

Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO

REENGROSSED

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

LLS NO. 22-0487.01 Jane Ritter x4342

HOUSE BILL 22-1289

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A BILL FOR AN ACT

101 **CONCERNING IMPROVING ACCESS TO HEALTH BENEFITS FOR**
102 **ECONOMICALLY INSECURE COLORADO FAMILIES BY ENHANCING**
103 **PUBLIC HEALTH PROGRAMS, AND, IN CONNECTION THEREWITH,**
104 **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://leg.colorado.gov>.)

The bill makes the following changes to health insurance coverage for low-income pregnant people and children in low-income families:

- Provides full health insurance coverage for Colorado

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.

HOUSE
3rd Reading Unamended
April 22, 2022

HOUSE
Amended 2nd Reading
April 20, 2022

pregnant people who would be eligible for medicaid and the children's basic health plan (CHIP) if not for their immigration status and continues that coverage for 12 months postpartum at the CHIP federal matching rate;

- Provides comprehensive health insurance coverage to all Colorado children who would be eligible for medicaid and CHIP if not for their immigration status;
- Requires the state department of health care policy and financing to create an outreach and enrollment strategy for enrolling eligible groups into new coverage options;
- Makes comprehensive lactation supports and supplies, including breast pumps, a covered benefit for perinatal people on medicaid and CHIP;
- Draws down federal funds to improve perinatal and postpartum support and requires that priorities for the funds be determined through a stakeholder process;
- Permanently authorizes an existing survey of birthing parents, run by the state department of public health and environment and increases the ability of the survey to collect and report on the experiences of birthing people of color in Colorado;
- Creates a special enrollment period for health insurance coverage due to pregnancy so that an eligible person can sign up for insurance as soon as the person becomes pregnant; and
- Improves the quality of health insurance coverage available through the health insurance affordability enterprise.

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) Health insurance coverage is an important social determinant
5 of health because it provides both access to the health-care system and
6 financial security. Access to quality prenatal care is one of the most
7 important determinants of birth outcomes and a primary strategy to reduce
8 infant and maternal mortality.

9 (b) The stress and challenges of pregnancy and parenting with
10 limited financial resources are contributing factors to a high rate of

1 depression. One in four low-income pregnant or postpartum individuals
2 experience depression in a given year.

3 (c) Insurance coverage improves health status and mental health,
4 while decreasing infant, child, and adult mortality rates. Medicaid and the
5 children's health insurance program (CHIP) are key supports for pregnant
6 people and new parents, as well as their children in the critical early years
7 of life.

8 (d) Research shows that medicaid coverage for children and
9 pregnant people is associated with improved health and well-being.
10 Children born to medicaid-covered or otherwise insured parents are more
11 likely to be born at a healthier birth weight and are at lower risk of infant
12 mortality than babies born to people who are uninsured. Medicaid and
13 other insurance coverage of pregnant people is also associated with a
14 greater likelihood of children finishing high school and college and
15 having higher incomes as adults.

16 (e) When parents have health insurance, their children are more
17 likely to be insured;

18 (f) In Colorado, Hispanic and Latina individuals of reproductive
19 age are three times more likely to be uninsured compared to their
20 non-Hispanic peers. Research indicates that chronic stress associated with
21 being a racial or ethnic minority in the United States is largely responsible
22 for higher preterm birth rates and constitutes an independent risk factor
23 for preterm delivery.

24 (g) Approximately twenty-four percent of all pregnancy-related
25 deaths occur between forty-three to three hundred sixty-five days after a
26 pregnancy ends. There is growing evidence that providing insurance
27 coverage for at least one year of postpartum care can reduce preventable

1 maternal deaths, particularly among Black persons and immigrant
2 populations. Expanding access to prenatal and postpartum care will
3 decrease racial disparities in maternal and infant mortality.

4 (h) Prenatal care is cost effective. Studies have found that
5 providing prenatal care for low-income persons avoids costly infant
6 complications and infant death.

7 (2) The general assembly further finds that:

8 (a) All Colorado children deserve access to preventive and
9 life-saving health care. In Colorado, fourteen percent of uninsured
10 children are ineligible for medicaid or the children's basic health plan
11 because of their immigration status. Health insurance coverage is linked
12 to improved access to health-care services and increased use of preventive
13 services.

14 (b) Without expansion of health-care coverage, immigrant parents
15 with children who are ineligible for coverage are more likely to put off
16 seeking critical treatment until it is an emergency. Educational success,
17 physical health, emotional support, and family strength are inseparable.

18 (c) The COVID-19 pandemic has disproportionately harmed
19 immigrant communities across the state, exposing the dual impacts of
20 racism and xenophobia on access to health care. Ineligibility for
21 health-care coverage has led many immigrants to forgo COVID-19 testing
22 and treatment, despite both being free.

23 (d) As Colorado seeks to address these inequities to build a more
24 inclusive state, it is essential to expand coverage to the communities that
25 have been most impacted and vulnerable before, during, and well after the
26 COVID-19 health crisis; and

27 (e) Expanding health-care coverage to all children, pregnant and

1 postpartum persons, regardless of immigration status, is fundamental to
2 ensuring health equity in Colorado, allowing all parents and children to
3 thrive.

4 **SECTION 2.** In Colorado Revised Statutes, 10-16-1206, **amend**
5 **(1)(e) and (1)(f); and add (1)(g) as follows:**

6 **10-16-1206. Health insurance affordability cash fund -**
7 **creation.** (1) There is hereby created in the state treasury the health
8 insurance affordability cash fund. The fund consists of:

9 (e) Money that may be allocated to the fund pursuant to section
10 10-16-1308; **and**

11 (f) All interest and income derived from the deposit and
12 investment of money in the fund; **AND**

13 (g) **THE FEDERAL SHARE OF THE MEDICAL ASSISTANCE PAYMENTS**
14 **RECEIVED PURSUANT TO SECTION 25.5-4-503 (2).**

15 **SECTION 3.** In Colorado Revised Statutes, 10-16-105.7, **add**
16 **(3)(a)(II)(H) as follows:**

17 **10-16-105.7. Health benefit plan open enrollment periods -**
18 **special enrollment periods - rules.** (3) (a) (II) A triggering event occurs
19 when:

20 (H) **BEGINNING JANUARY 1, 2024, AN INDIVIDUAL WHO DOES NOT**
21 **HAVE EXISTING CREDITABLE COVERAGE** RECEIVES CERTIFICATION FROM A
22 HEALTH-CARE PROVIDER ACTING WITHIN THE PROVIDER'S SCOPE OF
23 PRACTICE THAT THE INDIVIDUAL IS PREGNANT. COVERAGE IS DEEMED
24 EFFECTIVE AS OF THE FIRST MONTH IN WHICH THE INDIVIDUAL RECEIVES
25 CERTIFICATION OF THE PREGNANCY, UNLESS THE INDIVIDUAL ELECTS TO
26 HAVE COVERAGE EFFECTIVE ON THE FIRST DAY OF THE MONTH FOLLOWING
27 THE DATE THAT THE INDIVIDUAL MAKES A PLAN SELECTION. ANY PERSON

1 OR ENTITY ENROLLING AN INDIVIDUAL IN COVERAGE PURSUANT TO THIS
2 SPECIAL ENROLLMENT PERIOD SHALL PROVIDE A NOTICE, DEVELOPED BY
3 THE DEPARTMENT THROUGH A STAKEHOLDER PROCESS, TO THE
4 INDIVIDUAL REGARDING THE INDIVIDUAL'S OPTION TO BEGIN COVERAGE
5 EITHER PROSPECTIVELY OR RETROACTIVELY AND THE FINANCIAL AND TAX
6 IMPLICATIONS OF THOSE OPTIONS. THE NOTICE MUST BE IN, AT A MINIMUM,
7 ENGLISH AND SPANISH.

