

First Regular Session
Sixty-seventh General Assembly
STATE OF COLORADO
UNOFFICIAL PREAMENDED VERSION

LLS NO. 09-0413.02 Kristen Forrestal

HOUSE BILL 09-1273

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A BILL FOR AN ACT

101 CONCERNING THE CREATION OF A HEALTH CARE AUTHORITY TO
102 DEVELOP A HEALTH CARE SYSTEM THAT SHALL BE THE
103 ADMINISTRATOR FOR HEALTH CARE SERVICES IN COLORADO.

Bill Summary

(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)

*<**Business Affairs and Labor Committee members - The highlighted portions of this unofficial preamended bill show changes made by amendment L.001. The double-underlined portions show changes made by amendment L.002.>***

Creates the Colorado health care authority (authority) as a body

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.

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1 INCREASING NUMBER OF COLORADANS;

2 (c) ALL COLORADANS PAY FOR THE UNINSURED AS HEALTH
3 INSURANCE PREMIUMS INCREASE TO COVER THE COST FOR THOSE WHO
4 CANNOT PAY;

5 (d) EXTENDING HEALTH CARE TO ALL COLORADANS WILL
6 ELIMINATE THE BURDEN OF UNCOMPENSATED CARE, REDUCE COSTS,
7 IMPROVE THE HEALTH OF COLORADANS, AND ESTABLISH THE PRINCIPLE OF
8 UNIVERSAL HEALTH CARE COVERAGE;

9 (e) THE FUNDAMENTAL PARTICIPANT IN HEALTH CARE
10 TRANSACTIONS IS THE INDIVIDUAL AND THE FUNDAMENTAL RELATIONSHIP
11 IS BETWEEN THE INDIVIDUAL AND HIS OR HER HEALTH CARE PROVIDER;

12 (f) HEALTH CARE SERVICES SHOULD BE PROVIDED TO AN
13 INDIVIDUAL WITH LIMITED AND EFFICIENT OUTSIDE INTERVENTION AND
14 MAXIMUM TRANSPARENCY;

15 (g) THE INCREASING COSTS TO BUSINESSES OF PROVIDING
16 EMPLOYEE HEALTH CARE COVERAGE ARE NOT ECONOMICALLY
17 SUSTAINABLE UNDER THE CURRENT HEALTH CARE SYSTEM UNLESS AN
18 AFFORDABLE SOLUTION IS FOUND FOR ALL COLORADANS; AND

19 (h) THERE SHOULD BE NO REQUIRED CONNECTION BETWEEN
20 HEALTH CARE AND EMPLOYMENT;

21 (i) AN EFFECTIVE MEANS TO ADDRESS THE PROBLEMS OF ACCESS,
22 COST, AND QUALITY IS A COMPREHENSIVE HEALTH CARE SYSTEM THAT
23 GUARANTEES COVERAGE THAT IS PRIMARYLY PUBLICLY FUNDED AND
24 PRIVATELY DELIVERED WITH INDIVIDUAL CHOICE OF PROVIDER AND
25 SERVICES.

26 **25.5-9-103. Definitions.** AS USED IN THIS ARTICLE, UNLESS THE
27 CONTEXT OTHERWISE REQUIRES:

1 (1) "AUTHORITY" MEANS THE COLORADO HEALTH CARE
2 AUTHORITY CREATED IN SECTION 25.5-9-104.

3 (2) "BOARD" MEANS THE BOARD OF DIRECTORS OF THE
4 AUTHORITY.

5 (3) "EXECUTIVE DIRECTOR" MEANS THE EXECUTIVE DIRECTOR OF
6 THE AUTHORITY.

7 (4) "MEDICAL HOME" MEANS AN APPROPRIATELY QUALIFIED
8 MEDICAL SPECIALTY, DEVELOPMENTAL, THERAPEUTIC, OR MENTAL
9 HEALTH CARE PRACTICE THAT VERIFIABLY ENSURES CONTINUOUS,
10 ACCESSIBLE, AND COMPREHENSIVE ACCESS TO A COORDINATION OF
11 COMMUNITY-BASED MEDICAL CARE, MENTAL HEALTH CARE, ORAL HEALTH
12 CARE, AND RELATED SERVICES FOR THE CONSUMER. A MEDICAL HOME
13 SHALL ENSURE, AT A MINIMUM, THE FOLLOWING:

14 (a) HEALTH MAINTENANCE AND PREVENTATIVE CARE;

15 (b) ANTICIPATORY GUIDANCE AND HEALTH EDUCATION;

16 (c) ACUTE AND CHRONIC ILLNESS CARE;

17 (d) COORDINATION OF MEDICATIONS, SPECIALISTS, AND
18 THERAPIES; AND

19 (e) PROVIDER PARTICIPATION IN HOSPITAL CARE.

