

Second Regular Session  
Seventy-fourth General Assembly  
STATE OF COLORADO

INTRODUCED

LLS NO. 24-0190.01 Christopher McMichael x4775

HOUSE BILL 24-1075

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HOUSE SPONSORSHIP

McCormick and Boesenecker,

SENATE SPONSORSHIP

Marchman and Jaquez Lewis,

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House Committees  
Health & Human Services

Senate Committees

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A BILL FOR AN ACT

101 CONCERNING CONSIDERATION OF A STATEWIDE UNIVERSAL  
102 HEALTH-CARE PAYMENT SYSTEM, AND, IN CONNECTION  
103 THEREWITH, CREATING AN ADVISORY TASK FORCE FOR THE  
104 PURPOSE OF ADVISING THE COLORADO SCHOOL OF PUBLIC  
105 HEALTH IN CONDUCTING AN ANALYSIS OF DRAFT MODEL  
106 LEGISLATION CONCERNING A STATEWIDE UNIVERSAL  
107 HEALTH-CARE PAYMENT SYSTEM.

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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>.)*

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.

The bill requires the Colorado school of public health to analyze draft model legislation for implementing a single-payer, nonprofit, publicly financed, and privately delivered universal health-care payment system for Colorado that directly compensates providers. The Colorado school of public health must submit a report detailing its findings to the general assembly by October 1, 2025.

The bill also creates the statewide health-care analysis advisory task force consisting of 21 members appointed by the general assembly and the governor, as well as executive directors of specified state departments, the commissioner of insurance, and the chief executive officer of the Colorado health benefit exchange or any designees of the executive directors, the commissioner, and the chief executive officer. The advisory task force is created for the purpose of advising the Colorado school of public health during the analysis.

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

2           **SECTION 1.** In Colorado Revised Statutes, **add** 23-20-146 as  
3 follows:

4           **23-20-146. Universal health-care payment system - research**  
5 **and selection of draft model legislation - analysis - legislative**  
6 **declaration - report - definitions - repeal. (1) Legislative declaration.**

7 THE GENERAL ASSEMBLY FINDS AND DECLARES THAT:

8           (a) THE FINAL REPORT OF THE BLUE RIBBON COMMISSION FOR  
9 HEALTH CARE REFORM, CREATED IN SECTION 10-16-131 BEFORE ITS  
10 REPEAL, ISSUED IN JANUARY 2008 AND THE SEPTEMBER 1, 2021, REPORT  
11 OF THE HEALTH CARE COST ANALYSIS TASK FORCE, CREATED IN SECTION  
12 25.5-11-103 BEFORE ITS REPEAL, BOTH CLEARLY SHOWED THAT A SINGLE,  
13 NONPROFIT SYSTEM FOR HEALTH CARE CAN SAVE MONEY, COVER  
14 EVERYONE IN THE STATE, AND SUPPORT BETTER HEALTH CARE;

15           (b) TO ACHIEVE BETTER, MORE AFFORDABLE, AND FAIRER HEALTH  
16 CARE, THE PEOPLE OF COLORADO NEED ANSWERS TO VERY IMPORTANT  
17 QUESTIONS REGARDING UNIVERSAL HEALTH CARE; AND

1 (c) AN ANALYSIS OF DRAFT MODEL LEGISLATION FOR A UNIVERSAL  
2 HEALTH-CARE PAYMENT SYSTEM IS IMPORTANT IN ORDER TO DETERMINE  
3 WHETHER SUCH A SYSTEM WOULD ACHIEVE THE GOALS OF BETTER, MORE  
4 AFFORDABLE, AND FAIRER HEALTH CARE FOR ALL COLORADANS.

5 (2) AS USED IN THIS SECTION:

6 (a) "ADVISORY TASK FORCE" MEANS THE STATEWIDE  
7 HEALTH-CARE ANALYSIS ADVISORY TASK FORCE CREATED PURSUANT TO  
8 SECTION 25.5-1-135.

