A BILL FOR AN ACT

CONCERNING AN EXPANSION OF THE COMPLEMENTARY OR ALTERNATIVE MEDICINE PILOT PROGRAM FOR A PERSON WITH A PRIMARY CONDITION RESULTING IN THE TOTAL INABILITY FOR INDEPENDENT AMBULATION, AND, IN 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 complementary or alternative medicine pilot program (pilot program) currently applies to persons with a spinal cord injury. The bill...
expands the pilot program to include persons with a primary condition of multiple sclerosis, a brain injury, spina bifida, muscular dystrophy, or cerebral palsy, with the total inability for independent ambulation directly resulting from one of these diagnoses. The bill expands the pilot program to all eligible individuals in Colorado.

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

SECTION 1. In Colorado Revised Statutes, 25.5-6-1303, amend (1)(a) and (2)(b); and add (2)(c) and (2)(d) as follows:

25.5-6-1303. Pilot program - complementary or alternative medicine - rules. (1) (a) The general assembly authorizes the state department to implement a pilot program that would allow an eligible person with a disability to receive complementary or alternative medicine to the extent authorized by federal waiver. The pilot program may begin no later than January 1, 2012. The state department shall design and implement the pilot program with input from an advisory committee that must include, but need not be limited to, persons with spinal cord injuries who are receiving complementary or alternative medicine. The state department shall continue to utilize a volunteer outreach coordinator throughout the duration of the pilot program whose duties include, but are not limited to, facilitating participant and provider enrollment and acting as an informal liaison between the state department, pilot program participants, and other stakeholders. The state department may seek any federal waivers that may be necessary to implement this part 13.

(2) (b) In order to qualify and to remain eligible for the pilot program authorized by this section, a person shall:

(I) Be diagnosed with a primary condition of a spinal cord injury, multiple sclerosis, a brain injury, spina bifida, muscular dystrophy, or cerebral palsy, with the total inability for
INDEPENDENT AMBULATION DIRECTLY RESULTING FROM ONE OF THESE
DIAGNOSES;

(II) Be willing to participate in the pilot program;

(III) Demonstrate a current need, as further defined in rule by the
state board, for complementary or alternative medicine; and

(IV) Be eligible for medicaid, including but not limited to persons
whose gross income does not exceed three hundred percent of the current
federal supplemental security income benefit level and who are eligible
for a home- and community-based program authorized pursuant to this
title or the consumer-directed attendant support pilot program authorized
pursuant to part 10 of article 6 of this title WHO MEET THE FUNCTIONAL
LEVEL OF CARE AND FINANCIAL CRITERIA DESCRIBED IN RULES
PROMULGATED BY THE STATE BOARD RELATING TO LONG-TERM CARE
SERVICES.

(c) THE STATE DEPARTMENT SHALL IMPLEMENT SUBSECTION (2)(b)
of this section no later than JULY 1, 2022.

(d) THE PILOT PROGRAM IS AVAILABLE TO ALL ELIGIBLE
INDIVIDUALS IN COLORADO.

SECTION 2. Appropriation. (1) For the 2021-22 state fiscal
year, $37,984 is appropriated to the department of health care policy and
financing for use by the executive director's office. This appropriation is
from the general fund. To implement this act, the office may use this
appropriation as follows:

(a) $32,901 for personal services, which amount is based on an
assumption that the office will require an additional 0.9 FTE; and

(b) $5,083 for operating expenses.

(2) For the 2021-22 state fiscal year, the general assembly
anticipates that the department of health care policy and financing will receive $37,983 in federal funds to implement this act, which amount is subject to the "(I)" notation as defined in the annual general appropriation act for the same fiscal year. The appropriation in subsection (1) of this section is based on the assumption that the department will receive this amount of federal funds to be used as follows:

(a) $32,900 for personal services; and
(b) $5,083 for operating expenses.

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