20 (5) "SYSTEM" MEANS THE HEALTH CARE SYSTEM CREATED BY THE
21 AUTHORITY.

22 **25.5-9-104. Colorado health care authority.** (1) THERE IS
23 HEREBY CREATED THE COLORADO HEALTH CARE AUTHORITY, THAT SHALL
24 BE A BODY CORPORATE AND A POLITICAL SUBDIVISION OF THE STATE, THAT
25 SHALL NOT BE AN AGENCY OF STATE GOVERNMENT, AND THAT SHALL NOT
26 BE SUBJECT TO ADMINISTRATIVE DIRECTION OR CONTROL BY ANY
27 DEPARTMENT, COMMISSION, BOARD, BUREAU, OR AGENCY OF THE STATE.

1 (2) THE AUTHORITY AND ITS CORPORATE EXISTENCE SHALL
2 CONTINUE UNTIL TERMINATED BY LAW; EXCEPT THAT NO SUCH LAW SHALL
3 TAKE EFFECT IF THE AUTHORITY HAS NOTES OR OTHER OBLIGATIONS
4 OUTSTANDING UNLESS ADEQUATE PROVISION HAS BEEN MADE FOR THE
5 PAYMENT THEREOF.

6 **25.5-9-105. Mission of the authority - create health care**
7 **system.** THE MISSION OF THE AUTHORITY SHALL BE TO CREATE A HEALTH
8 CARE SYSTEM IN COLORADO THAT SHALL BE THE BENEFITS
9 ADMINISTRATOR AND PAYER FOR HEALTH CARE SERVICES AS DEFINED BY
10 THE AUTHORITY. THE AUTHORITY SHALL CREATE A SYSTEM TO
11 RECOMMEND TO THE GENERAL ASSEMBLY THAT PROVIDES
12 COMPREHENSIVE MEDICAL BENEFITS TO ALL ELIGIBLE PARTICIPANTS IN
13 COLORADO.

14 **25.5-9-106. Creation of system - required elements of system.**

15 (1) THE BOARD SHALL CREATE AND DESIGN THE HEALTH CARE SYSTEM
16 FOR COLORADO IN COLLABORATION WITH PARTIES THAT MAY BE
17 AFFECTED BY THE DESIGN AND IMPLEMENTATION OF THE SYSTEM. IN
18 CREATING AND DESIGNING THE SYSTEM, THE BOARD SHALL NOT BE
19 LIMITED IN MAKING RECOMMENDATIONS REGARDING THE ELEMENTS OF
20 THE SYSTEM, BUT SHALL AT LEAST MAKE RECOMMENDATIONS
21 CONCERNING THE FOLLOWING ELEMENTS:

22 (a) THE MEMBERSHIP OF A BOARD OF DIRECTORS TO GOVERN THE
23 AUTHORITY ONCE THE SYSTEM IS ESTABLISHED;

24 (b) THE ESTABLISHMENT, AS PART OF THE PLAN FOR THE SYSTEM,
25 OF REGIONAL SYSTEMS TO ADMINISTER AND PAY FOR COMPREHENSIVE
26 MEDICAL BENEFITS COVERAGE FOR ALL ELIGIBLE PARTICIPANTS BASED ON
27 PATIENT NEED AND WITHOUT DELAY OR DISCRIMINATION;

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1 (c) THE IMPACT OF INCORPORATING THE MEDICAL PORTIONS OF
2 STATE LIABILITY INSURANCE, WORKERS' COMPENSATION INSURANCE, AND
3 AUTOMOBILE INSURANCE INTO THE SYSTEM THROUGH AN ANALYSIS
4 COMPLETED BY THE BOARD;

5 (d) APPROPRIATE AND COST-EFFECTIVE BENEFIT DESIGN AND
6 ELIGIBILITY REQUIREMENTS, STANDARDS AND QUALIFICATIONS FOR
7 HEALTH CARE PROVIDERS, PROVIDER RATES, AND ANY OTHER PROVISIONS
8 THE BOARD FINDS NECESSARY TO CARRY OUT THE MISSION AND PURPOSES
9 OF THIS ARTICLE;

