

Second Regular Session  
Seventy-first General Assembly  
STATE OF COLORADO

REVISED

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

LLS NO. 18-0879.01 Brita Darling x2241

HOUSE BILL 18-1321

HOUSE SPONSORSHIP

McKean and Arndt, Ginal

SENATE SPONSORSHIP

Moreno and Martinez Humenik, Kefalas

House Committees

Health, Insurance, & Environment  
Appropriations

Senate Committees

State, Veterans, & Military Affairs  
Appropriations

A BILL FOR AN ACT

101 CONCERNING EFFICIENT ADMINISTRATION OF NONEMERGENCY  
102 MEDICAL TRANSPORTATION WITHIN THE EXISTING BENEFIT  
103 UNDER THE MEDICAL ASSISTANCE PROGRAM, AND, IN  
104 CONNECTION THEREWITH, MAKING AND REDUCING AN  
105 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://leg.colorado.gov>.)*

The bill requires the department of health care policy and financing (department) to create and implement a method for meeting

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
Capital letters or bold & italic numbers indicate new material to be added to existing statute.  
Dashes through the words indicate deletions from existing statute.

SENATE  
Amended 2nd Reading  
May 7, 2018

HOUSE  
3rd Reading Unamended  
April 25, 2018

HOUSE  
Amended 2nd Reading  
April 24, 2018

urgent transportation needs within the existing nonemergency medical transportation benefit under the medical assistance program.

The method created by the department must provide medical service provider and facility access to approved providers who can meet urgent transportation needs, and include an efficient method for obtaining and paying for the transportation services.

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1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, **add** 25.5-5-324 as  
3 follows:

4 **25.5-5-324. Nonemergency medical transportation - urgent**  
5 **transportation need - report - repeal.** (1) ON OR BEFORE JANUARY 1,  
6 2019, THE STATE DEPARTMENT SHALL CREATE AND IMPLEMENT AN  
7 EFFICIENT AND COST-EFFECTIVE METHOD FOR MEETING URGENT  
8 TRANSPORTATION NEEDS WITHIN THE EXISTING NONEMERGENCY MEDICAL  
9 TRANSPORTATION BENEFIT UNDER THE MEDICAL ASSISTANCE PROGRAM.  
10 URGENT TRANSPORTATION NEEDS INCLUDE DISCHARGE FROM INPATIENT,  
11 EMERGENCY SERVICES, AND OTHER URGENT BUT NONEMERGENCY  
12 SERVICES, AS DETERMINED BY THE STATE DEPARTMENT.

13 (2) THE METHOD CREATED BY THE STATE DEPARTMENT MUST  
14 INCLUDE, AT A MINIMUM:

15 (a) MEDICAL SERVICE PROVIDER OR FACILITY ACCESS TO  
16 APPROVED TRANSPORTATION PROVIDERS FOR PATIENTS WITH URGENT  
17 TRANSPORTATION NEEDS;

18 (b) ACCESS TO TRANSPORTATION PROVIDERS WHO HAVE OBTAINED  
19 THE NECESSARY BACKGROUND CHECKS, DRUG TESTS, TRAINING, AND  
20 VEHICLE INSPECTIONS, AS REQUIRED BY THE STATE DEPARTMENT; AND

21 (c) AN EFFICIENT METHOD FOR OBTAINING AND PAYING FOR  
22 TRANSPORTATION SERVICES FOR URGENT TRANSPORTATION NEEDS.

1 (3) THE STATE DEPARTMENT MAY CONTRACT FOR BACKGROUND  
2 CHECKS, DRUG TESTS, TRAINING, AND VEHICLE INSPECTIONS THAT MAY BE  
3 REQUIRED PURSUANT TO SUBSECTION (2) OF THIS SECTION.

4 (4) THE EXECUTIVE DIRECTOR MAY WAIVE THE REQUIREMENTS OF  
5 SUBSECTION (2)(b) OF THIS SECTION, AS NECESSARY, TO IMPLEMENT THE  
6 METHOD FOR MEETING URGENT TRANSPORTATION NEEDS PURSUANT TO  
7 THIS SECTION.

