

**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. 23-0934.01 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,**
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, INCLUDING A CHILD WHO
26 WOULD BE ELIGIBLE FOR MEDICAL ASSISTANCE AS DEFINED IN SECTION
27 25.5-4-103 BUT IS NOT ELIGIBLE AS A RESULT OF THE CHILD'S

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

5 (b) ALLOWING AN ELIGIBLE CHILD, AS DEFINED IN ARTICLES 2,
6 3, 5, 6, AND 8 OF THIS TITLE 25.5, INCLUDING CHILDREN ELIGIBLE UNDER
7 25.5-2-104 AND 25.5-2-105 WHO ARE LESS THAN SIX YEARS OF AGE, TO
8 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 IN COMMUNITY CORRECTIONS, IS ON PAROLE,
21 OR HAS BEEN RELEASED FROM ANOTHER CARCERAL SETTING, INCLUDING
22 JAIL OR FEDERAL PRISON. FOR PURPOSES OF THIS SUBSECTION (2)(c)(III),
23 CONTINUOUS ELIGIBILITY STARTS ON THE INDIVIDUAL'S MEDICAID
24 APPROVAL DATE.

25 (d) ALLOWING AN ADULT WHO IS ELIGIBLE FOR MEDICAL
26 ASSISTANCE AT THE TIME OF ENROLLMENT TO REMAIN CONTINUOUSLY
27 ELIGIBLE FOR MEDICAL ASSISTANCE WITHOUT REGARD TO INCOME FOR

1 TWELVE MONTHS AFTER THE LAST DAY OF THE MONTH IN WHICH THE
2 ADULT WAS ENROLLED.

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

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

22 (a) ENGAGE DIRECTLY WITH:

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

1 SECTION;

2 (II) SERVICE PROVIDERS, PARTICULARLY THOSE WHOSE PATIENTS

3 ARE PREDOMINANTLY MEDICAL ASSISTANCE PROGRAM RECIPIENTS OR ARE

4 UNINSURED;

5 (III) ADVOCACY ORGANIZATIONS;

6 (IV) COUNTIES;

7 (V) ORGANIZATIONS THAT ASSIST WITH ENROLLMENT INTO THE

8 MEDICAL ASSISTANCE PROGRAMS AND THE COLORADO HEALTH

9 EXCHANGE; AND

10 (VI) INDIVIDUALS WORKING IN OR REPRESENTING COMMUNITIES

11 THAT ARE DIVERSE WITH REGARD TO RACE, ETHNICITY, IMMIGRATION

12 STATUS, AGE, ABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, OR

13 GEOGRAPHIC REGION OF THE STATE AND ARE AFFECTED BY HIGHER RATES

14 OF HEALTH DISPARITIES AND INEQUITIES;

15 (b) PUBLICLY CONDUCT STAKEHOLDER MEETINGS, REPORT ON THE

16 OUTCOMES OF THE MEETINGS, AND PUBLICIZE THE REPORTS IN ENGLISH AS

17 WELL AS TWO OTHER COMMONLY SPOKEN LANGUAGES IN COLORADO;

18 (c) INCLUDE OPPORTUNITIES FOR PARTICIPATION IN THE

19 STAKEHOLDER PROCESS OUTSIDE OF REGULAR WORK HOURS; AND

20 (d) HOLD AT LEAST THREE STAKEHOLDER MEETINGS.

21 (5) ON OR BEFORE JANUARY 1, 2026, THE STATE DEPARTMENT

22 SHALL SUBMIT A REPORT DETAILING THE FINDINGS AND

23 RECOMMENDATIONS FROM THE FEASIBILITY STUDY TO THE JOINT BUDGET

24 COMMITTEE OF THE SENATE AND THE HOUSE OF REPRESENTATIVES, OR ITS

25 SUCCESSOR COMMITTEE, THE GOVERNOR, AND TO THE HOUSE OF

26 REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND HUMAN

27 SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES

1 COMMITTEE, OR ANY SUCCESSOR COMMITTEES. THE STATE DEPARTMENT
2 SHALL ALSO MAKE THE REPORT AVAILABLE TO THE PUBLIC ON THE STATE
3 DEPARTMENT'S WEBSITE.

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

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

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

1 THAT THE FAMILY HAS REQUESTED THE CHILD'S VOLUNTARY
2 DISENROLLMENT, THE STATE DEPARTMENT DETERMINES ELIGIBILITY WAS
3 ERRONEOUSLY GRANTED, OR THE CHILD IS DECEASED.

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

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

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

1 (II) THE STATE DEPARTMENT HAS CHECKED FINANCIAL DATA
2 SOURCES IN ACCORDANCE WITH ITS ELIGIBILITY VERIFICATION PLAN AS
3 REQUIRED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES AND
4 NO INFORMATION IS RECEIVED.

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

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

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

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

1 appropriation as follows:

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

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

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

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

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

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

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

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