10 (e) THE CURRENT USE OF PUBLIC MONEYS SPENT ON HEALTH CARE
11 IN COLORADO AND HOW THE FUNDING SOURCES MAY BE STREAMLINED
12 AND USED IN A MORE EFFICIENT AND COST-EFFECTIVE MANNER;

13 (f) THE CREATION, AS PART OF THE PLAN FOR THE SYSTEM, OF THE
14 ALLOWANCE FOR PARTICIPANTS TO CHOOSE A LICENSED PERSONAL
15 PHYSICIAN OR LICENSED ADVANCED PRACTICE NURSE TO MANAGE AND
16 COORDINATE THE CONTINUAL CARE OF THE PARTICIPANT AND SERVE AS
17 THE PARTICIPANT'S MEDICAL HOME;

18 (g) A PLAN FOR THE SHORT- AND LONG-TERM HEALTH CARE NEEDS
19 OF THE PARTICIPANTS;

20 (h) THE DEVELOPMENT OF INFORMATION TECHNOLOGY
21 SPECIFICATIONS FOR:

22 (I) CLEARLY DEFINED STANDARDS FOR A CONFIDENTIAL,
23 ELECTRONIC PATIENT RECORDS SYSTEM AND ELECTRONIC PERSONAL
24 HEALTH RECORDS TO MAINTAIN ACCURATE PATIENT RECORDS AND TO
25 SIMPLIFY THE BILLING PROCESS, THEREBY REDUCING MEDICAL ERRORS
26 AND ADMINISTRATIVE COSTS;

27 (II) AN AUTOMATED METHOD FOR CLAIMS PROCESSING, BILLING,

1 AND PAYMENT; AND

2 (III) PROVISIONS FOR STATEWIDE AND REGIONAL COLLECTION AND
3 ANALYSIS OF CLINICAL DATA INCLUDING UTILIZATION, QUALITY
4 MEASURES, OUTCOMES, AND ERRORS;

5 (i) ESTABLISHING MECHANISMS FOR THE USE OF CLINICAL DATA
6 COLLECTED UNDER SUBPARAGRAPH (III) OF PARAGRAPH (h) OF THIS
7 SUBSECTION (1) TO ESTABLISH STANDARDS FOR BEST PRACTICES THROUGH
8 THE APPLICATION OF EVIDENCE-BASED MEDICINE;

9 (j) IMPROVING THE HEALTH OF COLORADANS WITH COMMUNITY
10 HEALTH INITIATIVES; THE SUPPORT OF INNOVATIVE, EFFICIENT, AND
11 COORDINATED CARE; WELLNESS EDUCATION; AND END-OF-LIFE
12 EDUCATION;

13 (k) ESTABLISHING A CENTRAL PURCHASING AUTHORITY
14 RESPONSIBLE FOR NEGOTIATING FAVORABLE PRICES FOR PRESCRIPTION
15 DRUGS AND DURABLE MEDICAL EQUIPMENT WHERE APPROPRIATE;

16 (l) INCLUDING HEALTH CARE COVERAGE FOR ALL MEDICALLY
17 NECESSARY ORAL HEALTH CARE, MENTAL HEALTH CARE, AND SUBSTANCE
18 ABUSE TREATMENT ON THE SAME BASIS AS THE COVERAGE FOR OTHER
19 CONDITIONS;

20 (m) DEVELOPING A TRANSITION PLAN FOR RETRAINING AND JOB
21 PLACEMENT THAT CONSIDERS EXTENDED UNEMPLOYMENT BENEFITS FOR
22 THOSE WHOSE JOBS HAVE BEEN IMPACTED BY THE IMPLEMENTATION OF
23 THE SYSTEM;

24 (n) PROVIDING SUPPORT FOR HEALTH CARE PROVIDER EDUCATION
25 AND TRAINING THAT EFFECTIVELY ADDRESSES PRIMARY CARE, NURSING,
26 AND OTHER PROVIDER SHORTAGES PRIMARILY IN RURAL AND
27 UNDERSERVED AREAS OF THE STATE;

1 (o) ESTABLISHING A SYSTEM FOR FILING AND ARBITRATING ALL
2 GRIEVANCES REGARDING DELAY, DENIAL, OR MODIFICATION OF HEALTH
3 CARE SERVICES;

