

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

**ENGROSSED**

*This Version Includes All Amendments Adopted  
on Second Reading in the House of Introduction*

LLS NO. 23-0934.01 Chelsea Princell x4335

**HOUSE BILL 23-1300**

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**HOUSE SPONSORSHIP**

**Bird and Sirota,**

**SENATE SPONSORSHIP**

**Zenzinger and Kirkmeyer,**

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**House Committees**  
Appropriations

**Senate Committees**

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**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.**

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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/>.)*

**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.

HOUSE  
Amended 2nd Reading  
April 21, 2023

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.

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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) 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,**  
15 **TRAINING, AND ADMINISTRATIVE BURDENS ON THE COUNTIES,**  
16 **INFORMATION TECHNOLOGY SYSTEMS, UPGRADES AND ASSOCIATED COSTS;**  
17 POTENTIAL HEALTH BENEFITS FOR INDIVIDUALS AND COMMUNITIES,  
18 INCLUDING DISADVANTAGED AND MARGINALIZED GROUPS; IMPACTS OF  
19 INCREASED USE OF PREVENTIVE AND HIGH-VALUE HEALTH SERVICES;  
20 ADMINISTRATIVE SAVINGS, INCLUDING, BUT NOT LIMITED TO, REDUCING  
21 OR ELIMINATING ELIGIBILITY PROCESSING FOR POPULATIONS DURING THE  
22 CONTINUOUS ELIGIBILITY PERIOD; REDUCTIONS IN ADMINISTRATIVE  
23 TURNOVER AND COVERAGE LOSS; AND, TO THE EXTENT PRACTICABLE,  
24 SOCIAL AND ECONOMIC IMPACTS WITH RESPECT TO THE FOLLOWING:

25 (a) **ALLOWING AN ELIGIBLE CHILD, AS DEFINED IN ARTICLES 2, 3,**  
26 **5, 6, AND 8 OF THIS TITLE 25.5, INCLUDING CHILDREN ELIGIBLE UNDER**  
27 **SECTIONS 25.5-2-104 AND 25.5-2-105, TO REMAIN CONTINUOUSLY**

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

4 (b) ALLOWING AN ELIGIBLE CHILD, AS DEFINED IN ARTICLES 2,  
5 3, 5, 6, AND 8 OF THIS TITLE 25.5, INCLUDING CHILDREN ELIGIBLE UNDER  
6 25.5-2-104 AND 25.5-2-105 WHO ARE LESS THAN SIX YEARS OF AGE, TO  
7 REMAIN CONTINUOUSLY ELIGIBLE FOR MEDICAL ASSISTANCE OR THE  
8 CHILDREN'S BASIC HEALTH PLAN WITHOUT REGARD TO A CHANGE IN  
9 HOUSEHOLD INCOME UNTIL THE CHILD REACHES SIX YEARS OF AGE;

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

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

18 (II) IS EXPERIENCING HOMELESSNESS; OR

19 (III) HAS BEEN IN COMMUNITY CORRECTIONS, IS ON PAROLE,  
20 OR HAS BEEN RELEASED FROM ANOTHER CARCERAL SETTING, INCLUDING  
21 JAIL OR FEDERAL PRISON. FOR PURPOSES OF THIS SUBSECTION (2)(c)(III),  
22 CONTINUOUS ELIGIBILITY STARTS ON THE INDIVIDUAL'S MEDICAID  
23 APPROVAL DATE.

24 (d) ALLOWING AN ADULT WHO IS ELIGIBLE FOR MEDICAL  
25 ASSISTANCE AT THE TIME OF ENROLLMENT TO REMAIN CONTINUOUSLY  
26 ELIGIBLE FOR MEDICAL ASSISTANCE WITHOUT REGARD TO INCOME FOR  
27 TWELVE MONTHS AFTER THE LAST DAY OF THE MONTH IN WHICH THE

1 ADULT WAS ENROLLED.

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

8 (4) IN CONDUCTING THE FEASIBILITY STUDY PURSUANT TO THIS  
9 SECTION, THE STATE DEPARTMENT SHALL TAKE INTO CONSIDERATION THE  
10 EFFORTS OF OTHER STATES TO IMPROVE THE HEALTH-RELATED SOCIAL  
11 NEEDS OF MEDICAL ASSISTANCE PROGRAM RECIPIENTS, INCLUDING, BUT  
12 NOT LIMITED TO, HOUSING AND NUTRITIONAL NEEDS, INITIATIVES TO PAY  
13 FOR RENTAL HOUSING ASSISTANCE FOR UP TO SIX MONTHS, THE NEEDS OF  
14 PERINATAL RECIPIENTS, YOUTH IN OR TRANSITIONING OUT OF FOSTER  
15 CARE, FORMER FOSTER CARE YOUTH PEOPLE WITH SUBSTANCE USE  
16 DISORDERS, HIGH-RISK INFANTS AND CHILDREN, AND THE NEEDS OF  
17 LOW-INCOME INDIVIDUALS IMPACTED BY NATURAL DISASTERS, AND THE  
18 STATE DEPARTMENT SHALL SEEK INPUT FROM RELEVANT STAKEHOLDERS.  
19 IN CONDUCTING THE STAKEHOLDER PROCESS, THE STATE DEPARTMENT  
20 SHALL:

21 (a) ENGAGE DIRECTLY WITH:

22 (I) IMPACTED INDIVIDUALS WHO ARE ENROLLED IN MEDICAL  
23 ASSISTANCE OR THE CHILDREN'S BASIC HEALTH PLAN AND WHOSE  
24 COVERAGE, OR WHOSE CHILDREN'S COVERAGE, WOULD BE EXTENDED IF  
25 LEGISLATION WERE PASSED TO EXTEND CONTINUOUS MEDICAL COVERAGE  
26 FOR INDIVIDUALS PURSUANT TO SUBSECTIONS (2)(a) TO (2)(d) OF THIS  
27 SECTION;

1 (II) SERVICE PROVIDERS, PARTICULARLY THOSE WHOSE PATIENTS  
2 ARE PREDOMINANTLY MEDICAL ASSISTANCE PROGRAM RECIPIENTS OR ARE  
3 UNINSURED;

4 (III) ADVOCACY ORGANIZATIONS;

5 (IV) COUNTIES;

6 (V) ORGANIZATIONS THAT ASSIST WITH ENROLLMENT INTO THE  
7 MEDICAL ASSISTANCE PROGRAMS AND THE COLORADO HEALTH  
8 EXCHANGE; AND

9 (VI) INDIVIDUALS WORKING IN OR REPRESENTING COMMUNITIES  
10 THAT ARE DIVERSE WITH REGARD TO RACE, ETHNICITY, IMMIGRATION  
11 STATUS, AGE, ABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, OR  
12 GEOGRAPHIC REGION OF THE STATE AND ARE AFFECTED BY HIGHER RATES  
13 OF HEALTH DISPARITIES AND INEQUITIES;

14 (b) PUBLICLY CONDUCT STAKEHOLDER MEETINGS, REPORT ON THE  
15 OUTCOMES OF THE MEETINGS, AND PUBLICIZE THE REPORTS IN ENGLISH AS  
16 WELL AS TWO OTHER COMMONLY SPOKEN LANGUAGES IN COLORADO;

17 (c) INCLUDE OPPORTUNITIES FOR PARTICIPATION IN THE  
18 STAKEHOLDER PROCESS OUTSIDE OF REGULAR WORK HOURS; AND

19 (d) HOLD AT LEAST THREE STAKEHOLDER MEETINGS.

20 (5) ON OR BEFORE JANUARY 1, 2026, THE STATE DEPARTMENT  
21 SHALL SUBMIT A REPORT DETAILING THE FINDINGS AND  
22 RECOMMENDATIONS FROM THE FEASIBILITY STUDY TO THE JOINT BUDGET  
23 COMMITTEE OF THE SENATE AND THE HOUSE OF REPRESENTATIVES, OR ITS  
24 SUCCESSOR COMMITTEE, THE GOVERNOR, AND TO THE HOUSE OF  
25 REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND HUMAN  
26 SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES  
27 COMMITTEE, OR ANY SUCCESSOR COMMITTEES. THE STATE DEPARTMENT

1 SHALL ALSO MAKE THE REPORT AVAILABLE TO THE PUBLIC ON THE STATE  
2 DEPARTMENT'S WEBSITE.

3 (6) NOTHING IN THIS SECTION PROHIBITS OR LIMITS THE STATE  
4 DEPARTMENT'S ABILITY TO AMEND ANY APPROVED FEDERAL  
5 AUTHORIZATION OR TO SEEK OTHER FEDERAL PERMISSIONS NECESSARY TO  
6 EXPAND CONTINUOUS ELIGIBILITY COVERAGE TO ADDITIONAL  
7 POPULATIONS PRIOR TO THE COMPLETION OF THE FEASIBILITY STUDY  
8 DESCRIBED IN THIS SECTION.

