

First Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 23-0934.01 Chelsea Princell x4335

HOUSE BILL 23-1300

HOUSE SPONSORSHIP

Bird and Sirota,

SENATE SPONSORSHIP

Zenzinger and Kirkmeyer,

House Committees
Appropriations

Senate Committees

A BILL FOR AN ACT

101 CONCERNING EXTENDING CONTINUOUS ELIGIBILITY MEDICAL
102 COVERAGE FOR CERTAIN INDIVIDUALS, AND, IN CONNECTION
103 THEREWITH, SEEKING FEDERAL AUTHORIZATION AND MAKING
104 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/>.)

Joint Budget Committee. The bill requires the department of health care policy and financing (state department) to conduct a study to determine the feasibility of extending continuous eligibility medical

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.

coverage for eligible children and adults.

The state department is required to submit a report detailing its findings and recommendations from the feasibility study to the joint budget committee of the senate and house of representatives, the governor, and to the house of representatives public and behavioral health and human services committee and the senate health and human services committee, or any successor committees, by January 1, 2026.

The state department is required to prepare documents seeking federal authorization to provide continuous eligibility medical coverage to eligible adults and children and include the completed federal authorization documents with its report submitted to the joint budget committee of the senate and house of representatives, the governor, and to the house of representatives public and behavioral health and human services committee and the senate health and human services committee, or any successor committees.

No later than April 1, 2024, the state department is required to seek federal authorization to extend continuous eligibility coverage for children less than 3 years of age, including children who would be eligible for medical assistance coverage but are not because of their immigration status, and to extend eligibility coverage for 12 months for adults who have been released from a Colorado department of corrections facility, regardless of a change in income.

The bill makes an appropriation.

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) Extending continuous medical coverage for children and adults
5 will improve the health and well-being of Coloradans and ensure their
6 access to medical services during critical periods in life;

7 (b) Continuous coverage reduces family stress, increases the use
8 of preventive services, and reduces costly, avoidable hospitalization stays;

9 (c) Children need consistent access to health care, especially in
10 their early years, when frequent screenings, vaccinations, and wellness
11 checkups are critical to their development and school readiness;

12 (d) Young children experience several acute, short-term illnesses

1 each year that may require a health-care visit and treatment, including
2 respiratory viruses, gastrointestinal illnesses, croup, ear infections,
3 conjunctivitis, fevers, and skin rashes;

4 (e) During the COVID-19 public health emergency, longer
5 periods of continuous coverage in the state's medical assistance programs
6 allowed more Colorado families to access and maintain health insurance;

7 (f) In addition, continuous medical coverage helps people leaving
8 incarceration. Formerly incarcerated individuals have higher rates of
9 chronic health conditions, including hepatitis C, diabetes, and high blood
10 pressure, as well as higher rates of addiction and mental health needs.

11 (g) Research demonstrates that people released from incarceration
12 are almost forty times more likely to die from an overdose within two
13 weeks after being released than the general population is overall;

14 (h) Ensuring continuous coverage for previously incarcerated
15 people not only improves health outcomes but also improves public safety
16 by reducing rates of recidivism;

17 (i) Extending continuous coverage to underserved groups also
18 reduces coverage loss due to paperwork and administrative issues, which
19 are disproportionately common for children, Black and Latino families,
20 people experiencing homelessness, and low-income adults;

21 (j) Extending continuous coverage will allow millions of federal
22 funds to flow into Colorado for increased medical assistance coverage
23 and will benefit other programs as well, allowing Colorado to draw down
24 more federal funding for the special supplemental nutrition program for
25 women, infants, and children and the school lunch program; and

26 (k) Extending continuous coverage will increase the medicaid
27 department's ability to use medicaid to improve the social determinants

1 of health.

2 (2) Therefore, the general assembly declares that extending
3 continuous coverage for adults and children is in the best interest of all
4 Coloradans.

5 **SECTION 2.** In Colorado Revised Statutes, **add** 25.5-5-334 as
6 follows:

7 **25.5-5-334. Continuous medical coverage for children and**
8 **adults feasibility study - report - federal authorization - rules - report**
9 **- definition.** (1) THE STATE DEPARTMENT SHALL STUDY THE FEASIBILITY
10 OF EXTENDING CONTINUOUS MEDICAL COVERAGE FOR ADDITIONAL
11 CHILDREN AND ADULTS AND HOW TO BETTER MEET THE HEALTH-RELATED
12 SOCIAL NEEDS OF MEDICAL ASSISTANCE PROGRAM RECIPIENTS.