4 (p) CREATING A COLORADO HEALTH CARE QUALITY AND DISPUTE
5 RESOLUTION SYSTEM TO MEASURE QUALITY, INVESTIGATE REPORTS OF
6 POOR QUALITY, AND DEVELOP AN EFFICIENT AND FAIR DISPUTE
7 RESOLUTION SYSTEM;

8 (q) COLLABORATING WITH LOCAL GOVERNMENTS, SPECIAL
9 DISTRICTS, CRITICAL ACCESS HOSPITALS, PRIVATE SECTOR FOUNDATIONS,
10 AND REPRESENTATIVES OF SPECIAL POPULATIONS TO ADDRESS SPECIAL
11 HEALTH CARE NEEDS AND ESTABLISH EDUCATION AND OUTREACH
12 PROGRAMS, RESEARCH STUDIES, GRANTS, AND FINANCIAL INCENTIVES TO
13 MEET THE HEALTH CARE NEEDS OF LOCALITIES AND SPECIAL POPULATIONS;

14 (r) RECOMMENDING A FINANCING SYSTEM TO CARRY OUT THE
15 MISSION OF THE AUTHORITY AND THE PURPOSES OF THIS ARTICLE. IN ITS
16 ANALYSIS, THE BOARD SHALL CONSIDER:

17 (I) COLLECTING FEES OR PREMIUMS FROM ALL RESIDENTS OF
18 COLORADO WHO ARE ELIGIBLE TO PARTICIPATE IN THE SYSTEM;

19 (II) DETERMINING THE FEE OR PREMIUM STRUCTURE AND
20 APPROVAL PROCESS, INCLUDING A MEANS-BASED FEE OR PREMIUM THAT
21 ENSURES ALL INCOME EARNERS AND EMPLOYERS ARE CONTRIBUTING AN
22 AMOUNT THAT IS AFFORDABLE, FAIR, AND CONSISTENT WITH CURRENT
23 FUNDING SOURCES FOR HEALTH CARE IN COLORADO;

24 (III) COORDINATING WITH EXISTING, ONGOING FUNDING SOURCES
25 FROM FEDERAL AND STATE PROGRAMS;

26 (IV) BEING CONSISTENT WITH STATE AND FEDERAL REQUIREMENTS
27 GOVERNING FINANCIAL CONTRIBUTIONS FOR PERSONS ELIGIBLE FOR PUBLIC

1 PROGRAMS; AND

2 (V) COMPLYING WITH FEDERAL REQUIREMENTS.

3 (s) AN ANALYSIS OF HOW TO FINANCE AND ADDRESS HEALTH CARE
4 SERVICES FOR VISITORS, NONRESIDENT STUDENTS, REFUGEES, AND OTHER
5 INELIGIBLE PERSONS IN COLORADO.

6 (2) IN ADDITION TO THE DUTIES DESCRIBED IN SUBSECTION (1) OF
7 THIS SECTION, THE BOARD MAY ADDRESS OTHER ISSUES AND IMPLEMENT
8 OTHER MEASURES AS NECESSARY TO CREATE THE SYSTEM.

9 (3) THE SYSTEM SHALL NOT BE IMPLEMENTED UNLESS THE
10 REQUIREMENTS OF SECTION 25.5-9-111 (3) ARE MET.

11 (4) THE BOARD SHALL ENSURE THAT THE HEALTH BENEFIT PLAN
12 OFFERED PURSUANT TO THE SYSTEM DOES NOT CAUSE HARM TO PERSONS
13 ELIGIBLE FOR BENEFITS PURSUANT TO THE "COLORADO MEDICAL
14 ASSISTANCE ACT", ARTICLES 4, 5, AND 6 OF THIS TITLE.

15 **25.5-9-107. Board of directors.** (1) THE AUTHORITY SHALL BE
16 GOVERNED BY A BOARD OF DIRECTORS, CONSISTING OF TWENTY-THREE
17 MEMBERS, WHO SHALL BE APPOINTED AS FOLLOWS:

18 (a) THE PRESIDENT OF THE SENATE SHALL APPOINT THE
19 FOLLOWING MEMBERS:

20 (I) ONE LICENSED PRIMARY CARE PHYSICIAN;

21 (II) ONE LICENSED DENTIST;

22 (III) ONE HEALTH CARE CONSUMER;

23 (IV) ONE REPRESENTATIVE OF ORGANIZED LABOR; AND

24 (V) ONE REPRESENTATIVE OF A FEDERALLY QUALIFIED HEALTH
25 CARE CENTER.