8 **SECTION 4.** In Colorado Revised Statutes, 10-16-1207, **repeal**
9 (4)(c)(IV)(A); and **add** (4)(c.5) as follows:

10 **10-16-1207. Health insurance affordability board - creation -**
11 **membership - powers and duties - subject to open meetings and**
12 **public records laws - commissioner rules.** (4) The board is authorized
13 to:

14 (c) Recommend, for approval and establishment by the
15 commissioner by rule:

16 (IV) The parameters for implementing the subsidies for
17 state-subsidized individual health coverage plans authorized by this part
18 12, including:

19 ~~(A) The coverage required under state-subsidized individual~~
20 ~~health coverage plans, which coverage must maximize affordability for~~
21 ~~qualified individuals and must include coverage for the lowest income~~
22 ~~group, as determined by the board, that has no premium and provides~~
23 ~~benefits actuarially equivalent to ninety percent of the full actuarial value~~
24 ~~of the benefits provided under the plan; and~~

25 (c.5) FURTHER RECOMMEND, FOR APPROVAL AND ESTABLISHMENT
26 BY THE COMMISSIONER BY RULE, ADDITIONAL PARAMETERS FOR
27 IMPLEMENTING THE SUBSIDIES FOR STATE-SUBSIDIZED INDIVIDUAL HEALTH

1 COVERAGE PLANS AUTHORIZED BY THIS PART 12, INCLUDING THAT THE
2 COVERAGE REQUIRED PURSUANT TO STATE-SUBSIDIZED INDIVIDUAL
3 HEALTH COVERAGE PLANS MUST:

4 (I) MAXIMIZE AFFORDABILITY FOR QUALIFIED INDIVIDUALS;

5 (II) COVER BENEFITS EQUIVALENT TO THOSE IN A QUALIFIED
6 HEALTH PLAN; AND

7 (III) FOR A PERSON WHO, AT THE TIME THE PERSON APPLIES FOR
8 STATE-SUBSIDIZED COVERAGE, MEETS THE INCOME REQUIREMENTS TO
9 QUALIFY FOR EMERGENCY MEDICAL ASSISTANCE PURSUANT TO SECTION
10 25.5-5-103 AND WHO IS A QUALIFIED INDIVIDUAL WHO MEETS THE
11 ELIGIBILITY CRITERIA ESTABLISHED IN RULE PURSUANT TO SUBSECTION
12 (4)(c)(IV) OF THIS SECTION, INCLUDE COVERAGE THAT:

13 (A) HAS NO PREMIUM;

14 (B) HAS AN ACTUARIAL VALUE OF NOT LESS THAN NINETY-FOUR
15 PERCENT; AND

16 (C) TO THE EXTENT POSSIBLE WITH AVAILABLE FUNDING,
17 INCLUDES COST SHARING THAT IS FURTHER REDUCED FROM SUBSECTION
18 (4)(c.5)(III)(B) OF THIS SECTION SUCH THAT THE PLAN HAS CONSUMER
19 COST SHARING RESPONSIBILITIES FOR EMERGENCY SERVICES EQUIVALENT
20 TO COST SHARING RESPONSIBILITIES FOR EMERGENCY MEDICAL
21 ASSISTANCE PURSUANT TO SECTION 25.5-5-103.

22 **SECTION 5.** In Colorado Revised Statutes, 24-75-109, add
23 (1)(a.7) and (1)(a.8) as follows:

24 **24-75-109. Controller may allow expenditures in excess of**
25 **appropriations - limitations - appropriations for subsequent fiscal**
26 **year restricted - repeal.** (1) For the purpose of closing the state's books,
27 and subject to the provisions of this section, the controller may, on or

1 after May 1 of any fiscal year and before the forty-fifth day after the close
2 thereof, upon approval of the governor, allow any department, institution,
3 or agency of the state, including any institution of higher education, to
4 make an expenditure in excess of the amount authorized by an item of
5 appropriation for such fiscal year if:

6 (a.7) THE OVEREXPENDITURE IS BY THE DEPARTMENT OF HEALTH
7 CARE POLICY AND FINANCING FOR THE STATE MEDICAL ASSISTANCE
8 PROGRAM, ESTABLISHED PURSUANT TO SECTION 25.5-2-104; OR

9 (a.8) THE OVEREXPENDITURE IS BY THE DEPARTMENT OF HEALTH
10 CARE POLICY AND FINANCING FOR THE STATE CHILDREN'S BASIC HEALTH
11 PLAN, ESTABLISHED PURSUANT TO SECTION 25.5-2-105; OR

12 **SECTION 6.** In Colorado Revised Statutes, 25-1.5-101, **add**
13 (1)(cc) as follows:

14 **25-1.5-101. Powers and duties of department - laboratory cash**
15 **fund - report - dispensation of payments under contracts with**
16 **grantees - definitions - repeal.** (1) The department has, in addition to all
17 other powers and duties imposed upon it by law, the powers and duties
18 provided in this section as follows:

19 (cc) TO CARRY OUT THE HEALTH SURVEY FOR BIRTHING PARENTS
20 AND REPORTING REQUIREMENTS SET FORTH IN PART 7 OF THIS ARTICLE 1.5.

21 **SECTION 7.** In Colorado Revised Statutes, **add** part 7 to article
22 1.5 of title 25 as follows:

23 PART 7

24 HEALTH SURVEY FOR BIRTHING PARENTS

25 **25-1.5-701. Health survey for birthing parents.** (1) BEGINNING
26 JULY 1, 2022, THE DEPARTMENT SHALL BEGIN DEVELOPING A
27 METHODOLOGY AND BUILDING A HEALTH SURVEY FOR BIRTHING PARENTS,

1 REFERRED TO IN THIS SECTION AS THE "SURVEY", TO GIVE PEOPLE WHO
2 HAVE GIVEN BIRTH THE OPPORTUNITY TO SHARE OPINIONS AND
3 EXPERIENCES DURING THE FIRST FEW YEARS OF THEIR BABIES' LIVES. THE
4 PURPOSE OF THE SURVEY IS TO INFORM COLORADO POLICIES AND
5 PROGRAMS DESIGNED TO ADVANCE HEALTH EQUITY. AS PART OF THE
6 SURVEY, THE DEPARTMENT SHALL:

7 (a) INVITE A STATEWIDE COHORT OF PEOPLE WHO HAVE RECENTLY
8 GIVEN BIRTH TO JOIN THE SURVEY;

9 (b) ANNUALLY AND UP UNTIL A SURVEY PARTICIPANT'S CHILD'S
10 THIRD BIRTHDAY, PROVIDE TO EACH PARTICIPANT AT LEAST TWO BRIEF
11 ONLINE QUESTIONNAIRES ON A VARIETY OF HEALTH AND SOCIAL TOPICS,
12 INCLUDING:

13 (I) HOW THE PARTICIPANT FEELS PHYSICALLY AND EMOTIONALLY
14 AFTER HAVING GIVEN BIRTH;

15 (II) THE PARTICIPANT'S MENTAL HEALTH AND SUBSTANCE USE
16 BEFORE, DURING, AND AFTER PREGNANCY;

17 (III) THE PARTICIPANT'S OPINIONS ON CHILDHOOD VACCINATIONS
18 AND OTHER IMPORTANT HEALTH DECISIONS;

19 (IV) THE PARTICIPANT'S ABILITY TO TAKE LEAVE FROM WORK;

20 (V) THE PARTICIPANT'S ABILITY TO FEED THE PARTICIPANT'S BABY
21 IN THE PARTICIPANT'S PREFERRED WAY;

