OR HER LIFE DUE TO THE MOTHER
16	EXPOSING THE CHILD TO MUTANS STREPTOCOCCI BACTERIA AND
17	LACTOBACILLUS BACTERIA, AND A MOTHER'S INADEQUATE INSTRUCTION
18	TO HIS OR HER CHILD CONCERNING NECESSARY ORAL HYGIENE CAN IMPACT
19	THE CHILD'S ORAL HEALTH STATUS; AND
20	(VI) SOME CHILDREN WHOSE MOTHERS HAVE POOR ORAL HEALTH
21	AND INADEQUATE ORAL HYGIENE HAVE SIGNIFICANT AND COSTLY
22	PROBLEMS RELATING TO THE DEVELOPMENT OF TEETH AND MAY NEED
23	EXTENSIVE, BUT POSSIBLY AVOIDABLE, DENTAL RESTORATION
24	PROCEDURES RELATED TO SEVERE TOOTH DECAY.
25	(b) THE GENERAL ASSEMBLY FINDS THAT IN ORDER TO IMPROVE
26	THE HEALTH OUTCOMES OF PREGNANT WOMEN AND THEIR CHILDREN AND
27	TO PROMOTE SAVINGS IN THE MEDICAID PROGRAM. THE PROGRAM SHOULD

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1	INCLUDE DENTAL SERVICES FOR WOMEN DURING THE PREGNANCY AND
2	POSTPARTUM PERIOD.
3	(2) (a) On or before January 1, 2014, the state department
4	SHALL DESIGN AND IMPLEMENT A LIMITED ORAL HEALTH BENEFIT FOR
5	PREGNANT AND EARLY POSTPARTUM WOMEN USING A COLLABORATIVE
6	STAKEHOLDER PROCESS TO CONSIDER THE COMPONENTS OF THE BENEFIT,
7	INCLUDING, BUT NOT LIMITED TO, THE COST, BEST PRACTICES, THE EFFECT
8	ON HEALTH OUTCOMES, CLIENT EXPERIENCE, SERVICE DELIVERY MODELS,
9	AND MAXIMUM EFFICIENCIES IN THE ADMINISTRATION OF THE BENEFIT.
10	(b) The state department shall determine the most
11	COST-EFFECTIVE METHOD FOR PROVIDING THE DENTAL BENEFITS,
12	INCLUDING, BUT NOT LIMITED TO A COMPARISON OF A CAPITATED OR
13	FEE-FOR-SERVICE METHOD OF PAYMENT AND THE PURCHASE OF DENTAL
14	INSURANCE.
15	(c) The state department shall seek any federal
16	AUTHORIZATION NECESSARY TO PROVIDE THE DENTAL BENEFIT.
17	(3) (a) <u>In accordance with the provisions of section</u>
18	24-1-136 (9), C.R.S., THE STATE DEPARTMENT SHALL REPORT TO THE
19	JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY, THE HEALTH AND
20	HUMAN SERVICES COMMITTEE OF THE SENATE, OR ANY SUCCESSOR
21	COMMITTEE, AND THE HEALTH AND ENVIRONMENT COMMITTEE OF THE
22	HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEE,
23	CONCERNING THE IMPLEMENTATION OF THE DENTAL BENEFIT AS FOLLOWS:
24	(I) On or before January 1, 2015, concerning the initial
25	IMPLEMENTATION OF THE DENTAL BENEFIT, INCLUDING, AT A MINIMUM,
26	THE NUMBER OF PREGNANT WOMEN ELIGIBLE TO RECEIVE THE BENEFIT,
27	THE NUMBER OF CLIENTS RECEIVING SERVICES UNDER THE BENEFIT,