26 (b) THE MINORITY LEADER OF THE SENATE SHALL APPOINT THE
27 FOLLOWING MEMBERS:

1 (I) ONE LICENSED PHYSICIAN WITH EXPERIENCE IN PUBLIC HEALTH
2 OR EPIDEMIOLOGY;
3 (II) ONE LICENSED PHARMACIST;
4 (III) ONE HEALTH CARE CONSUMER WHO IS EITHER A MEMBER OF
5 THE DISABLED COMMUNITY OR IS A CARE GIVER OF MEMBERS OF THE
6 DISABLED COMMUNITY;
7 (IV) ONE REPRESENTATIVE OF SMALL BUSINESSES;
8 (V) ONE REPRESENTATIVE OF HOSPITALS.
9 (c) THE SPEAKER OF THE HOUSE OF REPRESENTATIVES SHALL
10 APPOINT THE FOLLOWING MEMBERS:
11 (I) ONE LICENSED MENTAL HEALTH CARE PROVIDER;
12 (II) ONE LICENSED PROFESSIONAL NURSE;
13 (III) ONE HEALTH CARE CONSUMER WHO IS AT LEAST SIXTY-FIVE
14 YEARS OF AGE AND HAS SERVED AS AN ADVOCATE FOR SENIOR CITIZENS;
15 (IV) ONE REPRESENTATIVE OF LARGE BUSINESSES; AND
16 (V) ONE REPRESENTATIVE OF THE INSURANCE INDUSTRY.
17 (d) THE MINORITY LEADER OF THE HOUSE OF REPRESENTATIVES
18 SHALL APPOINT THE FOLLOWING MEMBERS:
19 (I) ONE REPRESENTATIVE WHO IS AN ACTUARY AND WHO HAS
20 EXPERIENCE WITH THE INSURANCE INDUSTRY;
21 (II) ONE REPRESENTATIVE OF AMBULATORY SURGICAL CENTERS;
22 (III) ONE REPRESENTATIVE OF AN INTEGRATED HEALTH CARE
23 DELIVERY SYSTEM;
24 (IV) ONE REPRESENTATIVE OF RURAL COMMUNITIES WHO IS
25 FAMILIAR WITH CONSUMER HEALTH CARE ISSUES; AND
26 (V) ONE ADVANCED PRACTICE NURSE.
27 (e) THE GOVERNOR SHALL APPOINT THE FOLLOWING MEMBERS:

1 (I) ONE REPRESENTATIVE WHO HAS EXPERTISE IN HOSPITAL AND
2 PHYSICIAN COSTS, BILLING, AND FEES;

3 (II) ONE CONSUMER; AND

4 (III) ONE REPRESENTATIVE FROM THE LONG-TERM CARE
5 INDUSTRY.

6 (2) EACH MEMBER SHALL SERVE A TERM OF FOUR YEARS; EXCEPT
7 THAT ELEVEN OF THE MEMBERS SHALL SERVE AN INITIAL TERM OF TWO
8 YEARS. EACH MEMBER OF THE BOARD SHALL HOLD OFFICE FOR SUCH
9 MEMBER'S TERM AND UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIED.
10 ANY MEMBER SHALL BE ELIGIBLE FOR REAPPOINTMENT, BUT MEMBERS
11 SHALL NOT BE ELIGIBLE TO SERVE MORE THAN TWO CONSECUTIVE FULL
12 TERMS.

13 (3) IN MAKING APPOINTMENTS TO THE BOARD, THE APPOINTING
14 AUTHORITIES SHALL MAKE GOOD FAITH EFFORTS TO ASSURE THAT THEIR
15 APPOINTMENTS REFLECT, TO THE GREATEST EXTENT POSSIBLE, THE
16 SOCIAL, DEMOGRAPHIC, AND GEOGRAPHIC DIVERSITY OF THE STATE. THE
17 APPROPRIATE APPOINTING AUTHORITY SHALL FILL ANY VACANCY ON THE
18 BOARD WITHIN THIRTY DAYS AFTER THE VACANCY OCCURS.