22 (VI) THE PARTICIPANT'S EXPERIENCES WITH DOCTORS AND OTHER
23 HEALTH-CARE WORKERS DURING AND AFTER PREGNANCY, INCLUDING ANY
24 EXPERIENCES OF DISCRIMINATION; AND

25 (VII) THE PARTICIPANT'S FAMILY'S ACCESS TO HEALTH CARE AND
26 HEALTH SERVICES, INCLUDING BEHAVIORAL HEALTH SERVICES AND ORAL
27 HEALTH SERVICES, AND OTHER RESOURCES NECESSARY FOR THE FAMILY

1 TO BE HAPPY AND HEALTHY.

2 (2) THE SURVEY MUST BE DESIGNED TO OVERSAMPLE MEMBERS OF
3 GROUPS THAT COMPRISE A SMALL PERCENTAGE OF THE POPULATION AND
4 THAT DISPROPORTIONATELY EXPERIENCE HEALTH INEQUITIES, INCLUDING
5 AFRICAN AMERICANS AND NATIVE AMERICANS, SO THAT DATA ABOUT
6 THE EXPERIENCES OF THESE POPULATIONS CAN BE MADE PUBLIC.
7 PARTICIPANT DATA ABOUT RACE, ETHNICITY, SEXUAL ORIENTATION, AND
8 GENDER IDENTITY MUST BE COLLECTED AND REPORTED IN A MANNER THAT
9 PROTECTS PERSONALLY IDENTIFYING INFORMATION.

10 **SECTION 8.** In Colorado Revised Statutes, 25.5-2-103, **amend**
11 (1)(b) as follows:

12 **25.5-2-103. Reproductive health-care program - report - rules**
13 **- definitions.** (1) As used in this section, unless the context otherwise
14 requires:

15 (b) "Eligible individual" means an individual with reproductive
16 capacity, regardless of gender, ~~citizenship, or immigration status,~~ who
17 would be eligible to enroll in the medical assistance program, ~~except that~~
18 ~~the individual is not a citizen of the United States and is not considered~~
19 ~~an eligible noncitizen pursuant to 8 U.S.C. secs. 1611 and 1612 and~~
20 ~~section 25.5-5-101 (2)(b)~~ AS DESCRIBED IN SECTION 25.5-4-103 (13) BUT
21 IS NOT ELIGIBLE DUE SOLELY TO THE INDIVIDUAL'S IMMIGRATION STATUS,
22 AND WHO IS NOT ELIGIBLE FOR, OR DECLINES TO ENROLL IN, STATE
23 MEDICAL ASSISTANCE, AS DESCRIBED IN SECTION 25.5-2-104.

24 **SECTION 9.** In Colorado Revised Statutes, **add** 25.5-2-104 and
25 25.5-2-105 as follows:

26 **25.5-2-104. State-funded health and medical care.**
27 (1) BEGINNING NOLATER THAN JANUARY 1, 2025, THERE IS CREATED THE

1 STATE MEDICAL ASSISTANCE PROGRAM REFERRED TO IN THIS SECTION AS
2 "STATE MEDICAL ASSISTANCE". STATE MEDICAL ASSISTANCE INCLUDES
3 ALL BENEFITS AND SERVICES AT THE SAME COST TO THE BENEFICIARY AS
4 ARE OFFERED PURSUANT TO THE MEDICAL ASSISTANCE PROGRAM DEFINED
5 IN SECTION 25.5-4-103 (13), SUCH THAT, TO THE MAXIMUM EXTENT
6 POSSIBLE, ELIGIBLE INDIVIDUALS MUST NOT BE ABLE TO TELL THAT THE
7 PERSON IS ENROLLED IN A DIFFERENT PROGRAM FROM MEDICAL
8 ASSISTANCE PURSUANT TO SECTION 25.5-4-103 (13).

9 (2) A CHILD WHO IS LESS THAN NINETEEN YEARS OF AGE IS
10 ELIGIBLE TO RECEIVE STATE MEDICAL ASSISTANCE IF THE CHILD WOULD BE
11 ELIGIBLE FOR MEDICAL ASSISTANCE AS DEFINED IN SECTION 25.5-4-103
12 (13) BUT IS NOT ELIGIBLE DUE SOLELY TO THE CHILD'S IMMIGRATION
13 STATUS.

14 (3) A CHILD WHO IS LESS THAN NINETEEN YEARS OF AGE IS
15 PRESUMPTIVELY ELIGIBLE FOR STATE MEDICAL ASSISTANCE AND WILL
16 RECEIVE SERVICES SPECIFIED BY STATE LAW ONLY IF A PARENT OR LEGAL
17 GUARDIAN OF THE CHILD DECLARES ALL PERTINENT INFORMATION
18 RELATING TO THE CRITERIA OF INCOME AND ASSETS OF THE CHILD'S
19 FAMILY.

20 (4) STATE MEDICAL ASSISTANCE MUST BE FUNDED BY STATE
21 FUNDS ONLY, EXCEPT TO THE EXTENT FEDERAL FUNDS ARE MADE
22 AVAILABLE THROUGH EXPRESS WRITTEN AUTHORIZATION THROUGH A
23 FEDERAL WAIVER, STATE PLAN AMENDMENT, OR OTHERWISE, BY THE
24 CENTERS FOR MEDICARE AND MEDICAID SERVICES.

25 (5) THE STATE DEPARTMENT SHALL SEEK ANY NECESSARY
26 FEDERAL APPROVALS TO MAXIMIZE ANY AVAILABLE FEDERAL FINANCIAL
27 PARTICIPATION IN IMPLEMENTING THIS SECTION.

1 (6) TO THE MAXIMUM EXTENT ALLOWABLE UNDER FEDERAL LAW,
2 THE STATE DEPARTMENT SHALL, USING APPROPRIATE FUNDING, USE THE
3 SAME INFRASTRUCTURE AND PROVIDER NETWORK TO DELIVER STATE
4 MEDICAL ASSISTANCE AS IT DOES TO DELIVER MEDICAL ASSISTANCE AS
5 DEFINED IN SECTION 25.5-4-103 (13).

6 (7) THIS SECTION CONSTITUTES STATE AUTHORITY WITHIN THE
7 MEANING OF 8 U.S.C. SEC. 1621 (d), AS THAT LAW EXISTED ON JANUARY
8 1, 2022.

9 (8) (a) DURING ITS 2024 PRESENTATION TO THE JOINT BUDGET
10 COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS PRESENTATION TO THE
11 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE
12 HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES,
13 OR ANY SUCCESSOR COMMITTEES, AT THE HEARING HELD PURSUANT TO
14 SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR
15 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)
16 GOVERNMENT ACT", THE STATE DEPARTMENT SHALL REPORT ON ITS
17 PLANS AND PROGRESS IN IMPLEMENTING STATE MEDICAL ASSISTANCE.

18 (b) BEGINNING JANUARY 1, 2026, AND CONTINUING EVERY
19 JANUARY THEREAFTER, THE STATE DEPARTMENT, IN ITS PRESENTATION TO
20 THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS
21 PRESENTATION TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE
22 SENATE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF
23 REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AT THE HEARING
24 HELD PURSUANT TO SECTION 2-7-203 (2)(a) OF THE "STATE
25 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
26 (SMART) GOVERNMENT ACT", SHALL REPORT ON THE COST SAVINGS AND
27 HEALTH IMPROVEMENTS ASSOCIATED WITH STATE MEDICAL ASSISTANCE.