8 (5) (a) THE STATE DEPARTMENT SHALL ANNUALLY REPORT ON THE  
9 IMPLEMENTATION AND EFFECTIVENESS OF THE PROCESS CREATED IN THIS  
10 SECTION FOR MEETING URGENT TRANSPORTATION NEEDS WITHIN THE  
11 NONEMERGENCY MEDICAL TRANSPORTATION BENEFIT, INCLUDING ANY  
12 WAIVER OF THE REQUIREMENTS OF SUBSECTION (2)(b) OF THIS SECTION.  
13 THE STATE DEPARTMENT SHALL PRESENT THE REPORT AS PART OF ITS  
14 ANNUAL PRESENTATION TO THE HEALTH AND HUMAN SERVICES  
15 COMMITTEE OF THE SENATE AND THE PUBLIC HEALTH AND HUMAN  
16 SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES, OR ANY  
17 SUCCESSOR COMMITTEES, THAT IS HELD EACH YEAR DURING THE INTERIM  
18 PRIOR TO THE LEGISLATIVE SESSION, AS REQUIRED PURSUANT TO SECTION  
19 2-7-203.

20 (b) NOTWITHSTANDING THE PROVISIONS OF SECTION 24-1-136  
21 (11)(a)(I) TO THE CONTRARY, THE REPORT REQUIRED PURSUANT TO THIS  
22 SECTION SHALL CONTINUE UNTIL THE BEGINNING OF THE 2025  
23 LEGISLATIVE SESSION.

24 (c) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2025.

25 **SECTION 2. Appropriation - adjustments to 2018 long bill.**

26 (1) For the 2018-19 state fiscal year, \$377,621 is appropriated to the  
27 department of health care policy and financing. Of this appropriation

1 \$359,295 is from the general fund and \$18,326 is from the healthcare  
2 affordability and sustainability fee cash fund created in section  
3 25.5-4-402.4 (5)(a), C.R.S. To implement this act, the department may  
4 use this appropriation as follows:

5 (a) \$25,688 for use by the executive director's office for personal  
6 services, which consists of \$16,833 from the general fund and \$8,855  
7 from the healthcare affordability and sustainability fee cash fund, and  
8 which amount is based on an assumption that the department will require  
9 an additional 0.8 FTE;

10 (b) \$2,731 for use by the executive director's office for operating  
11 expenses, which consists of \$1,790 from the general fund and \$941 from  
12 the healthcare affordability and sustainability fee cash fund;

13 (c) \$21,750 from the general fund for medicaid management  
14 information system maintenance and projects; and

15 (d) \$327,452 for medical and long-term care services for medicaid  
16 eligible individuals, which consists of \$318,922 from the general fund,  
17 which amount is subject to the "(M)" notation as defined in the annual  
18 general appropriation act for the same fiscal year, and \$8,530 from the  
19 healthcare affordability and sustainability fee cash fund.

20 (2) For the 2018-19 state fiscal year, the general assembly  
21 anticipates that the department of health care policy and financing will  
22 receive \$436,989 in federal funds to implement this act. The  
23 appropriation in subsection (1) of this section is based on the assumption  
24 that the department will receive this amount of federal funds to be used  
25 as follows:

26 (a) \$25,688 for use by the executive director's office for personal  
27 services;

1 (b) \$2,732 for use by the executive director's office for operating  
2 expenses;

3 (c) \$65,250 for medicaid management information system  
4 maintenance and projects; and

5 (d) \$343,319 for medical and long-term care services for medicaid  
6 eligible individuals.

7 (3) To implement this act, appropriations made in the annual  
8 general appropriation act for the 2018-19 state fiscal year to the  
9 department of health care policy and financing are adjusted as follows:

10 (a) The general fund appropriation for medical and long-term care  
11 services for medicaid eligible individuals is decreased by \$359,295; and

12 (b) The cash funds appropriation from the healthcare affordability  
13 and sustainability fee cash fund created in section 25.5-4-402.4 (5)(a),  
14 C.R.S., for medical and long-term care services for medicaid eligible  
15 individuals is decreased by \$52,378.

16 (4) The decrease of the appropriations in subsection (3) of this  
17 section is based on the assumption that the anticipated amount of federal  
18 funds received for the 2018-19 state fiscal year by the department of  
19 health care policy and financing for medical and long-term care services  
20 for medicaid eligible individuals will decrease by \$507,240.

21 **SECTION 3. Safety clause.** The general assembly hereby finds,  
22 determines, and declares that this act is necessary for the immediate  
23 preservation of the public peace, health, and safety.