19 (4) NO PART OF THE REVENUES OR ASSETS OF THE AUTHORITY
20 SHALL INURE TO THE BENEFIT OF, OR BE DISTRIBUTED TO, ITS BOARD OR
21 OFFICERS OR ANY OTHER PRIVATE PERSON OR ENTITY; EXCEPT THAT THE
22 AUTHORITY MAY MAKE REASONABLE PAYMENTS FOR EXPENSES INCURRED
23 ON ITS BEHALF RELATING TO ANY OF ITS LAWFUL PURPOSES, INCLUDING
24 FOR THE PROVISION OF HEALTH CARE SERVICES; AND THE AUTHORITY IS
25 AUTHORIZED AND EMPOWERED TO PAY REASONABLE COMPENSATION FOR
26 SERVICES RENDERED TO OR FOR ITS BENEFIT RELATING TO ANY OF ITS
27 LAWFUL PURPOSES, INCLUDING PAYMENT TO EACH MEMBER FOR

1 EACH MEETING ATTENDED.

2 (5) ANY MEMBER OF THE BOARD WHO HAS AN IMMEDIATE
3 PERSONAL OR FINANCIAL INTEREST IN ANY MATTER BEFORE THE BOARD
4 SHALL DISCLOSE THE FACT TO THE BOARD AND SHALL NOT VOTE UPON THE
5 MATTER.

6 (6) THE BOARD MAY EMPLOY AN EXECUTIVE DIRECTOR OF THE
7 AUTHORITY, A CHIEF FINANCIAL OFFICER, A CHIEF MEDICAL OFFICER, A
8 PATIENT ADVOCATE, A PATIENT SAFETY OFFICER, A PROVIDER ADVOCATE,
9 AND ANY OTHER OFFICERS THE BOARD FINDS NECESSARY TO CREATE AND
10 DEVELOP THE SYSTEM.

11 (7) THE BOARD MAY ENTER INTO SUCH CONTRACTS AS ARE
12 NECESSARY OR PROPER TO CARRY OUT THE PROVISIONS AND PURPOSES OF
13 THIS ARTICLE, INCLUDING CONTRACTS WITH APPROPRIATE
14 ADMINISTRATIVE STAFF, CONSULTANTS, AND LEGAL COUNSEL. NO
15 CONTRACT ENTERED INTO PURSUANT TO THIS SUBSECTION (7) SHALL BE
16 SUBJECT TO ARTICLE 103 OF TITLE 24, C.R.S.

17 (8) THE BOARD MAY APPOINT APPROPRIATE LEGAL, ACTUARIAL,
18 AND OTHER COMMITTEES AS NECESSARY TO PROVIDE TECHNICAL
19 ASSISTANCE AND OTHER EXPERTISE AND EXPERIENCE IN THE
20 DEVELOPMENT OF THE SYSTEM.

21 (9) ON OR BEFORE FEBRUARY 1 OF EACH YEAR, THE BOARD SHALL
22 REPORT TO THE HEALTH AND HUMAN SERVICES COMMITTEES OF THE
23 SENATE AND THE HOUSE OF REPRESENTATIVES OR THEIR SUCCESSOR
24 COMMITTEES AND THE GOVERNOR REGARDING THE PROGRESS OF THE
25 SYSTEM, ANY RECOMMENDED LEGISLATIVE CHANGES, AND THE FUTURE
26 GOALS AND PRIORITIES OF THE AUTHORITY.

27 **25.5-9-108. Required covered benefits. (1) COVERED**

1 COMPREHENSIVE MEDICAL BENEFITS UNDER THE SYSTEM PLAN SHALL
2 INCLUDE:

- 3 (a) PRIMARY AND PREVENTIVE CARE;
- 4 (b) INPATIENT CARE;
- 5 (c) OUTPATIENT CARE;
- 6 (d) EMERGENCY CARE;
- 7 (e) PRESCRIPTION DRUGS;
- 8 (f) DURABLE MEDICAL EQUIPMENT;
- 9 (g) LONG-TERM CARE, INCLUDING COMMUNITY-BASED AND
10 CONSUMER-DIRECTED SERVICES;
- 11 (h) MENTAL HEALTH SERVICES;
- 12 (i) DENTAL SERVICES;
- 13 (j) SUBSTANCE ABUSE TREATMENT;
- 14 (k) CHIROPRACTIC SERVICES;
- 15 (l) REPRODUCTIVE HEALTH CARE SERVICES;
- 16 (m) OCCUPATIONAL AND PHYSICAL THERAPY SERVICES;
- 17 (n) VISION CARE AND CORRECTION; AND
- 18 (o) HEARING SERVICES AND HEARING AIDS.