1 **25.5-2-105. State children's basic health plan.** (1) BEGINNING
2 NO LATER THAN JANUARY 1, 2025, THERE IS CREATED THE STATE
3 CHILDREN'S BASIC HEALTH PLAN. THE STATE CHILDREN'S BASIC HEALTH
4 PLAN INCLUDES ALL BENEFITS AND SERVICES, AT THE SAME COST TO THE
5 BENEFICIARY, AS ARE OFFERED PURSUANT TO THE CHILDREN'S BASIC
6 HEALTH PLAN IN SECTION 25.5-8-107, SUCH THAT, TO THE MAXIMUM
7 EXTENT POSSIBLE, ELIGIBLE INDIVIDUALS MUST NOT BE ABLE TO TELL
8 THAT THEY ARE ENROLLED IN A DIFFERENT PROGRAM FROM THE PLAN
9 DESCRIBED IN SECTION 25.5-8-107.

10 (2) A CHILD WHO IS LESS THAN NINETEEN YEARS OF AGE IS
11 ELIGIBLE TO RECEIVE THE STATE CHILDREN'S BASIC HEALTH PLAN IF THE
12 CHILD WOULD BE ELIGIBLE FOR THE CHILDREN'S BASIC HEALTH PLAN AS
13 DESCRIBED IN 25.5-8-107, BUT IS NOT ELIGIBLE DUE SOLELY TO THE
14 CHILD'S IMMIGRATION STATUS.

15 (3) A CHILD WHO LESS THAN NINETEEN YEARS OF AGE IS
16 PRESUMPTIVELY ELIGIBLE FOR THE STATE CHILDREN'S BASIC HEALTH PLAN
17 AND WILL RECEIVE SERVICES SPECIFIED BY STATE LAW ONLY IF A PARENT
18 OR LEGAL GUARDIAN OF THE CHILD DECLARES ALL PERTINENT
19 INFORMATION RELATING TO THE CRITERIA OF INCOME AND ASSETS OF THE
20 CHILD'S FAMILY.

21 (4) THE STATE CHILDREN'S BASIC HEALTH PLAN MUST BE FUNDED
22 BY STATE FUNDS ONLY, EXCEPT TO THE EXTENT FEDERAL FUNDS ARE
23 MADE AVAILABLE THROUGH EXPRESS WRITTEN AUTHORIZATION THROUGH
24 A FEDERAL WAIVER, STATE PLAN AMENDMENT, OR OTHERWISE, BY THE
25 CENTERS FOR MEDICARE AND MEDICAID SERVICES.

26 (5) THE STATE DEPARTMENT SHALL SEEK ANY NECESSARY
27 FEDERAL APPROVALS TO MAXIMIZE ANY AVAILABLE FEDERAL FINANCIAL

1 PARTICIPATION IN IMPLEMENTING THIS SECTION.

2 (6) TO THE MAXIMUM EXTENT ALLOWABLE UNDER FEDERAL LAW,
3 THE STATE DEPARTMENT SHALL, USING APPROPRIATE FUNDING, USE THE
4 SAME INFRASTRUCTURE AND PROVIDER NETWORK TO DELIVER THE STATE'S
5 CHILDREN'S BASIC HEALTH PLAN AS IT DOES TO DELIVER THE CHILDREN'S
6 BASIC HEALTH PLAN DESCRIBED IN SECTION 25.5-8-107.

7 (7) THIS SECTION CONSTITUTES STATE AUTHORITY WITHIN THE
8 MEANING OF 8 U.S.C. SEC. 1621 (d), AS THAT LAW EXISTED ON JANUARY
9 1, 2022.

10 (8) (a) DURING ITS 2024 PRESENTATION TO THE JOINT BUDGET
11 COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS PRESENTATION TO THE
12 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE
13 HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES,
14 OR ANY SUCCESSOR COMMITTEES, AT THE HEARING HELD PURSUANT TO
15 SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR
16 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)
17 GOVERNMENT ACT", THE STATE DEPARTMENT SHALL REPORT ON ITS
18 PLANS AND PROGRESS IN IMPLEMENTING THE STATE BASIC HEALTH PLAN.

19 (b) BEGINNING JANUARY 1, 2026, AND CONTINUING EVERY
20 JANUARY THEREAFTER, THE STATE DEPARTMENT, IN ITS PRESENTATION TO
21 THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS
22 PRESENTATION TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE
23 SENATE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF
24 REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AT THE HEARING
25 HELD PURSUANT TO SECTION 2-7-203 (2)(a) OF THE "STATE
26 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
27 (SMART) GOVERNMENT ACT", SHALL REPORT ON THE COST SAVINGS AND

1 HEALTH IMPROVEMENTS ASSOCIATED WITH THE STATE BASIC HEALTH
2 PLAN.

3 SECTION 10. In Colorado Revised Statutes, 25.5-4-103, amend
4 (10) as follows:

5 25.5-4-103. Definitions. As used in this article 4 and articles 5
6 and 6 of this title 25.5, unless the context otherwise requires:

7 (10) "~~Legal immigrant~~" "LAWFULLY RESIDING" means an
8 individual who is not a citizen or national of the United States and who
9 was lawfully admitted to the United States by the immigration and
10 naturalization service, or any successor agency, as an actual or
11 prospective permanent resident or whose extended physical presence in
12 the United States is known to and allowed by the immigration and
13 naturalization service, or any successor agency.

14 SECTION 11. In Colorado Revised Statutes, 25.5-4-201, amend
15 (1) as follows:

16 25.5-4-201. Cash system of accounting - financial
17 administration of medical services premiums - medical programs
18 administered by department of human services - federal
19 contributions - rules. (1) The state department shall utilize the cash
20 system of accounting, as enunciated by the governmental accounting
21 standards board, regardless of the source of revenues involved, for all
22 activities of the state department relating to the financial administration
23 of any nonadministrative expenditure that qualifies for federal financial
24 participation under Title XIX of the federal "Social Security Act", AND
25 FOR THE ADMINISTRATION OF THE STATE-FUNDED HEALTH AND MEDICAL
26 CARE PROGRAM, CREATED PURSUANT TO SECTION 25.5-2-104, AND FOR
27 THE STATE CHILDREN'S BASIC HEALTH PLAN, CREATED PURSUANT TO

1 SECTION 25.5-2-105, except for expenditures under the program for the
2 medically indigent, article 3 of this title TITLE 25.5.

3 SECTION 12. In Colorado Revised Statutes, 25.5-4-301, amend
4 (13) as follows:

5 25.5-4-301. Recoveries - overpayments - penalties - interest -
6 adjustments - liens - review or audit procedures. (13) To the extent
7 allowable under federal law, the state department shall recover from a
8 ~~legal immigrant's~~ THE SPONSOR OF A LAWFULLY RESIDING INDIVIDUAL all
9 medical assistance paid on behalf of a THE SPONSORED ~~legal immigrant~~
10 LAWFULLY RESIDING INDIVIDUAL who is enrolled in the medical assistance
11 program.

12 SECTION 13. In Colorado Revised Statutes, amend 25.5-4-503
13 as follows:

14 25.5-4-503. Waiver applications - authorization. (1) The state
15 department is authorized to apply for health insurance flexibility and
16 accountability waivers that will enable the state to add more flexibility to
17 Colorado's medicaid program and that will result in a cost-effective
18 method of providing health-care services to Coloradans.