13 (2) AT A MINIMUM, THE FEASIBILITY STUDY MUST CONSIDER THE
14 COSTS; IMPLEMENTATION FACTORS, INCLUDING COUNTY WORKLOAD AND
15 ADMINISTRATIVE BURDENS ON THE COUNTIES; POTENTIAL HEALTH
16 BENEFITS FOR INDIVIDUALS AND COMMUNITIES, INCLUDING
17 DISADVANTAGED AND MARGINALIZED GROUPS; IMPACTS OF INCREASED
18 USE OF PREVENTIVE AND HIGH-VALUE HEALTH SERVICES; ADMINISTRATIVE
19 SAVINGS, INCLUDING, BUT NOT LIMITED TO, REDUCING OR ELIMINATING
20 ELIGIBILITY PROCESSING FOR POPULATIONS DURING THE CONTINUOUS
21 ELIGIBILITY PERIOD; REDUCTIONS IN ADMINISTRATIVE TURNOVER AND
22 COVERAGE LOSS; AND, TO THE EXTENT PRACTICABLE, SOCIAL AND
23 ECONOMIC IMPACTS WITH RESPECT TO THE FOLLOWING:

24 (a) ALLOWING AN ELIGIBLE CHILD, INCLUDING A CHILD WHO
25 WOULD BE ELIGIBLE FOR MEDICAL ASSISTANCE AS DEFINED IN SECTION
26 25.5-4-103 BUT IS NOT ELIGIBLE AS A RESULT OF THE CHILD'S
27 IMMIGRATION STATUS, TO REMAIN CONTINUOUSLY ELIGIBLE FOR MEDICAL

1 ASSISTANCE AND THE CHILDREN'S BASIC HEALTH PLAN FOR TWENTY-FOUR
2 MONTHS AFTER THE LAST DAY OF THE MONTH IN WHICH THE CHILD WAS
3 ENROLLED;

4 (b) ALLOWING AN ELIGIBLE CHILD THREE YEARS OF AGE OR OLDER
5 BUT LESS THAN SIX YEARS OF AGE, INCLUDING A CHILD WHO WOULD BE
6 ELIGIBLE FOR MEDICAL ASSISTANCE AS DEFINED IN SECTION 25.5-4-103
7 BUT IS NOT ELIGIBLE AS A RESULT OF THE CHILD'S IMMIGRATION STATUS,
8 TO REMAIN CONTINUOUSLY ELIGIBLE FOR MEDICAL ASSISTANCE OR THE
9 CHILDREN'S BASIC HEALTH PLAN WITHOUT REGARD TO A CHANGE IN
10 HOUSEHOLD INCOME UNTIL THE CHILD REACHES SIX YEARS OF AGE;

11 (c) ALLOWING AN ELIGIBLE ADULT TO REMAIN CONTINUOUSLY
12 ELIGIBLE FOR MEDICAL ASSISTANCE WITHOUT REGARD TO INCOME FOR
13 TWELVE MONTHS AND TWENTY-FOUR MONTHS AFTER THE LAST DAY OF
14 THE MONTH IN WHICH THE ADULT WAS ENROLLED. FOR PURPOSES OF THIS
15 SUBSECTION (2)(c), AN "ELIGIBLE ADULT" INCLUDES A PERSON EIGHTEEN
16 YEARS OF AGE OR OLDER WHO:

17 (I) HAS AN INCOME UNDER THIRTY-THREE PERCENT OF THE
18 FEDERAL POVERTY LINE;

19 (II) IS EXPERIENCING HOMELESSNESS; OR

20 (III) HAS BEEN RELEASED FROM A FEDERAL PRISON, PAROLE,
21 COMMUNITY CORRECTIONS, OR HAS BEEN SENTENCED TO AND RELEASED
22 FROM JAIL. FOR PURPOSES OF THIS SUBSECTION (2)(c)(III), THE
23 TWELVE-MONTH ELIGIBILITY PERIOD BEGINS ON THE DATE OF THE ELIGIBLE
24 ADULT'S RELEASE AND CONTINUES THROUGH THE END OF THE
25 TWELVE-MONTH PERIOD FOLLOWING THE ELIGIBLE ADULT'S RELEASE. AN
26 ELIGIBLE ADULT WHOSE ELIGIBILITY DETERMINATION IS MADE AFTER THE
27 ELIGIBLE ADULT'S RELEASE BUT BEFORE THE TWELVE-MONTH PERIOD

1 FOLLOWING THE ELIGIBLE ADULT'S RELEASE HAS EXPIRED IS ELIGIBLE FOR
2 CONTINUOUS ELIGIBILITY THROUGH THE END OF THAT TWELVE-MONTH
3 PERIOD FOLLOWING THE ELIGIBLE ADULT'S RELEASE, WHICH MAY RESULT
4 IN A CONTINUOUS ELIGIBILITY PERIOD OF LESS THAN TWELVE MONTHS.

