

**First Regular Session
Seventy-third General Assembly
STATE OF COLORADO**

PREAMENDED

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

LLS NO. 21-0760.01 Shelby Ross x4510

SENATE BILL 21-025

SENATE SPONSORSHIP

Pettersen,

HOUSE SPONSORSHIP

(None),

Senate Committees

Health & Human Services
Appropriations

House Committees

A BILL FOR AN ACT

101 **CONCERNING FAMILY PLANNING SERVICES FOR INDIVIDUALS WHOSE**
102 **INCOME DOES NOT EXCEED THE STATE'S CURRENT EFFECTIVE**
103 **INCOME LEVEL FOR PREGNANT WOMEN UNDER THE CHILDREN'S**
104 **BASIC HEALTH PLAN, AND, IN CONNECTION THEREWITH, MAKING**
105 **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://leg.colorado.gov>.)

The bill requires the department of health care policy and financing to seek federal authorization through an amendment to the state

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.

medical assistance plan to provide family planning services to individuals who are not pregnant and whose income does not exceed 250% of the federal poverty level.

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

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 finds and declares that:

4 (a) Our communities fare better when all Coloradans can plan
5 their pregnancies. Unintended pregnancies are associated with an
6 increased risk of adverse pregnancy outcomes such as preterm birth,
7 which is the leading cause of infant mortality, and delivery of
8 low-birth-weight infants, which is linked to several negative short- and
9 long-term health outcomes.

10 (b) Due to the systemic barriers they face, families who
11 experience unintended pregnancies often have poorer health outcomes for
12 themselves and their children, struggle to and often do not complete
13 school, have difficulty advancing in their careers, and use more public
14 assistance;

15 (c) Access to family planning services reduces the chance of
16 unintended pregnancy, reducing the risk factors associated with poor
17 health and social outcomes;

18 (d) The public health and economic crisis created by the
19 COVID-19 pandemic has shone a bright light on the need for increased
20 access to family planning services. Recent federal administrative rules
21 have limited individual's access to public family planning clinics.
22 Additionally, job losses due to the pandemic are threatening access to
23 reproductive health care for millions of Americans.

24 (e) Women, particularly women of color for whom pregnancy and

1 childbirth can be most dangerous, increasingly want to delay having
2 children. The "Early Impacts of the COVID-19 Pandemic: 2020
3 Guttmacher Survey of Reproductive Health Experiences" found that
4 overall, thirty-four percent of women reported wanting to delay
5 pregnancy or have fewer children because of the pandemic. The same
6 survey shows that roughly twenty-seven percent of women are worried
7 about being able to afford contraceptives, and Hispanic women, Black
8 women, queer women, and women living in poverty are more likely to
9 worry about access to contraceptives than their white peers.

10 (f) The Colorado department of public health and environment
11 reported that in 2019, roughly fifty-eight thousand women in Colorado
12 were without insurance coverage for family planning services and more
13 than twenty-one thousand of those women had low incomes that fell
14 between the medicaid income eligibility level and two hundred fifty
15 percent of the federal poverty level;

16 (g) According to a national survey conducted by the Kaiser Family
17 Foundation and the Georgetown University Center for Children and
18 Families, as of January 2019, twenty-eight states, not including Colorado,
19 have received federal authorization to offer family planning services to
20 people who are not otherwise eligible for medicaid; and

21 (h) The federal centers for medicare and medicaid services have
22 encouraged states to pursue federal authorization for family planning
23 services by covering ninety percent of the costs, a higher federal share
24 than it provides for other medicaid services.

25 (2) Therefore, the general assembly finds and declares that
26 expanding coverage through the medicaid program to provide family
27 planning services for women with low and moderate incomes who do not

1 otherwise qualify for medicaid coverage will reduce unintended
2 pregnancies and help all Colorado families thrive.

