

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

PREAMENDED

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

LLS NO. 23-0411.01 Shelby Ross x4510

HOUSE BILL 23-1244

HOUSE SPONSORSHIP

deGruy Kennedy and Velasco,

SENATE SPONSORSHIP

Priola,

House Committees

Public & Behavioral Health & Human Services
Appropriations

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING THE TRANSFER OF THE REGIONAL HEALTH CONNECTOR**
102 **PROGRAM FROM THE UNIVERSITY OF COLORADO SCHOOL OF**
103 **MEDICINE TO THE PREVENTION SERVICES DIVISION IN THE**
104 **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, AND, IN**
105 **CONNECTION THEREWITH, 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 moves the regional health connector program (program) from the university of Colorado school of medicine to the prevention

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

services division (division) in the department of public health and environment. The bill requires the division to contract with a third-party entity to coordinate and oversee the program. The contracted entity is required to distribute money to each locally based host organization, which hires and supports a regional health connector to engage in program activities.

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) Since 2015, Colorado's regional health connector program has
5 operated as a partnership between statewide nonprofits and local host
6 organizations to improve the population's health;

7 (b) From 2015 to 2019, Colorado's state innovation model used
8 federal grant funding to support 344 primary care practices and 4
9 community mental health centers to integrate behavioral and physical
10 health care, build a network of regional health connectors that links
11 practices with community resources, and advance the development of
12 value-based payment structures;

13 (c) After the expiration of the federal grant, the regional health
14 connector program was kept afloat through funding from a combination
15 of state and local organizations; and

16 (d) In fiscal year 2022-23, the general assembly appropriated
17 money directly to the university of Colorado school of medicine to pass
18 through to the regional health connectors to fill the funding gaps.

19 (2) Therefore, the general assembly declares that it is necessary to
20 sustain and expand the important work of the regional health connectors
21 by providing more state funding and formal oversight from the state
22 government.

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SECTION 2. In Colorado Revised Statutes, **add** part 20 to article 20.5 of title 25 as follows:

PART 20

REGIONAL HEALTH CONNECTOR PROGRAM

25-20.5-2001. Regional health connector program - creation - third-party contract - department duties - rules - definitions. (1) AS USED IN THIS PART 20, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(a) "LOCALLY BASED HOST ORGANIZATION" MEANS A REGIONAL ORGANIZATION CHOSEN TO HIRE AND SUPPORT THE REGIONAL HEALTH CONNECTOR IN THE ORGANIZATION'S REGION.

(b) "PROGRAM" MEANS THE REGIONAL HEALTH CONNECTOR PROGRAM CREATED IN SUBSECTION (2) OF THIS SECTION.

(c) "REGIONAL HEALTH CONNECTOR" MEANS A DESIGNATED PERSON HIRED AND SUPPORTED BY A LOCALLY BASED HOST ORGANIZATION TO ENGAGE IN THE ACTIVITIES DESCRIBED IN SUBSECTION (4) OF THIS SECTION.

(2) THERE IS CREATED IN THE DIVISION THE REGIONAL HEALTH CONNECTOR PROGRAM FOR THE PURPOSE OF CONVENING AND ENGAGING LOCAL PRIMARY CARE PRACTICES, OTHER HEALTH-CARE PROVIDERS AND PARTNERS, PUBLIC HEALTH AGENCIES, AND COMMUNITY RESOURCES TO IDENTIFY AND ADDRESS SPECIFIC HEALTH-RELATED ISSUES AND HEALTH-RELATED SOCIAL NEEDS IN COMMUNITIES THROUGHOUT THE STATE. THE DIVISION SHALL ADMINISTER THE PROGRAM AND THE DEPARTMENT SHALL CONTRACT WITH A THIRD-PARTY ENTITY TO COORDINATE AND OVERSEE THE PROGRAM. THE DIVISION SHALL PROMOTE ALIGNMENT BETWEEN DIVISION PRIORITIES, PROGRAMS AND PARTNERS,

1 THE CONTRACTED ENTITY, AND LOCALLY BASED HOST ORGANIZATIONS.

2 (3) CONTRACT APPLICANTS SHALL DEMONSTRATE HOW THE
3 APPLICANT WILL:

4 (a) ENGAGE AND COORDINATE WITH LOCAL PUBLIC HEALTH
5 AGENCIES, THE DEPARTMENT, AND OTHER AGENCIES AND ORGANIZATIONS,
6 INCLUDING THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING,
7 THE BEHAVIORAL HEALTH ADMINISTRATION, THE DIVISION OF INSURANCE
8 IN THE DEPARTMENT OF REGULATORY AGENCIES, THE COLORADO HEALTH
9 EXTENSION SYSTEM, THE PRIMARY CARE PAYMENT REFORM
10 COLLABORATIVE, HEALTH-RELATED NONPROFITS, AND HEALTH
11 PROFESSIONAL ORGANIZATIONS;

12 (b) ESTABLISH AND ALIGN STATEWIDE AND REGIONAL HEALTH
13 GOALS AND PRIORITIES;

14 (c) HOLD REGIONAL HEALTH CONNECTORS ACCOUNTABLE FOR
15 MEETING OBJECTIVES; AND

16 (d) COLLECT AND REPORT DATA TO THE DIVISION ON THE
17 EFFECTIVENESS OF REGIONAL HEALTH CONNECTORS.

18 (4) THE CONTRACTED ENTITY SHALL DISTRIBUTE MONEY
19 APPROPRIATED PURSUANT TO SUBSECTION (7) OF THIS SECTION TO EACH
20 LOCALLY BASED HOST ORGANIZATION FOR THE REGIONAL HEALTH
21 CONNECTOR TO:

22 (a) IDENTIFY AVAILABLE RESOURCES AND SUPPORT EXISTING
23 PARTNERSHIPS BY STRENGTHENING CONNECTIONS BETWEEN PRIMARY
24 CARE AND COMMUNITY ORGANIZATIONS, COORDINATING ACTIVITIES TO
25 REDUCE FRAGMENTATION IN THE HEALTH SYSTEM, AND INTEGRATING
26 CLINICAL AND COMMUNITY-BASED STRATEGIES TO ADDRESS LOCAL
27 PRIORITIES, HEALTH EQUITY, AND SOCIAL DETERMINANTS OF HEALTH;

1 (b) WORK WITH PRACTICE TRANSFORMATION ORGANIZATIONS,
2 PRACTICE FACILITATORS, AND CLINICAL HEALTH INFORMATION
3 TECHNOLOGY ADVISORS IN ASSISTING PRIMARY CARE PRACTICES AND
4 OTHER CARE ORGANIZATIONS TO IMPROVE CARE;

5 (c) CREATE AND SUPPORT PARTNERSHIP DEVELOPMENT ACTIVITIES
6 AMONG PRACTICES AND LOCAL AND REGIONAL COMMUNITY-BASED
7 ORGANIZATIONS;

8 (d) COLLABORATE WITH REGIONAL ACCOUNTABLE ENTITIES,
9 COMMUNITY MENTAL HEALTH CENTERS, LOCAL PUBLIC HEALTH AGENCIES,
10 FOUNDATION PARTNERS, AND STATEWIDE ORGANIZATIONS;

11 (e) IDENTIFY AND ASSIST SYSTEM NAVIGATORS, INCLUDING CARE
12 COORDINATORS, CARE MANAGERS, HEALTH NAVIGATORS, AND
13 COMMUNITY HEALTH WORKERS; AND

14 (f) ALIGN WITH STATE HEALTH PRIORITIES, PROGRAMS, AND
15 PARTNERS.

16 (5) THE CONTRACTED ENTITY MAY RETAIN A PERCENTAGE OF THE
17 MONEY APPROPRIATED PURSUANT TO SUBSECTION (7) OF THIS SECTION FOR
18 THE ADMINISTRATION OF THE PROGRAM, AND THE CONTRACTED ENTITY
19 MAY SUBCONTRACT WITH OTHER STATEWIDE ORGANIZATIONS AND
20 COLLABORATE WITH THE DIVISION TO HELP WITH SETTING PRIORITIES AND
21 EVALUATING PROGRAMS.

22 (6) THE DEPARTMENT MAY PROMULGATE RULES AS NECESSARY
23 FOR THE IMPLEMENTATION OF THIS PART 20.