9 (b) "FEDERAL ACT" MEANS THE FEDERAL "PATIENT PROTECTION  
10 AND AFFORDABLE CARE ACT", PUB.L. 111-148, AS AMENDED BY THE  
11 FEDERAL "HEALTH CARE AND EDUCATION RECONCILIATION ACT OF  
12 2010", PUB.L. 111-152.

13 (c) (I) "HEALTH-CARE PROVIDER" OR "PROVIDER" MEANS ANY  
14 PERSON WHO IS LICENSED, CERTIFIED, REGISTERED, OR OTHERWISE  
15 PERMITTED BY STATE LAW TO ADMINISTER HEALTH CARE IN THE ORDINARY  
16 COURSE OF BUSINESS OR IN THE PRACTICE OF A PROFESSION.

17 (II) "HEALTH-CARE PROVIDER" OR "PROVIDER" INCLUDES A  
18 PROFESSIONAL SERVICE CORPORATION, LIMITED LIABILITY COMPANY, OR  
19 REGISTERED LIMITED LIABILITY PARTNERSHIP ORGANIZED PURSUANT TO  
20 STATE LAW FOR THE PRACTICE OF A HEALTH-CARE PROFESSION.

21 (d) "MEDICAID" MEANS THE MEDICAL ASSISTANCE PROGRAMS  
22 ESTABLISHED PURSUANT TO THE "COLORADO MEDICAL ASSISTANCE ACT",  
23 ARTICLES 4 TO 6 OF TITLE 25.5.

24 (e) "MEDICARE" MEANS FEDERAL INSURANCE OR ASSISTANCE  
25 PROVIDED BY THE "HEALTH INSURANCE FOR THE AGED ACT", TITLE XVIII  
26 OF THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395 ET SEQ.,  
27 AS AMENDED.

1 (f) (I) "REPRODUCTIVE HEALTH CARE" MEANS HEALTH CARE AND  
2 OTHER MEDICAL SERVICES RELATED TO THE REPRODUCTIVE PROCESSES,  
3 FUNCTIONS, AND SYSTEMS AT ALL STAGES OF LIFE.

4 (II) "REPRODUCTIVE HEALTH CARE" INCLUDES FAMILY PLANNING  
5 AND CONTRACEPTIVE CARE; ABORTION CARE; PRENATAL, POSTNATAL, AND  
6 DELIVERY CARE; FERTILITY CARE; STERILIZATION SERVICES; AND  
7 PREVENTION OF AND TREATMENTS FOR SEXUALLY TRANSMITTED  
8 INFECTIONS AND REPRODUCTIVE CANCERS.

9 (g) (I) "RESIDENT" MEANS A PERSON WHO IS LIVING, OTHER THAN  
10 TEMPORARILY, WITHIN THE STATE AND WHO INTENDS TO ESTABLISH  
11 COLORADO AS THE PERSON'S PRIMARY STATE OF RESIDENCE.

12 (II) "RESIDENT" INCLUDES COLORADO RESIDENTS WHO ARE  
13 TEMPORARILY LIVING IN ANOTHER STATE OR WHO ARE TRAVELING OUT OF  
14 STATE.

15 (h) "UNIVERSAL HEALTH-CARE SYSTEM" MEANS A SINGLE-PAYER,  
16 NONPROFIT HEALTH-CARE PAYMENT SYSTEM THAT IS PUBLICLY FINANCED  
17 AND PRIVATELY DELIVERED, UNDER WHICH EVERY RESIDENT OF THE STATE  
18 HAS ACCESS TO ADEQUATE AND AFFORDABLE HEALTH CARE.

19 (3) (a) (I) NO LATER THAN JULY 1, 2024, THE COLORADO SCHOOL  
20 OF PUBLIC HEALTH SHALL RESEARCH AND SELECT DRAFT MODEL  
21 LEGISLATION THAT PROPOSES A UNIVERSAL HEALTH-CARE SYSTEM FOR  
22 COLORADO THAT DIRECTLY COMPENSATES PROVIDERS.