5 (d) ALLOWING AN ADULT WHO IS ELIGIBLE FOR MEDICAL
6 ASSISTANCE AT THE TIME OF ENROLLMENT TO REMAIN CONTINUOUSLY
7 ELIGIBLE FOR MEDICAL ASSISTANCE WITHOUT REGARD TO INCOME FOR
8 TWELVE MONTHS AFTER THE LAST DAY OF THE MONTH IN WHICH THE
9 ADULT WAS ENROLLED.

10 (3) IN ADDITION TO THE STUDY TOPICS DETAILED IN SUBSECTION
11 (2) OF THIS SECTION, THE FEASIBILITY STUDY MUST STUDY HOW TO BEST
12 MEET THE HEALTH-RELATED SOCIAL NEEDS OF MEDICAL ASSISTANCE
13 PROGRAM RECIPIENTS WHO ARE HISTORICALLY DISADVANTAGED AND
14 UNDERSERVED AND MUST GIVE CONSIDERATION TO CONCERNS RELATED
15 TO HOUSING AND FOOD SECURITY.

16 (4) IN CONDUCTING THE FEASIBILITY STUDY PURSUANT TO THIS
17 SECTION, THE STATE DEPARTMENT SHALL TAKE INTO CONSIDERATION THE
18 EFFORTS OF OTHER STATES TO IMPROVE THE HEALTH-RELATED SOCIAL
19 NEEDS OF MEDICAL ASSISTANCE PROGRAM RECIPIENTS, INCLUDING, BUT
20 NOT LIMITED TO, HOUSING AND NUTRITIONAL NEEDS, INITIATIVES TO PAY
21 FOR RENTAL HOUSING ASSISTANCE FOR UP TO SIX MONTHS, THE NEEDS OF
22 PERINATAL RECIPIENTS, YOUTH IN OR TRANSITIONING OUT OF FOSTER
23 CARE, PEOPLE WITH SUBSTANCE USE DISORDERS, HIGH-RISK INFANTS AND
24 CHILDREN, AND THE NEEDS OF INDIVIDUALS WHO RESIDE IN REGIONS
25 EXPERIENCING EXTREME WEATHER EVENTS, AND THE STATE DEPARTMENT
26 SHALL SEEK INPUT FROM RELEVANT STAKEHOLDERS. IN CONDUCTING THE
27 STAKEHOLDER PROCESS, THE STATE DEPARTMENT SHALL:

- 1 (a) ENGAGE DIRECTLY WITH:
- 2 (I) IMPACTED INDIVIDUALS WHO ARE ENROLLED IN MEDICAL
3 ASSISTANCE OR THE CHILDREN'S BASIC HEALTH PLAN AND WHOSE
4 COVERAGE, OR WHOSE CHILDREN'S COVERAGE, WOULD BE EXTENDED IF
5 LEGISLATION WERE PASSED TO EXTEND CONTINUOUS MEDICAL COVERAGE
6 FOR INDIVIDUALS PURSUANT TO SUBSECTIONS (2)(a) TO (2)(d) OF THIS
7 SECTION;
- 8 (II) SERVICE PROVIDERS, PARTICULARLY THOSE WHOSE PATIENTS
9 ARE PREDOMINANTLY MEDICAL ASSISTANCE PROGRAM RECIPIENTS OR ARE
10 UNINSURED;
- 11 (III) ADVOCACY ORGANIZATIONS;
- 12 (IV) ORGANIZATIONS THAT ASSIST WITH ENROLLMENT INTO THE
13 MEDICAL ASSISTANCE PROGRAMS AND THE COLORADO HEALTH
14 EXCHANGE; AND
- 15 (V) INDIVIDUALS WORKING IN OR REPRESENTING COMMUNITIES
16 THAT ARE DIVERSE WITH REGARD TO RACE, ETHNICITY, IMMIGRATION
17 STATUS, AGE, ABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, OR
18 GEOGRAPHIC REGION OF THE STATE AND ARE AFFECTED BY HIGHER RATES
19 OF HEALTH DISPARITIES AND INEQUITIES;
- 20 (b) PUBLICLY CONDUCT STAKEHOLDER MEETINGS, REPORT ON THE
21 OUTCOMES OF THE MEETINGS, AND PUBLICIZE THE REPORTS IN ENGLISH AS
22 WELL AS TWO OTHER COMMONLY SPOKEN LANGUAGES IN COLORADO;
- 23 (c) INCLUDE OPPORTUNITIES FOR PARTICIPATION IN THE
24 STAKEHOLDER PROCESS OUTSIDE OF REGULAR WORK HOURS; AND
- 25 (d) HOLD AT LEAST THREE STAKEHOLDER MEETINGS.
- 26 (5) ON OR BEFORE JANUARY 1, 2026, THE STATE DEPARTMENT
27 SHALL SUBMIT A REPORT DETAILING THE FINDINGS AND