19 (2) THE STATE DEPARTMENT SHALL PURSUE AND, IF APPROVED,
20 IMPLEMENT A DEMONSTRATION WAIVER THAT AUTHORIZES THE STATE TO
21 USE FEDERAL MEDICAL ASSISTANCE PAYMENTS AUTHORIZED PURSUANT TO
22 SECTION 1903(v) OF THE FEDERAL "SOCIAL SECURITY ACT", AS AMENDED,
23 IN COORDINATION WITH THE DIVISION OF INSURANCE TO ENHANCE OR
24 EXPAND A STATE-SUBSIDIZED INDIVIDUAL HEALTH COVERAGE PLAN AS
25 DEFINED IN SECTION 10-16-1203 (15) AND, ONLY IF NEEDED TO MAXIMIZE
26 FEDERAL FINANCIAL PARTICIPATION, FOR COLORADANS RECEIVING STATE
27 MEDICAL ASSISTANCE PURSUANT TO SECTION 25.5-2-104 OR 25.5-5-201

1 (6). TO THE EXTENT SUCH FEDERAL FUNDS ARE USED TO ENHANCE OR
2 EXPAND A STATE-SUBSIDIZED INDIVIDUAL HEALTH COVERAGE PLAN, AS
3 DEFINED IN SECTION 10-16-1203 (15), THE HEALTH INSURANCE
4 AFFORDABILITY ENTERPRISE CREATED PURSUANT TO SECTION 10-16-1204
5 MUST RECEIVE, DEPOSIT INTO THE HEALTH INSURANCE AFFORDABILITY
6 CASH FUND CREATED IN SECTION 10-16-1206, AND ALLOCATE THE
7 FEDERAL SHARE OF THE MEDICAL ASSISTANCE PAYMENTS PURSUANT TO
8 SECTION 10-16-1205 (2), SUBJECT TO ANY CONDITIONS SET FORTH IN THE
9 APPROVAL OF THE WAIVER.

10 **SECTION 14.** In Colorado Revised Statutes, 25.5-5-101, **amend**
11 (3) as follows:

12 **25.5-5-101. Mandatory provisions - eligible groups.**

13 (3) Notwithstanding any other provision of this article and articles 4 and
14 6 of this ~~title~~ TITLE 25.5, as a condition of eligibility for medical
15 assistance under this ~~article~~ ARTICLE 5 and articles 4 and 6 of this ~~title~~
16 TITLE 25.5, a ~~legal immigrant~~ PERSON WHO IS LAWFULLY RESIDING IN THE
17 STATE shall agree to refrain from executing an affidavit of support for the
18 purpose of sponsoring an alien on or after July 1, 1997, under rules
19 promulgated by the immigration and naturalization service, or any
20 successor agency, during the pendency of ~~such legal immigrant's~~ THE
21 LAWFULLY RESIDING PERSON'S receipt of medical assistance. Nothing in
22 this subsection (3) ~~shall be construed to affect a legal immigrant's~~
23 AFFECTS A LAWFULLY RESIDING PERSON'S eligibility for medical assistance
24 ~~under this article~~ PURSUANT TO THIS ARTICLE 5 and articles 4 and 6 of this
25 ~~title~~ TITLE 25.5 based upon ~~such legal immigrant's~~ THE LAWFULLY
26 RESIDING PERSON'S responsibilities under an affidavit of support entered
27 into before July 1, 1997.

1 **SECTION 15.** In Colorado Revised Statutes, 25.5-5-201, **amend**
2 (3), (4) and (4.5)(a); and **add** (6) as follows:

3 **25.5-5-201. Optional provisions - optional groups.** (3) A ~~legal~~
4 ~~immigrant~~ LAWFULLY RESIDING PERSON who is receiving medicaid
5 nursing facility care or home- and community-based services on July 1,
6 1997, ~~shall~~ MUST continue to receive such services as long as ~~he or she~~
7 THE PERSON meets the eligibility requirements other than citizen status.
8 State general funds may be used to reimburse such care in the event that
9 federal financial participation is not available.

10 (4) A pregnant ~~legal immigrant shall be~~ PERSON WHO IS LAWFULLY
11 RESIDING IS eligible to receive ~~prenatal and medical services for labor and~~
12 ~~delivery as long as she~~ MEDICAL ASSISTANCE AS LONG AS THE INDIVIDUAL
13 meets eligibility requirements other than THOSE RELATED TO citizen OR
14 IMMIGRATION status. State general funds may be used to reimburse such
15 care in the event that federal financial participation is not available.

16 (4.5) (a) Subject to the receipt of federal financial participation,
17 to the maximum extent allowed under federal law, a person who was
18 eligible for ~~all pregnancy-related and postpartum services under the~~
19 medical assistance program for the sixty days following the pregnancy
20 remains continuously eligible for all services under the medical assistance
21 program for the twelve-month postpartum period.

22 (6) (a) BEGINNING ~~NOLATER THAN JANUARY 1, 2025~~, A PREGNANT
23 PERSON WHO IS NOT A CITIZEN AND WHO IS NOT ELIGIBLE FOR MEDICAL
24 ASSISTANCE PURSUANT TO SUBSECTION (4) OF THIS SECTION IS ELIGIBLE TO
25 RECEIVE MEDICAL ASSISTANCE PURSUANT TO THIS SUBSECTION (6)(a) IF
26 THE INDIVIDUAL MEETS THE ELIGIBILITY REQUIREMENTS OTHER THAN
27 THOSE RELATED TO CITIZENSHIP AND IMMIGRATION STATUS.

1 (b) A PREGNANT PERSON WHO IS ELIGIBLE FOR MEDICAL
2 ASSISTANCE PURSUANT TO THIS SUBSECTION (6) REMAINS CONTINUOUSLY
3 ELIGIBLE FOR ALL MEDICAL SERVICES PURSUANT TO THE MEDICAL
4 ASSISTANCE PROGRAM FOR THE TWELVE-MONTH POSTPARTUM PERIOD, SO
5 LONG AS ELIGIBILITY REMAINS IN EFFECT PURSUANT TO SUBSECTION
6 (4.5)(a) OF THIS SECTION.

7 (c) THE STATE DEPARTMENT SHALL SEEK ANY NECESSARY
8 FEDERAL APPROVALS TO MAXIMIZE ANY AVAILABLE FEDERAL FINANCIAL
9 PARTICIPATION IN IMPLEMENTING THIS SUBSECTION (6). BENEFITS FOR
10 SERVICES OBTAINED PURSUANT TO THIS SUBSECTION (6) MUST BE
11 PROVIDED WITH ONLY STATE FUNDS IF FEDERAL FINANCIAL PARTICIPATION
12 IS UNAVAILABLE FOR SUCH SERVICES.

13 (d) (I) DURING ITS 2024 PRESENTATION TO THE JOINT BUDGET
14 COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS PRESENTATION TO THE
15 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE
16 HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES,
17 OR ANY SUCCESSOR COMMITTEES, AT THE HEARING HELD PURSUANT TO
18 SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR
19 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)
20 GOVERNMENT ACT", THE STATE DEPARTMENT SHALL REPORT ON ITS
21 PLANS AND PROGRESS IN IMPLEMENTING THE COVERAGE EXPANSION
22 CREATED PURSUANT TO THIS SUBSECTION (6).

23 (II) BEGINNING JANUARY 1, 2026, AND CONTINUING EVERY
24 JANUARY THEREAFTER, THE STATE DEPARTMENT, IN ITS PRESENTATION TO
25 THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS
26 PRESENTATION TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE
27 SENATE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF

1 REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AT THE HEARING
2 HELD PURSUANT TO SECTION 2-7-203 (2)(a) OF THE "STATE
3 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
4 (SMART) GOVERNMENT ACT", SHALL REPORT ON THE COST SAVINGS AND
5 HEALTH IMPROVEMENTS ASSOCIATED WITH THE COVERAGE EXPANSION
6 CREATED PURSUANT TO THIS SUBSECTION (6).

