

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

INTRODUCED

LLS NO. 21-0760.01 Shelby Ross x4510

SENATE BILL 21-025

SENATE SPONSORSHIP

Pettersen,

HOUSE SPONSORSHIP

(None),

Senate Committees
Health & Human Services

House Committees

A BILL FOR AN ACT

101 **CONCERNING FAMILY PLANNING SERVICES FOR INDIVIDUALS WHOSE**
102 **INCOME DOES NOT EXCEED TWO HUNDRED FIFTY PERCENT OF**
103 **THE FEDERAL POVERTY LEVEL.**

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 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.

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.

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
25 childbirth can be most dangerous, increasingly want to delay having
26 children. The "Early Impacts of the COVID-19 Pandemic: 2020

1 Guttmacher Survey of Reproductive Health Experiences" found that
2 overall, thirty-four percent of women reported wanting to delay
3 pregnancy or have fewer children because of the pandemic. The same
4 survey shows that roughly twenty-seven percent of women are worried
5 about being able to afford contraceptives, and Hispanic women, Black
6 women, queer women, and women living in poverty are more likely to
7 worry about access to contraceptives than their white peers.

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

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

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

23 (2) Therefore, the general assembly finds and declares that
24 expanding coverage through the medicaid program to provide family
25 planning services for women with low and moderate incomes who do not
26 otherwise qualify for medicaid coverage will reduce unintended
27 pregnancies and help all Colorado families thrive.

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

3 **25.5-5-327. Family planning services - federal authorization**
4 **-rules - definitions.** (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT
5 OTHERWISE REQUIRES:

6 (a) "ELIGIBLE INDIVIDUAL" MEANS AN INDIVIDUAL WHO IS NOT
7 PREGNANT AND WHOSE INCOME DOES NOT EXCEED TWO HUNDRED FIFTY
8 PERCENT OF THE FEDERAL POVERTY LEVEL, ADJUSTED FOR FAMILY SIZE,
9 AND WHO MEETS OTHER REQUIREMENTS UNDER FEDERAL LAW.

10 (b) "FAMILY PLANNING SERVICES" INCLUDES:

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

12 (II) HEALTH CARE OR COUNSELING SERVICES FOCUSED ON
13 PREVENTING, DELAYING, OR PLANNING FOR A PREGNANCY, WHICH MUST
14 INCLUDE MEDICALLY NECESSARY EVALUATIONS OR PREVENTIVE SERVICES
15 SUCH AS TOBACCO UTILIZATION SCREENING, COUNSELING, TESTING, AND
16 CESSATION SERVICES;

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

19 (IV) STERILIZATION SERVICES, REGARDLESS OF SEX;

20 (V) CERVICAL CANCER SCREENING AND PREVENTION;

21 (VI) INFERTILITY ASSESSMENTS; AND

22 (VII) DIAGNOSIS, TREATMENT OF, OR MEDICATION TO PREVENT A
23 SEXUALLY TRANSMITTED INFECTION OR OTHER INFECTION OR CONDITION
24 OF THE UROGENITAL SYSTEM.

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

27 (2) (a) NO LATER THAN JANUARY 31, 2022, THE STATE

1 DEPARTMENT SHALL SEEK FEDERAL AUTHORIZATION THROUGH AN
2 AMENDMENT TO THE STATE MEDICAL ASSISTANCE PLAN TO PROVIDE
3 FAMILY PLANNING SERVICES TO ELIGIBLE INDIVIDUALS.

4 (b) THE STATE PLAN AMENDMENT MUST:

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

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

9 (3) UPON APPROVAL OF THE STATE PLAN AMENDMENT, THE STATE
10 DEPARTMENT SHALL:

11 (a) IF REQUESTED BY THE ELIGIBLE INDIVIDUAL, ENSURE THAT AN
12 ELIGIBLE INDIVIDUAL RECEIVES UP TO A ONE-YEAR SUPPLY OF
13 CONTRACEPTION AT ONE TIME AS PERMITTED BY THE ELIGIBLE
14 INDIVIDUAL'S PRESCRIPTION; AND

15 (b) COLLABORATE WITH THE STATE INSURANCE MARKETPLACE,
16 HEALTH CARE CONSUMER ADVOCATES, AND OTHER INTERESTED
17 STAKEHOLDERS TO EDUCATE ELIGIBLE INDIVIDUALS ABOUT ALL
18 AVAILABLE HEALTH CARE COVERAGE OPTIONS AND ENCOURAGE ELIGIBLE
19 INDIVIDUALS TO ENROLL IN FULL HEALTH INSURANCE COVERAGE THROUGH
20 AVAILABLE SOURCES, INCLUDING THE MEDICAL ASSISTANCE PROGRAM,
21 CHILDREN'S BASIC HEALTH PLAN, A PUBLIC BENEFIT CORPORATION, OR THE
22 STATE INSURANCE MARKETPLACE.

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

25 **SECTION 3. Act subject to petition - effective date.** This act
26 takes effect at 12:01 a.m. on the day following the expiration of the
27 ninety-day period after final adjournment of the general assembly; except

1 that, if a referendum petition is filed pursuant to section 1 (3) of article V
2 of the state constitution against this act or an item, section, or part of this
3 act within such period, then the act, item, section, or part will not take
4 effect unless approved by the people at the general election to be held in
5 November 2022 and, in such case, will take effect on the date of the
6 official declaration of the vote thereon by the governor.