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1 INCLUDING THE COST OF THOSE SERVICES, AND THE NUMBER OF PRE-TERM, 2 LOW-BIRTH-WEIGHT BABIES BORN TO WOMEN RECEIVING DENTAL 3 SERVICES, COMPARED TO PREGNANT WOMEN WHO DID NOT RECEIVE 4 DENTAL SERVICES; AND 5 ON OR BEFORE JANUARY 1, 2016, CONCERNING THE (II)6 IMPLEMENTATION AND ORAL HEALTH OUTCOMES OF CLIENTS AND THEIR 7 CHILDREN AND THE COST ASSOCIATED WITH THE DENTAL BENEFIT, 8 INCLUDING, AT A MINIMUM, THE DATA AND INFORMATION REQUIRED IN 9 THE REPORT SPECIFIED IN SUBPARAGRAPH (I) OF THIS PARAGRAPH (b) AND 10 ANY OTHER DATA AND INFORMATION RELATED TO THE IMPACT OF THE 11 DENTAL BENEFIT ON THE HEALTH OUTCOMES OF PREGNANT WOMAN 12 DURING THE PREGNANCY AND POSTPARTUM PERIOD AND THE CHILDREN 13 BORN TO THOSE WOMEN. 14 (b) THE STATE DEPARTMENT IS AUTHORIZED TO CONTRACT FOR AN 15 INDEPENDENT EVALUATION OF THE HEALTH OUTCOMES OF CLIENTS AND 16 THEIR CHILDREN AND THE COST-EFFECTIVENESS OF PROVIDING DENTAL 17 BENEFITS TO PREGNANT AND POSTPARTUM WOMEN PURSUANT TO THIS 18 SECTION. THE STATE DEPARTMENT IS AUTHORIZED TO SEEK AND ACCEPT 19 GIFTS, GRANTS, AND DONATIONS TO COVER THE COST OF THE EVALUATION. 20 (4) (a) THE STATE DEPARTMENT IS AUTHORIZED TO SEEK AND 21 ACCEPT GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR PUBLIC SOURCES 22 FOR THE PURPOSES OF MAKING ANY NECESSARY CHANGES TO THE 23 MEDICAID MANAGEMENT INFORMATION SYSTEM RELATED TO THE DENTAL 24 BENEFIT, SEEKING ANY NECESSARY FEDERAL AUTHORIZATION, AND 25 CONDUCTING AN INDEPENDENT EVALUATION OF THE DENTAL BENEFIT; 26 EXCEPT THAT THE STATE DEPARTMENT MAY NOT ACCEPT A GIFT, GRANT,

OR DONATION THAT IS SUBJECT TO CONDITIONS THAT ARE INCONSISTENT

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1	WITH THIS SECTION OR ANY OTHER LAW OF THE STATE. THE STATE
2	DEPARTMENT SHALL TRANSMIT ALL PRIVATE AND PUBLIC MONEYS
3	RECEIVED THROUGH GIFTS, GRANTS, OR DONATIONS TO THE STATE
4	TREASURER, WHO SHALL CREDIT THE SAME TO THE DEPARTMENT OF
5	HEALTH CARE POLICY AND FINANCING CASH FUND CREATED IN SECTION
6	25.5-1-109. The moneys in the fund are subject to annual
7	APPROPRIATION BY THE GENERAL ASSEMBLY TO THE STATE DEPARTMENT
8	FOR THE DIRECT AND INDIRECT COSTS ASSOCIATED WITH IMPLEMENTING
9	THIS SECTION.
10	(b) (I) IN SEEKING OR ACCEPTING A GIFT, GRANT, OR DONATION,
11	THE STATE DEPARTMENT SHALL NOTIFY THE LEGISLATIVE COUNCIL STAFF
12	WHEN IT HAS RECEIVED ADEQUATE FUNDING THROUGH GIFTS, GRANTS, OR
13	DONATIONS FOR THE PURPOSES SPECIFIED IN PARAGRAPH (a) OF THIS
14	SUBSECTION (4) AND SHALL INCLUDE IN THE NOTIFICATION THE
15	INFORMATION SPECIFIED IN SECTION 24-75-1303 (3), C.R.S.
16	(II) This paragraph (b) is repealed, effective July 1, 2015.
17	SECTION 3. Appropriation. (1) In addition to any other
18	appropriation, there is hereby appropriated out of any moneys in the
19	general fund not otherwise appropriated, to the department of health care
20	policy and financing, for the fiscal year beginning July 1, 2012, the sum
21	of \$38,906 or so much thereof as may be necessary, for allocation to
22	professional services contracts for the implementation of this act. Said
23	sum is subject to the "(M)" notation as defined in the general
24	appropriation act. In addition to said appropriation, the general assembly
25	anticipates that, for the fiscal year beginning July 1, 2012, the department
26	of health care policy and financing will receive the sum of \$116,719 in
27	federal funds for the implementation of this act. Although the federal

-6funds are not appropriated in this act, they are noted for the purpose of indicating the assumptions used relative to these funds in developing the state appropriation amounts.

(2) In addition to any other appropriation, there is hereby appropriated out of any moneys in the general fund not otherwise appropriated, to the department of health care policy and financing, for the fiscal year beginning July 1, 2012, the sum of \$278,581 or so much thereof as may be necessary, for allocation to medical service premiums for the implementation of this act. Said sum is subject to the "(M)" notation as defined in the general appropriation act. In addition to said appropriation, the general assembly anticipates that, for the fiscal year beginning July 1, 2012, the department of health care policy and financing will receive the sum of \$278,581 in federal funds for the implementation of this act. Although the federal funds are not appropriated in this act, they are noted for the purpose of indicating the assumptions used relative to these funds in developing the state appropriation amounts.

SECTION 4. Act subject to petition - effective date. This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly (August 8, 2012, if adjournment sine die is on May 9, 2012); except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2012 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.

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