7 **SECTION 16.** In Colorado Revised Statutes, 25.5-5-202, **add**
8 (1)(y) as follows:

9 **25.5-5-202. Basic services for the categorically needy - optional**
10 **services.** (1) Subject to the provisions of subsection (2) of this section,
11 the following are services for which federal financial participation is
12 available and that Colorado has selected to provide as optional services
13 under the medical assistance program:

14 (y) FOR ANY PERINATAL PERSON, COMPREHENSIVE LACTATION
15 SUPPORT SERVICES, LACTATION SUPPLIES AND EQUIPMENT, AND
16 MAINTENANCE OF MULTI-USER LOANED EQUIPMENT. AN INDIVIDUAL
17 TRAINED IN ADVANCED LACTATION SUPPORT SHALL PROVIDE THE
18 LACTATION SUPPORT SERVICES. LACTATION EQUIPMENT MUST INCLUDE A
19 SINGLE-USER DOUBLE ELECTRIC BREAST PUMP, PUMP PARTS AND PUMP
20 COLLECTION KIT, AND ACCESS TO A LOANED MULTI-USER HOSPITAL GRADE
21 ELECTRIC BREAST PUMP ALONG WITH A COMPATIBLE INDIVIDUAL
22 COLLECTION KIT. INDIVIDUALS MUST HAVE ACCESS TO SINGLE-USER
23 LACTATION SUPPLIES AND EQUIPMENT PRIOR TO DELIVERY. ACCESS TO
24 MULTI-USER LOANED BREAST PUMPS SHALL BE AUTHORIZED BY A
25 HEALTH-CARE PROVIDER. ACCESS TO MULTI-USER LOANED BREAST PUMPS
26 IS PRIORITIZED FOR INDIVIDUALS WITH PREMATURE, MEDICALLY FRAGILE,
27 LOW BIRTH WEIGHT INFANTS, AND WITH LACTATION COMPLICATIONS.

1 INDIVIDUALS CANNOT BE REQUIRED TO ENROLL IN SEPARATE OR
2 ADDITIONAL PROGRAMS IN ORDER TO RECEIVE COVERED LACTATION
3 EQUIPMENT OR LACTATION SUPPORT SERVICES.

4 **SECTION 17.** In Colorado Revised Statutes, 25.5-5-204, **amend**
5 (2) and (2.5) as follows:

6 **25.5-5-204. Presumptive eligibility - pregnant person -**
7 **children - long-term care - state plan.** (2) (a) A pregnant ~~woman shall~~
8 ~~be~~ PERSON IS presumptively eligible for the medical assistance program
9 and shall receive services specified by federal law only if the ~~woman~~
10 PERSON declares all pertinent information relating to the criteria of
11 income, assets, ~~and status~~ AND, ONLY IF NECESSARY TO ADMINISTER
12 REIMBURSEMENT FOR SERVICES, STATUS.

13 (b) ~~A woman shall declare her immigration status unless the~~
14 ~~general assembly provides funding for prenatal care services for~~
15 ~~undocumented residents.~~

16 (2.5) A child ~~under the age of eighteen years shall be~~ LESS THAN
17 NINETEEN YEARS OF AGE IS presumptively eligible for the medical
18 assistance program and shall receive services specified by federal law
19 only if a parent or legal guardian of the child declares all pertinent
20 information relating to the criteria of income, assets, ~~and status~~ AND,
21 ONLY IF NECESSARY TO ADMINISTER REIMBURSEMENT FOR SERVICES,
22 STATUS of the child's family.

23 **SECTION 18.** In Colorado Revised Statutes, **add** 25.5-6-115 as
24 follows:

25 **25.5-6-115. Notification of federal immigration consequences.**
26 THE STATE DEPARTMENT SHALL CONSULT WITH STAKEHOLDERS,
27 INCLUDING PEOPLE WITH LIVED EXPERIENCE, IMMIGRANTS RIGHTS

1 ADVOCATES, HEALTH-CARE ADVOCATES, AND IMMIGRATION LAWYERS, TO
2 PROVIDE CLEAR AND ACCURATE INFORMATION AND REFERRALS
3 REGARDING CURRENT PUBLIC CHARGE POLICIES.

4 **SECTION 19.** In Colorado Revised Statutes, 25.5-8-103, **amend**
5 (4)(a)(I) and (4)(b)(I) as follows:

6 **25.5-8-103. Definitions.** As used in this article 8, unless the
7 context otherwise requires:

8 (4) "Eligible person" means:

9 (a) (I) A person who is less than nineteen years of age, WHO IS A
10 CITIZEN OR MEETS THE IMMIGRATION STATUS REQUIREMENTS SET FORTH
11 IN SECTION 25.5-8-109 (6) OR 25.5-8-109 (7), whose family income does
12 not exceed two hundred fifty percent of the federal poverty line, adjusted
13 for family size, AND WHO IS NOT ELIGIBLE FOR MEDICAL ASSISTANCE
14 PURSUANT TO ARTICLES 4, 5, AND 6 OF THIS TITLE 25.5.

15 (b) (I) A ~~pregnant woman~~ PERSON WHO IS A CITIZEN OR MEETS THE
16 IMMIGRATION STATUS REQUIREMENTS SET FORTH IN SECTION 25.5-8-109
17 (6) OR 25.5-8-109 (7), whose family income does not exceed two hundred
18 fifty percent of the federal poverty line, adjusted for family size, and who
19 is not eligible for ~~medicaid~~ MEDICAL ASSISTANCE PURSUANT TO ARTICLES
20 4, 5, AND 6 OF THIS TITLE 25.5.

21 **SECTION 20.** In Colorado Revised Statutes, 25.5-8-107, **add**
22 (1)(a)(V) and (1)(i) as follows:

23 **25.5-8-107. Duties of the department - schedule of services -**
24 **premiums - copayments - subsidies - purchase of childhood**
25 **immunizations.** (1) In addition to any other duties pursuant to this article
26 8, the department has the following duties:

27 (a) (V) IN ADDITION TO THE ITEMS SPECIFIED IN SUBSECTIONS

1 (1)(a)(I), (1)(a)(II), AND (1)(a)(III) OF THIS SECTION, AND ANY
2 ADDITIONAL ITEMS APPROVED BY THE MEDICAL SERVICES BOARD, THE
3 MEDICAL SERVICES BOARD SHALL INCLUDE, FOR ALL PERINATAL PEOPLE,
4 COMPREHENSIVE LACTATION SUPPORT SERVICES, LACTATION SUPPLIES
5 ANDEQUIPMENT, AND MAINTENANCE OF MULTI-USER LOANED EQUIPMENT.
6 AN INDIVIDUAL TRAINED IN ADVANCED LACTATION SUPPORT SHALL
7 PROVIDE THE LACTATION SUPPORT SERVICES. LACTATION EQUIPMENT
8 MUST INCLUDE A SINGLE-USER DOUBLE ELECTRIC BREAST PUMP, PUMP
9 PARTS AND PUMP COLLECTION KIT, AND ACCESS TO A LOANED MULTI-USER
10 HOSPITAL GRADE ELECTRIC BREAST PUMP ALONG WITH A COMPATIBLE
11 INDIVIDUAL COLLECTION KIT. INDIVIDUALS MUST HAVE ACCESS TO
12 SINGLE-USER LACTATION SUPPLIES AND EQUIPMENT PRIOR TO DELIVERY.
13 ACCESS TO MULTI-USER LOANED BREAST PUMPS SHALL BE AUTHORIZED BY
14 A HEALTH-CARE PROVIDER. ACCESS TO MULTI-USER LOANED BREAST
15 PUMPS IS PRIORITIZED FOR INDIVIDUALS WITH PREMATURE, MEDICALLY
16 FRAGILE, LOW BIRTH WEIGHT INFANTS, AND WITH LACTATION
17 COMPLICATIONS. INDIVIDUALS CANNOT BE REQUIRED TO ENROLL IN
18 SEPARATE OR ADDITIONAL PROGRAMS IN ORDER TO RECEIVE COVERED
19 LACTATION EQUIPMENT OR LACTATION SUPPORT SERVICES.