3 **SECTION 2.** In Colorado Revised Statutes, **add** 25.5-5-327 as
4 follows:

5 **25.5-5-327. Family planning services - federal authorization**
6 **-rules - definitions.** (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT
7 OTHERWISE REQUIRES:

8 (a) "ELIGIBLE INDIVIDUAL" MEANS AN INDIVIDUAL WHO IS NOT
9 PREGNANT AND WHOSE INCOME DOES NOT EXCEED THE STATE'S CURRENT
10 EFFECTIVE INCOME LEVEL FOR PREGNANT WOMEN UNDER THE CHILDREN'S
11 BASIC HEALTH PLAN ESTABLISHED PURSUANT TO ARTICLE 8 OF TITLE 25.5,
12 AND WHOSE INCOME IS ADJUSTED FOR FAMILY SIZE BASED ON THE
13 METHODOLOGY ALLOWED UNDER FEDERAL LAW TO COUNT THE APPLICANT
14 AS A HOUSEHOLD OF TWO IN ADDITION TO ANY OTHER HOUSEHOLD
15 MEMBERS, AND WHO MEETS OTHER REQUIREMENTS UNDER FEDERAL LAW.

16 (b) "FAMILY PLANNING SERVICES" INCLUDES, AS PERMITTED
17 UNDER FEDERAL LAW:

18 (I) CONTRACEPTION, AS DEFINED IN SECTION 2-4-401 (1.5);

19 (II) HEALTH CARE OR COUNSELING SERVICES FOCUSED ON
20 PREVENTING, DELAYING, OR PLANNING FOR A PREGNANCY, WHICH MUST
21 INCLUDE MEDICALLY NECESSARY EVALUATIONS OR PREVENTIVE SERVICES
22 SUCH AS TOBACCO UTILIZATION SCREENING, COUNSELING, TESTING, AND
23 CESSATION SERVICES;

24 (III) FOLLOW-UP VISITS TO EVALUATE OR MANAGE PROBLEMS
25 ASSOCIATED WITH CONTRACEPTIVE METHODS;

26 (IV) STERILIZATION SERVICES, REGARDLESS OF SEX;

27 (V) CERVICAL CANCER SCREENING AND PREVENTION;

1 (VI) BASIC FERTILITY TESTING;

2 (VII) DIAGNOSIS OR TREATMENT OF A SEXUALLY TRANSMITTED
3 INFECTION OR SEXUALLY TRANSMITTED DISEASE, OR MEDICATION TO
4 PREVENT A SEXUALLY TRANSMITTED INFECTION OR SEXUALLY
5 TRANSMITTED DISEASE, THAT IS PROVIDED PURSUANT TO A FAMILY
6 PLANNING VISIT; AND

7 (VIII) ANY OTHER MEDICAL DIAGNOSIS, TREATMENT, OR
8 PREVENTIVE SERVICE THAT IS ROUTINELY PROVIDED PURSUANT TO A
9 FAMILY PLANNING VISIT.

10 (c) "PRESUMPTIVE ELIGIBILITY" HAS THE SAME MEANING AS
11 DEFINED IN SECTION 25.5-5-204 (1).

12 (2) (a) NO LATER THAN JANUARY 31, 2022, THE STATE
13 DEPARTMENT SHALL SEEK FEDERAL AUTHORIZATION THROUGH AN
14 AMENDMENT TO THE STATE MEDICAL ASSISTANCE PLAN TO PROVIDE
15 FAMILY PLANNING SERVICES TO ELIGIBLE INDIVIDUALS.

16 (b) THE STATE PLAN AMENDMENT MUST:

17 (I) NOT IMPOSE AGE, SEX, OR GENDER IDENTITY LIMITATIONS ON
18 ELIGIBLE INDIVIDUALS; AND

19 (II) INCLUDE A PROCESS BY WHICH AN ELIGIBLE INDIVIDUAL MAY
20 BE PRESUMPTIVELY ELIGIBLE TO RECEIVE FAMILY PLANNING SERVICES.