1 RECOMMENDATIONS FROM THE FEASIBILITY STUDY TO THE JOINT BUDGET
2 COMMITTEE OF THE SENATE AND THE HOUSE OF REPRESENTATIVES, OR ITS
3 SUCCESSOR COMMITTEE, THE GOVERNOR, AND TO THE HOUSE OF
4 REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND HUMAN
5 SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES
6 COMMITTEE, OR ANY SUCCESSOR COMMITTEES. THE STATE DEPARTMENT
7 SHALL ALSO MAKE THE REPORT AVAILABLE TO THE PUBLIC ON THE STATE
8 DEPARTMENT'S WEBSITE.

9 (6) PRIOR TO SUBMITTING THE REPORT PURSUANT TO SUBSECTION
10 (5) OF THIS SECTION, THE STATE DEPARTMENT SHALL PREPARE NECESSARY
11 DOCUMENTS SEEKING FEDERAL AUTHORIZATION TO PROVIDE CONTINUOUS
12 COVERAGE TO THE INDIVIDUALS DESCRIBED IN SUBSECTION (2) OF THIS
13 SECTION, EXCEPT SUBSECTION (2)(c)(III) OF THIS SECTION, IN
14 ACCORDANCE WITH THE FINDINGS AND RECOMMENDATIONS OF THE
15 FEASIBILITY STUDY REQUIRED BY THIS SECTION AND INCLUDE THE
16 COMPLETED DOCUMENTATION WITH THE REPORT DESCRIBED IN
17 SUBSECTION (5) OF THIS SECTION.

18 (7) (a) NO LATER THAN APRIL 1, 2024, THE STATE DEPARTMENT
19 SHALL SEEK FEDERAL AUTHORIZATION FROM THE FEDERAL CENTERS FOR
20 MEDICARE AND MEDICAID SERVICES TO PROVIDE CONTINUOUS MEDICAL
21 COVERAGE FOR ELIGIBLE CHILDREN AND ELIGIBLE ADULTS DESCRIBED IN
22 SUBSECTIONS (7)(b) AND (7)(c) OF THIS SECTION.

23 (b) FOR PURPOSES OF SEEKING FEDERAL AUTHORIZATION
24 PURSUANT TO SUBSECTION (7)(a) OF THIS SECTION, AN ELIGIBLE CHILD IS
25 LIMITED TO A CHILD LESS THAN THREE YEARS OF AGE WHO IS ELIGIBLE FOR
26 A MEDICAL ASSISTANCE PROGRAM, INCLUDING A CHILD WHO WOULD BE
27 ELIGIBLE FOR MEDICAL ASSISTANCE AS DEFINED IN SECTION 25.5-4-103

1 BUT IS NOT ELIGIBLE AS A RESULT OF THE CHILD'S IMMIGRATION STATUS.
2 AN ELIGIBLE CHILD SHALL REMAIN CONTINUOUSLY ELIGIBLE WITHOUT
3 REGARD TO HOUSEHOLD INCOME UNTIL THE ELIGIBLE CHILD REACHES
4 THREE YEARS OF AGE; EXCEPT THAT A CHILD IS NO LONGER ELIGIBLE AND
5 MUST BE DISENROLLED FROM A MEDICAL ASSISTANCE PROGRAM IF THE
6 STATE DEPARTMENT BECOMES AWARE THAT THE CHILD HAS MOVED OUT
7 OF THE STATE, THE STATE DEPARTMENT OR COUNTY POSSESSES FACTS
8 INDICATING THAT THE FAMILY HAS REQUESTED THE CHILD'S VOLUNTARY
9 DISENROLLMENT, THE STATE DEPARTMENT DETERMINES ELIGIBILITY WAS
10 ERRONEOUSLY GRANTED, OR THE CHILD IS DECEASED.

