

**First Regular Session
Sixty-seventh General Assembly
STATE OF COLORADO**

ENGROSSED

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

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.)

Creates the Colorado health care authority (authority) as a body corporate and political subdivision of the state. Establishes the mission of the authority, which is to create a health care system in Colorado that is the administrator and payer for health care services.

Requires the authority to create a system to recommend to the general assembly that provides comprehensive medical benefits to

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.*

HOUSE
Amended 2nd Reading
April 6, 2009

1 CANNOT PAY;

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

6 (e) THE FUNDAMENTAL PARTICIPANT IN HEALTH CARE
7 TRANSACTIONS IS THE INDIVIDUAL AND THE FUNDAMENTAL RELATIONSHIP
8 IS BETWEEN THE INDIVIDUAL AND HIS OR HER HEALTH CARE PROVIDER;

9 (f) HEALTH CARE SERVICES SHOULD BE PROVIDED TO AN
10 INDIVIDUAL WITH LIMITED AND EFFICIENT OUTSIDE INTERVENTION AND
11 MAXIMUM TRANSPARENCY;

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

16 (h) THERE SHOULD BE NO REQUIRED CONNECTION BETWEEN
17 HEALTH CARE AND EMPLOYMENT;

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

23 **25.5-9-103. Definitions.** AS USED IN THIS ARTICLE, UNLESS THE
24 CONTEXT OTHERWISE REQUIRES:

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

27 (2) "BOARD" MEANS THE BOARD OF DIRECTORS OF THE

1 AUTHORITY.

2 (3) "EXECUTIVE DIRECTOR" MEANS THE EXECUTIVE DIRECTOR OF
3 THE AUTHORITY.

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

- 11 (a) HEALTH MAINTENANCE AND PREVENTATIVE CARE;
- 12 (b) ANTICIPATORY GUIDANCE AND HEALTH EDUCATION;
- 13 (c) ACUTE AND CHRONIC ILLNESS CARE;
- 14 (d) COORDINATION OF MEDICATIONS, SPECIALISTS, AND
15 THERAPIES; AND
- 16 (e) PROVIDER PARTICIPATION IN HOSPITAL CARE.

17 (5) "SYSTEM" MEANS THE HEALTH CARE SYSTEM CREATED BY THE
18 AUTHORITY.

19 **25.5-9-104. Colorado health care authority.** (1) THERE IS
20 HEREBY CREATED THE COLORADO HEALTH CARE AUTHORITY, THAT SHALL
21 BE A BODY CORPORATE AND A POLITICAL SUBDIVISION OF THE STATE, THAT
22 SHALL NOT BE AN AGENCY OF STATE GOVERNMENT, AND THAT SHALL NOT
23 BE SUBJECT TO ADMINISTRATIVE DIRECTION OR CONTROL BY ANY
24 DEPARTMENT, COMMISSION, BOARD, BUREAU, OR AGENCY OF THE STATE.

25 (2) THE AUTHORITY AND ITS CORPORATE EXISTENCE SHALL
26 CONTINUE UNTIL TERMINATED BY LAW; EXCEPT THAT NO SUCH LAW SHALL
27 TAKE EFFECT IF THE AUTHORITY HAS NOTES OR OTHER OBLIGATIONS

1 OUTSTANDING UNLESS ADEQUATE PROVISION HAS BEEN MADE FOR THE
2 PAYMENT THEREOF.

3 **25.5-9-105. Mission of the authority - create health care**
4 **system.** THE MISSION OF THE AUTHORITY SHALL BE TO CREATE A HEALTH
5 CARE SYSTEM IN COLORADO THAT SHALL BE THE BENEFITS
6 ADMINISTRATOR AND PAYER FOR HEALTH CARE SERVICES AS DEFINED BY
7 THE AUTHORITY. THE AUTHORITY SHALL CREATE A SYSTEM TO
8 RECOMMEND TO THE GENERAL ASSEMBLY THAT PROVIDES
9 COMPREHENSIVE MEDICAL BENEFITS TO ALL ELIGIBLE PARTICIPANTS IN
10 COLORADO.