19 (2) THE PLAN FOR THE SYSTEM SHALL INCLUDE COMPREHENSIVE
20 MEDICAL BENEFITS COVERAGE FOR ALL ELIGIBLE PARTICIPANTS IN
21 COLORADO THAT SHALL BE COORDINATED WITH OTHER PUBLIC HEALTH
22 EFFORTS AND MAY BE COORDINATED WITH PUBLIC HEALTH OFFICIALS,
23 AGENCIES, AND ORGANIZATIONS.

24 **25.5-9-109. Gifts, grants, and donations - federal grant**
25 **moneys.** THE BOARD IS AUTHORIZED TO SEEK GIFTS, GRANTS, AND
26 DONATIONS AND FEDERAL GRANT MONEYS FOR THE PURPOSES OF
27 IMPLEMENTING THIS ARTICLE. MONEYS RECEIVED BY THE BOARD SHALL

1 BE TRANSFERRED DIRECTLY TO THE AUTHORITY FOR THE PURPOSES OF THIS
2 ARTICLE. NO MONEYS FROM THE GENERAL FUND SHALL BE USED FOR THE
3 IMPLEMENTATION OF THIS ARTICLE.

4 **25.5-9-110. Duty to seek waivers, exemptions, and agreements.**

5 THE EXECUTIVE DIRECTOR SHALL SEEK INPUT FROM AND COLLABORATE
6 WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING TO SEEK
7 ALL NECESSARY WAIVERS, EXEMPTIONS, AND AGREEMENTS FROM THE
8 FEDERAL GOVERNMENT SO THAT ALL CURRENT LEVELS OF FUNDING FROM
9 THE FEDERAL GOVERNMENT TO THE STATE, COUNTIES, OR LOCAL
10 GOVERNMENTS FOR THE PROVISION AND PAYMENT OF HEALTH CARE
11 SERVICES MAY BE APPROPRIATED TO THE AUTHORITY ONCE THE SYSTEM
12 IS IMPLEMENTED BY BILL OF THE GENERAL ASSEMBLY.

13 **25.5-9-111. Requirements for implementation of the system -**

14 **repeal.** (1) SECTIONS 25.5-9-101, 25.5-9-102, 25.5-9-103, 25.5-9-104,
15 25.5-9-105, 25.5-9-107, 25.5-9-109, AND THIS SECTION SHALL TAKE
16 EFFECT UPON THE ENACTMENT OF THIS ARTICLE.

17 (2) SECTIONS 25.5-9-106, 25.5-9-108, AND 25.5-9-110 SHALL NOT
18 TAKE EFFECT UNTIL THE BOARD IDENTIFIES AND GUARANTEES THAT
19 SUFFICIENT GIFTS, GRANTS, AND DONATIONS HAVE BEEN RECEIVED TO
20 PLAN AND DEVELOP THE SYSTEM IN ACCORDANCE WITH SAID SECTIONS.
21 UPON IDENTIFICATION AND GUARANTEE THAT THE BOARD HAS RECEIVED
22 SUFFICIENT MONEYS TO IMPLEMENT SAID SECTIONS, THE BOARD SHALL
23 NOTIFY THE REVISOR OF STATUTES, IN WRITING, OF THE EFFECTIVE DATE
24 OF SAID SECTIONS. IF SUFFICIENT GIFTS, GRANTS, AND DONATIONS ARE
25 NOT IDENTIFIED AND GUARANTEED ON OR BEFORE JULY 1, 2011, SAID
26 SECTIONS SHALL NOT TAKE EFFECT, AND THIS ARTICLE IS REPEALED,
27 EFFECTIVE JULY 1, 2011.

1 (3) IF SECTIONS 25.5-9-106, 25.5-9-108, AND 25.5-9-110 ARE
2 IMPLEMENTED AND THE PLAN FOR THE SYSTEM IS DEVELOPED AND
3 CREATED, THE SYSTEM SHALL NOT BE IMPLEMENTED UNTIL:

4 (a) ALL NECESSARY WAIVERS, EXEMPTIONS, AND AGREEMENTS
5 ARE IN PLACE TO EFFECTIVELY IMPLEMENT THE SYSTEM; AND

6 (b) THE GENERAL ASSEMBLY APPROVES THE IMPLEMENTATION OF
7 THE SYSTEM BY BILL.

8 **SECTION 2. Safety clause.** The general assembly hereby finds,
9 determines, and declares that this act is necessary for the immediate
10 preservation of the public peace, health, and safety.