23 (II) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL MAKE THE  
24 DRAFT MODEL LEGISLATION IT SELECTS PUBLICLY AVAILABLE ON ITS  
25 WEBSITE SO THAT INTERESTED PARTIES MAY EVALUATE AND REVIEW THE  
26 DRAFT MODEL LEGISLATION.

27 (b) THE DRAFT MODEL LEGISLATION SELECTED MUST BE CREATED

1 BY A COLORADO NONPROFIT ORGANIZATION THAT PRIORITIZES A  
2 UNIVERSAL HEALTH-CARE SYSTEM THAT:

3 (I) PROVIDES COMPREHENSIVE BENEFITS FOR MEDICAL CARE,  
4 INCLUDING DENTAL, HEARING, VISION, AND MENTAL HEALTH;

5 (II) PROVIDES LONG-TERM CARE AND SUPPORT SERVICES TO ALL  
6 RESIDENTS AT LEAST AT THE LEVEL OF COVERAGE AVAILABLE TO THOSE  
7 RESIDENTS WHO ARE ELIGIBLE TO RECEIVE MEDICAL ASSISTANCE, AS  
8 DEFINED IN SECTION 25.5-4-103 (13);

9 (III) REQUIRES HEALTH-CARE DECISIONS TO BE MADE BY PATIENTS  
10 AND THE PATIENTS' HEALTH-CARE PROVIDERS;

11 (IV) ALLOWS PATIENTS TO CHOOSE AMONG ALL PROVIDERS THAT  
12 PARTICIPATE IN THE UNIVERSAL HEALTH-CARE SYSTEM;

13 (V) PROVIDES COMPREHENSIVE HEALTH-CARE BENEFITS TO ALL  
14 COLORADO RESIDENTS;

15 (VI) IS FUNDED BY PREMIUMS, WHICH PREMIUMS ARE IN AMOUNTS  
16 THAT ARE DETERMINED BASED ON AN INDIVIDUAL'S ABILITY TO PAY;

17 (VII) PROHIBITS DEDUCTIBLES AND COPAYMENTS;

18 (VIII) ENSURES FAIR DRUG AND HOSPITAL PRICES AS WELL AS FAIR  
19 PAYMENT TO PROVIDERS;

20 (IX) IS DELIVERED THROUGH A PUBLICLY ADMINISTERED  
21 NONPROFIT ENTERPRISE THAT IS THE SOLE AGENCY PAYING FOR  
22 HEALTH-CARE COSTS IN THE STATE; AND

23 (X) IS DESIGNED TO PRIORITIZE BENEFITS AND ACCESS TO CARE  
24 FOR PATIENTS WHILE PREVENTING BARRIERS TO CARE THAT ARE IMPOSED  
25 FOR THE PURPOSE OF INCREASING PROFITS.

26 (4) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL ANALYZE  
27 THE DRAFT MODEL LEGISLATION SELECTED PURSUANT TO SUBSECTION (3)

1 OF THIS SECTION. THE ANALYSIS MAY:

2 (a) INCLUDE AN ESTIMATE OF THE FIRST-, SECOND-, FIFTH-, AND  
3 TENTH-YEAR COSTS FOR OPERATING A UNIVERSAL HEALTH-CARE SYSTEM;

4 (b) IDENTIFY REIMBURSEMENT RATES FOR HEALTH-CARE  
5 PROVIDERS AT LEVELS THAT RESULT IN NET INCOME THAT WILL ATTRACT  
6 AND RETAIN NECESSARY HEALTH-CARE PROVIDERS;

7 (c) CONSIDER A PROGRAM TO COVER HEALTH-CARE BENEFITS AT  
8 ONE HUNDRED TWENTY PERCENT OF MEDICARE RATES FOR RESIDENTS AND  
9 AT OTHER REIMBURSEMENT LEVELS AS DETERMINED APPROPRIATE BY THE  
10 COLORADO SCHOOL OF PUBLIC HEALTH;