11 **25.5-9-106. Creation of system - required elements of system.**

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

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

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

25 (c) THE IMPACT OF INCORPORATING THE MEDICAL PORTIONS OF
26 STATE LIABILITY INSURANCE, WORKERS' COMPENSATION INSURANCE, AND
27 AUTOMOBILE INSURANCE INTO THE SYSTEM THROUGH AN ANALYSIS

1 COMPLETED BY THE BOARD;

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

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

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

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

17 (h) THE DEVELOPMENT OF INFORMATION TECHNOLOGY
18 SPECIFICATIONS FOR:

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

24 (II) AN AUTOMATED METHOD FOR CLAIMS PROCESSING, BILLING,
25 AND PAYMENT; AND;

26 (III) PROVISIONS FOR STATEWIDE AND REGIONAL COLLECTION AND
27 ANALYSIS OF CLINICAL DATA INCLUDING UTILIZATION, QUALITY

1 MEASURES, OUTCOMES, AND ERRORS;

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

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

10 (k) ESTABLISHING A CENTRAL PURCHASING AUTHORITY
11 RESPONSIBLE FOR NEGOTIATING FAVORABLE PRICES FOR PRESCRIPTION
12 DRUGS AND DURABLE MEDICAL EQUIPMENT WHERE APPROPRIATE;

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

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

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

25 (o) ESTABLISHING A SYSTEM FOR FILING AND ARBITRATING ALL
26 GRIEVANCES REGARDING DELAY, DENIAL, OR MODIFICATION OF HEALTH
27 CARE SERVICES;

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

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

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

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

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

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

23 (IV) BEING CONSISTENT WITH STATE AND FEDERAL REQUIREMENTS
24 GOVERNING FINANCIAL CONTRIBUTIONS FOR PERSONS ELIGIBLE FOR PUBLIC
25 PROGRAMS; AND

26 (V) COMPLYING WITH FEDERAL REQUIREMENTS.

27 (s) AN ANALYSIS OF HOW TO FINANCE AND ADDRESS HEALTH CARE

1 SERVICES FOR VISITORS, NONRESIDENT STUDENTS, REFUGEES, AND OTHER
2 INELIGIBLE PERSONS IN COLORADO.

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

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

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

12 **25.5-9-107. Board of directors.** (1) THE AUTHORITY SHALL BE
13 GOVERNED BY A BOARD OF DIRECTORS, CONSISTING OF TWENTY-THREE
14 MEMBERS, WHO SHALL BE APPOINTED AS FOLLOWS:

15 (a) THE PRESIDENT OF THE SENATE SHALL APPOINT THE
16 FOLLOWING MEMBERS:

- 17 (I) ONE LICENSED PRIMARY CARE PHYSICIAN;
- 18 (II) ONE LICENSED DENTIST;
- 19 (III) ONE HEALTH CARE CONSUMER;
- 20 (IV) ONE REPRESENTATIVE OF ORGANIZED LABOR; AND
- 21 (V) ONE REPRESENTATIVE OF A FEDERALLY QUALIFIED HEALTH
22 CARE CENTER.

23 (b) THE MINORITY LEADER OF THE SENATE SHALL APPOINT THE
24 FOLLOWING MEMBERS:

- 25 (I) ONE LICENSED PHYSICIAN WITH EXPERIENCE IN PUBLIC HEALTH
26 OR EPIDEMIOLOGY;
- 27 (II) ONE LICENSED PHARMACIST;

1 (III) ONE HEALTH CARE CONSUMER WHO IS EITHER A MEMBER OF
2 THE DISABLED COMMUNITY OR IS A CARE GIVER OF MEMBERS OF THE
3 DISABLED COMMUNITY;

4 (IV) ONE REPRESENTATIVE OF SMALL BUSINESSES;

5 (V) ONE REPRESENTATIVE OF HOSPITALS.

6 (c) THE SPEAKER OF THE HOUSE OF REPRESENTATIVES SHALL
7 APPOINT THE FOLLOWING MEMBERS:

8 (I) ONE LICENSED MENTAL HEALTH CARE PROVIDER;

9 (II) ONE LICENSED PROFESSIONAL NURSE;

10 (III) ONE HEALTH CARE CONSUMER WHO IS AT LEAST SIXTY-FIVE
11 YEARS OF AGE AND HAS SERVED AS AN ADVOCATE FOR SENIOR CITIZENS;

12 (IV) ONE REPRESENTATIVE OF LARGE BUSINESSES; AND

13 (V) ONE REPRESENTATIVE OF THE INSURANCE INDUSTRY.