9 (7) (a) NO LATER THAN APRIL 1, 2024, THE STATE DEPARTMENT  
10 SHALL SEEK FEDERAL AUTHORIZATION FROM THE FEDERAL CENTERS FOR  
11 MEDICARE AND MEDICAID SERVICES TO PROVIDE CONTINUOUS MEDICAL  
12 COVERAGE FOR ELIGIBLE CHILDREN AND ELIGIBLE ADULTS DESCRIBED IN  
13 SUBSECTIONS (7)(b) AND (7)(c) OF THIS SECTION, AND TO CONTINUE  
14 ENROLLMENT FOR INDIVIDUALS WITH NO INCOME, AS DESCRIBED IN  
15 SUBSECTION (7)(d) OF THIS SECTION.

16 (b) FOR PURPOSES OF SEEKING FEDERAL AUTHORIZATION  
17 PURSUANT TO SUBSECTION (7)(a) OF THIS SECTION, AN ELIGIBLE  
18 CHILD IS AS DEFINED IN ARTICLES 2, 3, 5, 6, AND 8 OF THIS TITLE 25.5,  
19 INCLUDING A CHILD ELIGIBLE PURSUANT TO SECTIONS 25.5-2-104 AND  
20 25.5-2-105, AND MUST BE UNDER THREE YEARS OF AGE. AN ELIGIBLE  
21 CHILD SHALL REMAIN CONTINUOUSLY ELIGIBLE WITHOUT REGARD TO  
22 HOUSEHOLD INCOME UNTIL THE ELIGIBLE CHILD REACHES THREE YEARS OF  
23 AGE; EXCEPT THAT A CHILD IS NO LONGER ELIGIBLE AND MUST BE  
24 DISENROLLED FROM A MEDICAL ASSISTANCE PROGRAM IF THE STATE  
25 DEPARTMENT BECOMES AWARE THAT THE CHILD HAS MOVED OUT OF THE  
26 STATE, THE STATE DEPARTMENT OR COUNTY POSSESSES FACTS INDICATING  
27 THAT THE FAMILY HAS REQUESTED THE CHILD'S VOLUNTARY



1       DISENROLLMENT, THE STATE DEPARTMENT DETERMINES ELIGIBILITY WAS  
2       ERRONEOUSLY GRANTED, OR THE CHILD IS DECEASED.

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

17           (d)   TO FACILITATE THE RENEWAL PROCESS FOR THE MEDICAL  
18      ASSISTANCE PROGRAM FOR INDIVIDUALS WITH NO INCOME, INCLUDING  
19      THOSE WHO ARE EXPERIENCING HOMELESSNESS, THE STATE DEPARTMENT  
20      SHALL SEEK FEDERAL AUTHORIZATION, TO THE EXTENT ALLOWABLE BY  
21      THE CENTERS FOR MEDICARE AND MEDICAID SERVICES, TO COMPLETE THE  
22      INCOME DETERMINATION FOR EX PARTE RENEWALS WITHOUT REQUESTING  
23      ADDITIONAL INCOME INFORMATION OR DOCUMENTATION, IF:

24           (I)   AN ATTESTATION OF ZERO-DOLLAR INCOME WAS VERIFIED  
25      WITHIN THE LAST TWELVE MONTHS, AT THE INITIAL APPLICATION, OR THE  
26      PREVIOUS RENEWAL; AND

27           (II)  THE STATE DEPARTMENT HAS CHECKED FINANCIAL DATA

1 SOURCES IN ACCORDANCE WITH ITS ELIGIBILITY VERIFICATION PLAN AS  
2 REQUIRED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES AND  
3 NO INFORMATION IS RECEIVED.

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

15 (f) THE CONTINUOUS ELIGIBILITY SOUGHT PURSUANT TO THIS  
16 SUBSECTION (7) IS DEPENDANT ON THE RECEIPT OF FEDERAL FINANCIAL  
17 PARTICIPATION, TO THE MAXIMUM EXTENT ALLOWED UNDER FEDERAL  
18 LAW, THROUGH FEDERAL AUTHORIZATION, STATE PLAN AMENDMENT, OR  
19 OTHERWISE, BY THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID  
20 SERVICES.

21 (g) THE STATE BOARD MAY PROMULGATE RULES AS NECESSARY TO  
22 IMPLEMENT THE REQUIREMENTS OF THIS SECTION.

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

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

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

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

6 (2) For the 2023-24 state fiscal year, the general assembly  
7 anticipates that the department of health care policy and financing will  
8 receive \$337,765 in federal funds to implement this act, which amount is  
9 subject to the "(I)" notation as defined in the annual general appropriation  
10 act for the same fiscal year. The appropriation in subsection (1) of this  
11 section is based on the assumption that the department will receive this  
12 amount of federal funds to be used as follows:

13 (a) \$192,915 for personal services;

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

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

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