20 (i) (I) THE DEPARTMENT SHALL DEVELOP AND IMPLEMENT AN
21 OUTREACH STRATEGY FOR COLORADANS WHO BECOME ELIGIBLE FOR
22 HEALTH COVERAGE PURSUANT TO SECTION 25.5-2-104, 25.5-2-105,
23 25.5-5-201 (6), OR 25.5-8-109 (7). THE STATE DEPARTMENT SHALL WORK
24 WITH STAKEHOLDERS TO DEVELOP AN OUTREACH STRATEGY THAT
25 INCLUDES:

26 (A) FUNDING FOR COMMUNITY-BASED ORGANIZATIONS TO
27 PARTNER WITH THE DEPARTMENT ON OUTREACH;

1 (B) A METHOD FOR PROVIDING INFORMATION RELATED TO
2 ELIGIBILITY AND ENROLLMENT THAT CAN BE PROVIDED TO NONPROFIT
3 PARTNERS, SCHOOL DISTRICTS, AND CHARTER SCHOOLS FOR OUTREACH
4 PURPOSES; AND

5 (C) AT A MINIMUM, PROVIDING INFORMATION RELATED TO
6 ELIGIBILITY AND COVERAGE IN ENGLISH, SPANISH, AND IN EACH
7 LANGUAGE SPOKEN BY AT LEAST TWO-AND-ONE-HALF PERCENT OF THE
8 POPULATION OF ANY COUNTY WHO SPEAK ENGLISH LESS THAN VERY WELL,
9 AS DEFINED BY THE UNITED STATES BUREAU OF THE CENSUS AMERICAN
10 COMMUNITY SURVEY, AND WHO SPEAK THE MINORITY LANGUAGE AT
11 HOME;

12 (II) APPROXIMATELY TWELVE AND TWENTY-FOUR MONTHS AFTER
13 IMPLEMENTATION OF THE STRATEGY REQUIRED PURSUANT TO SUBSECTION
14 (1)(i)(I) OF THIS SECTION, THE DEPARTMENT SHALL CONVENE
15 STAKEHOLDERS, INCLUDING DIRECTLY IMPACTED INDIVIDUALS, SERVICE
16 PROVIDERS, AND ADVOCACY ORGANIZATIONS THAT ARE DIVERSE WITH
17 REGARD TO RACE, ETHNICITY, IMMIGRATION STATUS, SEXUAL
18 ORIENTATION, AND GENDER IDENTITY AND WHO ARE AFFECTED BY HIGHER
19 RATES OF HEALTH DISPARITIES AND INEQUITIES. THE DEPARTMENT SHALL
20 REPORT ON THE OUTREACH AND ENROLLMENT STRATEGY OUTCOMES,
21 INCLUDING ENROLLMENT OF ELIGIBLE PERSONS INTO THESE PROGRAMS
22 COMPARED TO THOSE PERSONS WHO ARE ELIGIBLE FOR COVERAGE, BUT
23 NOT ENROLLED.

24 
25 **SECTION 21.** In Colorado Revised Statutes, 25.5-8-109, **amend**
26 (5.5)(a) and (6); and **add** (7) as follows:

27 **25.5-8-109. Eligibility - children - pregnant women - repeal.**

1 (5.5) (a) Subject to the receipt of federal financial participation, to the
2 maximum extent allowed under federal law, a person who was eligible for
3 the plan while pregnant and who remains eligible for ~~all~~
4 ~~pregnancy-related and postpartum services under~~ the plan for the sixty
5 days following the pregnancy remains continuously eligible for all
6 services under the plan for the twelve-month postpartum period.

7 (6) (a) Notwithstanding any other provision of law, but subject to
8 ~~the availability of sufficient appropriations and~~ the receipt of federal
9 financial participation, the department ~~may~~ SHALL provide benefits ~~under~~
10 ~~this article~~ PURSUANT TO THIS ARTICLE 8 to a pregnant ~~woman who is a~~
11 ~~qualified alien~~ PERSON WHO IS LAWFULLY RESIDING, AS DEFINED IN
12 SECTION 25.5-4-103 (10), and a child ~~under~~ LESS THAN nineteen years of
13 age, ~~who is a qualified alien~~ WHO IS LAWFULLY RESIDING, so long as such
14 ~~woman~~ PREGNANT PERSON or child meets eligibility criteria ~~other than~~
15 ~~citizenship~~ OTHER THAN THOSE RELATED TO CITIZENSHIP OR IMMIGRATION
16 STATUS.

17 (7) (a) BEGINNING NO LATER THAN JANUARY 1, 2025,
18 NOTWITHSTANDING ANY OTHER PROVISION OF LAW, THE DEPARTMENT
19 SHALL PROVIDE BENEFITS PURSUANT TO THIS ARTICLE 8 TO A PREGNANT
20 PERSON WHO IS NOT A CITIZEN AND IS NOT ELIGIBLE PURSUANT TO
21 SUBSECTION (6) OF THIS SECTION, SO LONG AS THE PREGNANT PERSON
22 MEETS THE ELIGIBILITY CRITERIA OTHER THAN THOSE RELATED TO
23 CITIZENSHIP OR IMMIGRATION STATUS. ELIGIBILITY PURSUANT TO THIS
24 SECTION EXTENDS CONTINUOUSLY THROUGH THE TWELVE-MONTH
25 POSTPARTUM PERIOD, SO LONG AS ELIGIBILITY REMAINS IN EFFECT
26 PURSUANT TO SUBSECTION (5.5)(a) OF THIS SECTION.

27 (b) THE DEPARTMENT SHALL SEEK ANY NECESSARY FEDERAL

1 APPROVALS TO MAXIMIZE ANY AVAILABLE FEDERAL FINANCIAL
2 PARTICIPATION IN IMPLEMENTING THIS SUBSECTION (7).

3 (c) (I) DURING ITS 2024 PRESENTATION TO THE JOINT BUDGET
4 COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS PRESENTATION TO THE
5 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE
6 HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES,
7 OR ANY SUCCESSOR COMMITTEES, AT THE HEARING HELD PURSUANT TO
8 SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR
9 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)
10 GOVERNMENT ACT", THE STATE DEPARTMENT SHALL REPORT ON ITS
11 PLANS AND PROGRESS IN IMPLEMENTING THE COVERAGE EXPANSION
12 CREATED PURSUANT TO THIS SUBSECTION (7).

13 (II) BEGINNING JANUARY 1, 2026, AND CONTINUING EVERY
14 JANUARY THEREAFTER, THE STATE DEPARTMENT, IN ITS PRESENTATION TO
15 THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS
16 PRESENTATION TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE
17 SENATE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF
18 REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AT THE HEARING
19 HELD PURSUANT TO SECTION 2-7-203 (2)(a) OF THE "STATE
20 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
21 (SMART) GOVERNMENT ACT", SHALL REPORT ON THE COST SAVINGS AND
22 HEALTH IMPROVEMENTS ASSOCIATED WITH THE COVERAGE EXPANSION
23 CREATED PURSUANT TO THIS SUBSECTION (7).

24 (d) THIS SUBSECTION (7) CONSTITUTES STATE AUTHORITY WITHIN
25 THE MEANING OF 8 U.S.C. SEC. 1621 (d), AS THAT LAW EXISTED ON
26 JANUARY 1, 2022.