24 (7) (a) FOR THE 2023-24 STATE FISCAL YEAR, THE GENERAL
25 ASSEMBLY SHALL APPROPRIATE ONE MILLION FIVE HUNDRED THOUSAND
26 DOLLARS FROM THE GENERAL FUND TO THE DEPARTMENT OF HIGHER
27 EDUCATION FOR USE BY THE REGENTS OF THE UNIVERSITY OF COLORADO

1 FOR ALLOCATION TO THE SCHOOL OF MEDICINE FOR THE PURPOSES OF THIS
2 SECTION.

3 (b) FOR THE 2024-25 STATE FISCAL YEAR, AND EACH STATE FISCAL
4 YEAR THEREAFTER, THE GENERAL ASSEMBLY SHALL ANNUALLY
5 APPROPRIATE ONE MILLION FIVE HUNDRED THOUSAND DOLLARS FROM THE
6 GENERAL FUND TO THE DEPARTMENT FOR USE BY THE DIVISION FOR THE
7 PURPOSES OF THIS SECTION.

8 **SECTION 3.** In Colorado Revised Statutes, 23-21-901, **add** (2)
9 as follows:

10 **23-21-901. Regional health connector workforce program -**
11 **creation - school of medicine - repeal.** (2) THIS SECTION IS REPEALED,
12 EFFECTIVE JULY 1, 2025.

13 **SECTION 4.** In Colorado Revised Statutes, 23-3.3-103, **add** (12)
14 as follows:

15 **23-3.3-103. Annual appropriations - repeal.** (12) (a) THE
16 PROVISIONS OF SUBSECTION (1) OF THIS SECTION CONCERNING
17 APPROPRIATIONS FOR STUDENT FINANCIAL ASSISTANCE PURSUANT TO THIS
18 ARTICLE 3.3 DO NOT APPLY TO APPROPRIATIONS MADE PURSUANT TO
19 SECTION 25-20.5-2001 FOR THE REGIONAL HEALTH CONNECTOR PROGRAM.

20 (b) THIS SUBSECTION (12) IS REPEALED, EFFECTIVE JULY 1, 2024.

21 **SECTION 5.** In Colorado Revised Statutes, 25.5-5-333, **amend**
22 (6) introductory portion and (6)(m) as follows:

23 **25.5-5-333. Primary care and behavioral health statewide**
24 **integration grant program - creation - report - definition - repeal.**

25 (6) In selecting grant recipients, the state department shall first prioritize
26 applicants that serve priority populations that experience disparities in
27 health-care access and outcomes, including but not limited to historically

1 marginalized and underserved communities, determined by the
2 communities with the highest proportion of patients receiving assistance
3 through the "Colorado Medical Assistance Act", ~~articles 4, 5, and 6~~ THIS
4 ARTICLE 5 AND ARTICLES 4 AND 6 of THIS title 25.5. The state department
5 shall then prioritize applicants that meet as many of the following criteria
6 as possible:

7 (m) Participate in the regional health connector ~~workforce~~
8 program created in ~~section 23-21-901~~ SECTION 25-20.5-2001.

9 **SECTION 6. Appropriation.** For the 2023-24 state fiscal year,
10 \$1,500,000 is appropriated to the department of higher education for use
11 by the regents of the university of Colorado. This appropriation is from
12 the general fund and is based on an assumption that the regents will
13 require an additional 0.8 FTE. To implement this act, the regents may use
14 this appropriation for allocation to the school of medicine for the regional
15 health connector program.

16 For the 2023-24 state fiscal year, \$71,903 is appropriated to the
17 department of public health and environment for use by the prevention
18 services division. This appropriation is from the general fund and is based
19 on an assumption that the division will require an additional 0.9 FTE. To
20 implement this act, the division may use this appropriation for chronic
21 disease and cancer prevention grants related to chronic disease prevention
22 programs.

23 **SECTION 7. Act subject to petition - effective date.** This act
24 takes effect at 12:01 a.m. on the day following the expiration of the
25 ninety-day period after final adjournment of the general assembly; except
26 that, if a referendum petition is filed pursuant to section 1 (3) of article V
27 of the state constitution against this act or an item, section, or part of this

1 act within such period, then the act, item, section, or part will not take
2 effect unless approved by the people at the general election to be held in
3 November 2024 and, in such case, will take effect on the date of the
4 official declaration of the vote thereon by the governor.