

**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**

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**HOUSE SPONSORSHIP**

**deGruy Kennedy and Velasco,**

**SENATE SPONSORSHIP**

**(None),**

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**House Committees**

Public & Behavioral Health & Human Services  
Appropriations

**Senate Committees**

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**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.**

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**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 services division (division) in the department of public health and

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.*

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.

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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.

23





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

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

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

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

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

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

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

27           (b) WORK WITH PRACTICE TRANSFORMATION ORGANIZATIONS,

1 PRACTICE FACILITATORS, AND CLINICAL HEALTH INFORMATION  
2 TECHNOLOGY ADVISORS IN ASSISTING PRIMARY CARE PRACTICES AND  
3 OTHER CARE ORGANIZATIONS TO IMPROVE CARE;

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

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

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

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

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

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

23 (7) FOR THE 2023-24 STATE FISCAL YEAR, THE GENERAL  
24 ASSEMBLY SHALL APPROPRIATE TWO MILLION DOLLARS FROM THE  
25 GENERAL FUND TO THE DEPARTMENT FOR USE BY THE DIVISION FOR THE  
26 PURPOSES OF THIS SECTION.

27 **SECTION 3.** In Colorado Revised Statutes, 23-21-901, **add** (2)

1 as follows:

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

5 **SECTION 4.** In Colorado Revised Statutes, 25.5-5-333, **amend**  
6 (6) introductory portion and (6)(m) as follows:

7 **25.5-5-333. Primary care and behavioral health statewide**  
8 **integration grant program - creation - report - definition - repeal.**

9 (6) In selecting grant recipients, the state department shall first prioritize  
10 applicants that serve priority populations that experience disparities in  
11 health-care access and outcomes, including but not limited to historically  
12 marginalized and underserved communities, determined by the  
13 communities with the highest proportion of patients receiving assistance  
14 through the "Colorado Medical Assistance Act", ~~articles 4, 5, and 6~~ THIS  
15 ARTICLE 5 AND ARTICLES 4 AND 6 of THIS title 25.5. The state department  
16 shall then prioritize applicants that meet as many of the following criteria  
17 as possible:

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

20 **SECTION 5. Act subject to petition - effective date.** This act  
21 takes effect at 12:01 a.m. on the day following the expiration of the  
22 ninety-day period after final adjournment of the general assembly; except  
23 that, if a referendum petition is filed pursuant to section 1 (3) of article V  
24 of the state constitution against this act or an item, section, or part of this  
25 act within such period, then the act, item, section, or part will not take  
26 effect unless approved by the people at the general election to be held in

- 1 November 2024 and, in such case, will take effect on the date of the
- 2 official declaration of the vote thereon by the governor.