21 (3) UPON APPROVAL OF THE STATE PLAN AMENDMENT, THE STATE
22 DEPARTMENT SHALL:

23 (a) UNLESS REQUESTED OTHERWISE BY THE ELIGIBLE INDIVIDUAL,
24 ENSURE THAT AN ELIGIBLE INDIVIDUAL RECEIVES A ONE-YEAR SUPPLY
25 OF SELF-ADMINISTERED HORMONAL CONTRACEPTIVES AT ONE TIME AS
26 PERMITTED BY THE ELIGIBLE INDIVIDUAL'S PRESCRIPTION; AND

27 (b) COLLABORATE WITH THE STATE INSURANCE MARKETPLACE,

1 HEALTH CARE CONSUMER ADVOCATES, AND OTHER INTERESTED
2 STAKEHOLDERS TO EDUCATE ELIGIBLE INDIVIDUALS ABOUT ALL
3 AVAILABLE HEALTH CARE COVERAGE OPTIONS AND ENCOURAGE ELIGIBLE
4 INDIVIDUALS TO ENROLL IN FULL HEALTH INSURANCE COVERAGE THROUGH
5 AVAILABLE SOURCES, INCLUDING THE MEDICAL ASSISTANCE PROGRAM,
6 CHILDREN'S BASIC HEALTH PLAN, A PUBLIC BENEFIT CORPORATION, OR THE
7 STATE INSURANCE MARKETPLACE.

8 (4) THE STATE DEPARTMENT SHALL PROMULGATE ANY RULES
9 NECESSARY TO IMPLEMENT THIS SECTION.

10 **SECTION 3. Appropriation.** (1) For the 2021-22 state fiscal
11 year, \$272,956 is appropriated to the department of health care policy and
12 financing for use by the executive director's office. This appropriation
13 consists of \$253,117 from the general fund and \$19,839 from local funds.
14 To implement this act, the office may use this appropriation as follows:

15 (a) \$59,384 from the general fund for personal services, which
16 amount is based on an assumption that the office will require an
17 additional 1.8 FTE;

18 (b) \$4,450 from the general fund for operating expenses;

19 (c) \$102,963 from the general fund for Medicaid management
20 information system maintenance and projects;

21 (d) \$56,562 from the general fund, which is subject to the "(M)"
22 notation as defined in the annual general appropriation act for the same
23 fiscal year, for Colorado benefits management systems, operating and
24 contract expenses;

25 (e) \$29,758 from the general fund, which is subject to the "(M)"
26 notation as defined in the annual general appropriation act for the same
27 fiscal year, for county administration; and

1 (f) \$19,839 from local funds for county administration.

2 (2) For the 2021-22 state fiscal year, the general assembly
3 anticipates that the department of health care policy and financing will
4 receive \$1,648,336 in federal funds to implement this act. The
5 appropriation in subsection (1) of this section is based on the assumption
6 that the department will receive this amount of federal funds to be used
7 as follows:

8 (a) \$59,384, which amount is subject to the "(I)" notation as
9 defined in the annual general appropriation act for the same fiscal year,
10 for use by the executive director's office for personal services;

11 (b) \$4,450, which amount is subject to the "(I)" notation as
12 defined in the annual general appropriation act for the same fiscal year,
13 for use by the executive director's office for operating expenses;

14 (c) \$926,660, which amount is subject to the "(I)" notation as
15 defined in the annual general appropriation act for the same fiscal year,
16 for Medicaid management information systems maintenance and projects;

17 (d) \$509,052 for Colorado benefits management systems,
18 operating and contract expenses; and

19 (e) \$148,790 for county administration.

20 (3) For the 2021-22 state fiscal year, \$565,614 is appropriated to
21 the office of the governor for use by the office of information technology.
22 This appropriation is from reappropriated funds received from the
23 department of health care policy and financing under subsections (1)(d)
24 and (2)(d) of this section. To implement this act, the office may use this
25 appropriation to provide information technology services for the
26 department of health care policy and financing.

27 **SECTION 4. Act subject to petition - effective date.** This act

1 takes effect at 12:01 a.m. on the day following the expiration of the
2 ninety-day period after final adjournment of the general assembly; except
3 that, if a referendum petition is filed pursuant to section 1 (3) of article V
4 of the state constitution against this act or an item, section, or part of this
5 act within such period, then the act, item, section, or part will not take
6 effect unless approved by the people at the general election to be held in
7 November 2022 and, in such case, will take effect on the date of the
8 official declaration of the vote thereon by the governor.