11 (c) FOR PURPOSES OF SEEKING FEDERAL AUTHORIZATION
12 PURSUANT TO SUBSECTION (7)(a) OF THIS SECTION, AN ELIGIBLE ADULT IS
13 LIMITED TO AN ADULT WHO HAS BEEN RELEASED FROM A COLORADO
14 DEPARTMENT OF CORRECTIONS FACILITY AFTER SERVING A SENTENCE. AN
15 ELIGIBLE ADULT SHALL REMAIN CONTINUOUSLY ELIGIBLE FOR MEDICAL
16 ASSISTANCE WITHOUT REGARD TO INCOME FOR A PERIOD OF TWELVE
17 MONTHS BEGINNING ON THE DATE OF THE ELIGIBLE ADULT'S RELEASE;
18 EXCEPT THAT AN ADULT IS NO LONGER ELIGIBLE AND MUST BE
19 DISENROLLED FROM THE MEDICAL ASSISTANCE PROGRAM IF THE STATE
20 DEPARTMENT BECOMES AWARE THAT THE ADULT HAS MOVED OUT OF THE
21 STATE, THE STATE DEPARTMENT OR COUNTY POSSESSES FACTS INDICATING
22 THAT THE ADULT HAS REQUESTED VOLUNTARY DISENROLLMENT, THE
23 STATE DEPARTMENT DETERMINES ELIGIBILITY WAS ERRONEOUSLY
24 GRANTED, OR THE ADULT IS DECEASED.

25 (d) UPON APPROVAL OF THE FEDERAL AUTHORIZATION SOUGHT
26 PURSUANT TO THIS SUBSECTION (7), THE STATE DEPARTMENT SHALL
27 IMPLEMENT THE CONTINUOUS ELIGIBILITY COVERAGE REQUIREMENTS

1 PURSUANT TO THIS SUBSECTION (7) BY JANUARY 1, 2026. IN
2 IMPLEMENTING THE CONTINUOUS ELIGIBILITY REQUIREMENT OF THIS
3 SECTION, THE STATE DEPARTMENT SHALL TAKE ALL NECESSARY STEPS TO
4 RELIEVE THE OBLIGATION OF THE STATE DEPARTMENT AND COUNTIES TO
5 PROMPTLY EVALUATE INFORMATION THAT DOES NOT AFFECT ELIGIBILITY
6 FOR CONTINUOUS COVERAGE CASES UNDER THIS SECTION, UNLESS
7 REQUIRED FOR PROGRAM ADMINISTRATION OR AS APPROVED BY THE
8 FEDERAL AUTHORIZATION.

9 (e) THE CONTINUOUS ELIGIBILITY SOUGHT PURSUANT TO THIS
10 SUBSECTION (7) IS DEPENDANT ON THE RECEIPT OF FEDERAL FINANCIAL
11 PARTICIPATION, TO THE MAXIMUM EXTENT ALLOWED UNDER FEDERAL
12 LAW, THROUGH FEDERAL AUTHORIZATION, STATE PLAN AMENDMENT, OR
13 OTHERWISE, BY THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID
14 SERVICES.

15 (f) THE STATE BOARD MAY PROMULGATE RULES AS NECESSARY TO
16 IMPLEMENT THE REQUIREMENTS OF THIS SECTION.

17 **SECTION 3. Appropriation.** (1) For the 2023-24 state fiscal
18 year, \$337,765 is appropriated to the department of health care policy and
19 financing for use by the executive director's office. This appropriation is
20 from the general fund. To implement this act, the office may use this
21 appropriation as follows:

22 (a) \$192,915 for personal services, which amount is based on an
23 assumption that the office will require an additional 4.5 FTE;

24 (b) \$20,050 for operating expenses; and

25 (c) \$124,800 for general professional services and special
26 projects.

27 (2) For the 2023-24 state fiscal year, the general assembly

1 anticipates that the department of health care policy and financing will
2 receive \$337,765 in federal funds to implement this act, which amount is
3 subject to the "(I)" notation as defined in the annual general appropriation
4 act for the same fiscal year. The appropriation in subsection (1) of this
5 section is based on the assumption that the department will receive this
6 amount of federal funds to be used as follows:

- 7 (a) \$192,915 for personal services;
- 8 (b) \$20,050 for operating expenses; and
- 9 (c) \$124,800 for general professional services and special
10 projects.

11 **SECTION 4. Safety clause.** The general assembly hereby finds,
12 determines, and declares that this act is necessary for the immediate
13 preservation of the public peace, health, or safety.