14 (d) THE MINORITY LEADER OF THE HOUSE OF REPRESENTATIVES
15 SHALL APPOINT THE FOLLOWING MEMBERS:

16 (I) ONE REPRESENTATIVE WHO IS AN ACTUARY AND WHO HAS
17 EXPERIENCE WITH THE INSURANCE INDUSTRY;

18 (II) ONE REPRESENTATIVE OF AMBULATORY SURGICAL CENTERS;

19 (III) ONE REPRESENTATIVE OF AN INTEGRATED HEALTH CARE
20 DELIVERY SYSTEM;

21 (IV) ONE REPRESENTATIVE OF RURAL COMMUNITIES WHO IS
22 FAMILIAR WITH CONSUMER HEALTH CARE ISSUES; AND

23 (V) ONE ADVANCED PRACTICE NURSE.

24 (e) THE GOVERNOR SHALL APPOINT THE FOLLOWING MEMBERS:

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

27 (II) ONE CONSUMER; AND

1 (III) ONE REPRESENTATIVE FROM THE LONG-TERM CARE
2 INDUSTRY.

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

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

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

26 (5) ANY MEMBER OF THE BOARD WHO HAS AN IMMEDIATE
27 PERSONAL OR FINANCIAL INTEREST IN ANY MATTER BEFORE THE BOARD

1 SHALL DISCLOSE THE FACT TO THE BOARD AND SHALL NOT VOTE UPON THE
2 MATTER.

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

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

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

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

24 **25.5-9-108. Required covered benefits.** (1) COVERED
25 COMPREHENSIVE MEDICAL BENEFITS UNDER THE SYSTEM PLAN SHALL
26 INCLUDE:

27 (a) PRIMARY AND PREVENTIVE CARE;

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

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

21 **25.5-9-109. Gifts, grants, and donations - federal grant**
22 **moneys.** THE BOARD IS AUTHORIZED TO SEEK GIFTS, GRANTS, AND
23 DONATIONS AND FEDERAL GRANT MONEYS FOR THE PURPOSES OF
24 IMPLEMENTING THIS ARTICLE. MONEYS RECEIVED BY THE BOARD SHALL
25 BE TRANSFERRED DIRECTLY TO THE AUTHORITY FOR THE PURPOSES OF
26 THIS ARTICLE. NO MONEYS FROM THE GENERAL FUND SHALL BE USED FOR
27 THE IMPLEMENTATION OF THIS ARTICLE.

1 **25.5-9-110. Duty to seek waivers, exemptions, and**
2 **agreements.** THE EXECUTIVE DIRECTOR SHALL SEEK INPUT FROM AND
3 COLLABORATE WITH THE DEPARTMENT OF HEALTH CARE POLICY AND
4 FINANCING TO SEEK ALL NECESSARY WAIVERS, EXEMPTIONS, AND
5 AGREEMENTS FROM THE FEDERAL GOVERNMENT SO THAT ALL CURRENT
6 LEVELS OF FUNDING FROM THE FEDERAL GOVERNMENT TO THE STATE,
7 COUNTIES, OR LOCAL GOVERNMENTS FOR THE PROVISION AND PAYMENT
8 OF HEALTH CARE SERVICES MAY BE APPROPRIATED TO THE AUTHORITY
9 ONCE THE SYSTEM IS IMPLEMENTED BY BILL OF THE GENERAL ASSEMBLY.

10 **25.5-9-111. Requirements for implementation of the system -**
11 **repeal.** (1) SECTIONS 25.5-9-101, 25.5-9-102, 25.5-9-103, 25.5-9-104,
12 25.5-9-105, 25.5-9-107, 25.5-9-109, AND THIS SECTION SHALL TAKE
13 EFFECT UPON THE ENACTMENT OF THIS ARTICLE.

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

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

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

3 (b) THE GENERAL ASSEMBLY APPROVES THE IMPLEMENTATION OF
4 THE SYSTEM BY BILL.

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