27 **SECTION 22.** In Colorado Revised Statutes, **add** 25.5-8-109.3

1 as follows:

2 **25.5-8-109.3. Health services initiatives.** (1) TO THE EXTENT
3 FEDERAL FINANCIAL PARTICIPATION IS AVAILABLE, THE DEPARTMENT
4 SHALL DESIGN AND IMPLEMENT HEALTH SERVICE INITIATIVES PURSUANT
5 TO SECTION 2105(a)(1)(D)(ii) OF THE FEDERAL "SOCIAL SECURITY ACT",
6 AS AMENDED, TO PROVIDE FUNDING FOR CONTINUOUS ENROLLMENT FOR
7 THE TWELVE-MONTH POSTPARTUM PERIOD FOR A PERSON WHO IS
8 ENROLLED IN HEALTH-CARE COVERAGE PURSUANT TO SECTION 25.5-5-201
9 (6) OR 25.5-8-109 (7).

10 (2) TO THE EXTENT ADDITIONAL FEDERAL FINANCIAL
11 PARTICIPATION IS AVAILABLE, THE DEPARTMENT SHALL ESTABLISH A
12 STAKEHOLDER PROCESS IN COLLABORATION WITH DEPARTMENT STAFF TO
13 DETERMINE ADDITIONAL PRIORITIES AND BUDGET ALLOCATIONS THAT
14 DRAW DOWN AT LEAST FIFTY PERCENT OF THE REMAINING HEALTH
15 SERVICES INITIATIVE FUNDS TO EXPAND ACCESS TO PERINATAL AND
16 POSTPARTUM SUPPORTS. THE DEPARTMENT SHALL REPORT ON THE
17 ESTABLISHED PRIORITIES AND BUDGET ALLOCATIONS AND THE WAYS IN
18 WHICH THEY ARE INCLUSIVE OF STAKEHOLDER INPUT DURING THE
19 DEPARTMENT'S 2024 PRESENTATION TO THE JOINT BUDGET COMMITTEE OF
20 THE GENERAL ASSEMBLY AND IN THE DEPARTMENT'S PRESENTATION TO
21 THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE
22 HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES,
23 OR ANY SUCCESSOR COMMITTEES, AT THE HEARING HELD PURSUANT TO
24 SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR
25 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)
26 GOVERNMENT ACT". IN CONDUCTING THE STAKEHOLDER PROCESS, THE
27 DEPARTMENT SHALL:

1 (a) ENGAGE DIRECTLY WITH IMPACTED INDIVIDUALS, SERVICE
2 PROVIDERS, ADVOCACY ORGANIZATIONS, AND INDIVIDUALS WORKING IN
3 OR REPRESENTING COMMUNITIES WHO ARE DIVERSE WITH REGARD TO
4 RACE, ETHNICITY, IMMIGRATION STATUS, AGE, ABILITY, SEXUAL
5 ORIENTATION, GENDER IDENTITY, OR GEOGRAPHIC REGION OF THE STATE
6 AND WHO ARE AFFECTED BY HIGHER RATES OF HEALTH DISPARITIES AND
7 INEQUITIES;

8 (b) PUBLICIZE, CONDUCT, AND REPORT OUTCOMES OF
9 STAKEHOLDER MEETINGS IN, AT A MINIMUM, ENGLISH AND SPANISH;

10 (c) INCLUDE OPPORTUNITIES FOR PARTICIPATION IN THE
11 STAKEHOLDER PROCESS OUTSIDE OF REGULAR WORK HOURS;

12 (d) CONDUCT A MINIMUM OF FIVE STAKEHOLDER MEETINGS AND
13 CONDUCT ADDITIONAL MEETINGS FOCUSED ON HEARING INPUT FROM
14 INDIVIDUAL CONSTITUENCIES LISTED IN SUBSECTION (2)(a) OF THIS
15 SECTION.

16 (e) TAKE INTO CONSIDERATION RESEARCH AND INFORMATION
17 FROM REPORTS ISSUED BY THE MATERNAL MORTALITY REVIEW
18 COMMITTEE, AS REQUIRED BY SECTION 25-52-104 (6);

19 (f) TAKE INTO CONSIDERATION DATA FROM THE HEALTH SURVEY
20 FOR BIRTHING PARENTS TO INFORM STAKEHOLDER DECISION-MAKING; AND

21 (g) CONSIDER INITIATIVES TO REDUCE DIAPER NEED, EXPAND
22 ACCESS TO GROUP-BASED PRENATAL AND PEDIATRIC CARE MODELS, AND
23 EXPAND HOME VISITATION PROGRAMS, INCLUDING VOLUNTARY NEWBORN
24 NURSE VISITATION PROGRAMS THAT ARE UNIVERSALLY OFFERED TO ALL
25 FAMILIES IN A GIVEN COMMUNITY AND PROVIDE AT LEAST ONE NURSE VISIT
26 WITHIN THE FIRST THREE MONTHS OF LIFE.

27 (3) (a) THE DEPARTMENT SHALL SEEK ANY NECESSARY FEDERAL

1 APPROVALS TO OBTAIN FEDERAL FINANCIAL PARTICIPATION IN
2 IMPLEMENTING SUBSECTION (1) OF THIS SECTION.

3 (b) TO THE EXTENT ALLOWABLE, THE DEPARTMENT SHALL
4 MAXIMIZE FEDERAL FINANCIAL PARTICIPATION IN IMPLEMENTING THIS
5 SECTION.

6 **SECTION 23. Appropriation.** (1) For the 2022-23 state fiscal
7 year, \$730,573 is appropriated to the department of health care policy and
8 financing. This appropriation is from the general fund. To implement this
9 act, the department may use this appropriation as follows:

10 (a) \$258,733 for use by the executive director's office for personal
11 services, which amount is based on an assumption that the office will
12 require an additional 5.1 FTE;

13 (b) \$29,707 for use by the executive director's office for operating
14 expenses;

15 (c) \$262,500 for general professional services and special
16 projects;

17 (d) \$161,069 for medical and long-term care services for
18 Medicaid eligible individuals, which amount is subject to the "(M)"
19 notation as defined in the annual general appropriation act for the same
20 fiscal year; and

21 (e) \$18,564 for children's basic health plan medical and dental
22 costs.

23 (2) For the 2022-23 state fiscal year, the general assembly
24 anticipates that the department of health care policy and financing will
25 receive \$885,480 in federal funds. The appropriation in subsection (1) of
26 this section is based on the assumption that the office will receive this
27 amount of federal funds to be used as follows:

1 (a) \$181,587 for use by the executive director's office for personal
2 services, which amount is subject to the "(I)" notation as defined in the
3 annual general appropriation act for the same fiscal year;

4 (b) \$20,848 for use by the executive director's office for operating
5 expenses, which amount is subject to the "(I)" notation as defined in the
6 annual general appropriation act for the same fiscal year;

7 (c) \$487,500 for general professional services and special
8 projects, which amount is subject to the "(I)" notation as defined in the
9 annual general appropriation act for the same fiscal year;

10 (d) \$161,069 for medical and long-term care services for
11 Medicaid eligible individuals; and

12 (e) \$34,476 for children's basic health plan medical and dental
13 costs.

14 (3) For the 2022-23 state fiscal year, \$423,626 is appropriated to
15 the department of public health and environment for use by the center for
16 health and environmental information. This appropriation is from the
17 general fund and is based on an assumption that the center will require an
18 additional 2.5 FTE. To implement this act, the center may use this
19 appropriation for health statistics and vital records for health surveys.

20 **SECTION 24. Safety clause.** The general assembly hereby finds,
21 determines, and declares that this act is necessary for the immediate
22 preservation of the public peace, health, or safety.