11 (d) CONSIDER WHETHER THE BENEFITS OUTLINED IN THE DRAFT  
12 MODEL LEGISLATION ARE THE SAME AS THE BENEFITS REQUIRED BY THE  
13 FEDERAL ACT AND BY STATE LAW;

14 (e) IDENTIFY HEALTH EXPENDITURES BY PAYER;

15 (f) IDENTIFY COSTS BASED ON AN INDIVIDUAL'S ABILITY TO PAY;

16 (g) COMPARE HOSPITAL COSTS THAT USE A GLOBAL BUDGETING  
17 SYSTEM WITH HOSPITAL COSTS THAT USE A FEE-FOR-SERVICE BUDGETING  
18 SYSTEM;

19 (h) DESCRIBE HOW A UNIVERSAL HEALTH-CARE SYSTEM PROVIDES  
20 THE FOLLOWING:

21 (I) SERVICES REQUIRED BY THE FEDERAL ACT AND BY STATE LAW;

22 (II) SERVICES COVERED UNDER MEDICARE;

23 (III) MEDICAID SERVICES AND BENEFITS THAT MEET OR EXCEED  
24 CURRENT SERVICES AND BENEFITS WITH PROVIDER REIMBURSEMENT RATES  
25 THAT ARE EQUIVALENT TO OR HIGHER THAN CURRENT MEDICAID  
26 REIMBURSEMENT RATES;

27 (IV) MEDICAID SERVICES AND BENEFITS FOR INDIVIDUALS WITH

1       DISABILITIES WHO DO NOT OTHERWISE QUALIFY FOR MEDICAID;

2               (V)    COVERAGE FOR WOMEN'S HEALTH-CARE SERVICES AND

3       COMPREHENSIVE REPRODUCTIVE HEALTH CARE TO THE EXTENT THAT

4       THOSE SERVICES ARE ALLOWABLE BY STATE LAW;

5               (VI)   VISION, HEARING, AND DENTAL SERVICES;

6               (VII)   ACCESS TO PRIMARY AND SPECIALTY HEALTH-CARE

7       SERVICES IN RURAL COLORADO AND OTHER UNDERSERVED AREAS OR

8       POPULATIONS; AND

9               (VIII)  BEHAVIORAL, MENTAL HEALTH, AND SUBSTANCE USE

10       DISORDER SERVICES;

11              (i)    CONSIDER OTHER COLLATERAL COSTS AS DETERMINED BY THE

12       COLORADO SCHOOL OF PUBLIC HEALTH;

13              (j)    PROVIDE A GENERAL COST ESTIMATE AND SUGGEST POTENTIAL

14       ADDITIONAL REVENUE SOURCES TO COVER LONG-TERM CARE AND SUPPORT

15       SERVICES FOR ALL RESIDENTS;

16              (k)    ESTIMATE THE IMPACT OF IMPLEMENTING A UNIVERSAL

17       HEALTH-CARE SYSTEM ON VARIOUS SOCIOECONOMIC GROUPS, INCLUDING

18       A RACIAL EQUITY IMPACT ASSESSMENT;

19              (l)    ESTIMATE THE IMPACT OF IMPLEMENTING A UNIVERSAL

20       HEALTH-CARE SYSTEM ON HEALTH-CARE FACILITIES, PRIVATE HEALTH

21       INSURANCE COMPANIES, AND THE COLORADO OPTION HEALTH INSURANCE

22       PLAN;

23              (m)   ESTIMATE THE IMPACT OF A UNIVERSAL HEALTH-CARE SYSTEM

24       ON THE COST AND DEVELOPMENT OF SPECIALTY PHARMACEUTICALS AND

25       TREATMENT FOR RARE DISEASES;

26              (n)   ESTIMATE THE IMPACT OF A UNIVERSAL HEALTH-CARE SYSTEM

27       ON THE PRICE OF PHARMACEUTICALS; AND

1 (o) PROVIDE ANY ADDITIONAL INFORMATION THE COLORADO  
2 SCHOOL OF PUBLIC HEALTH FINDS RELEVANT.

3 (5) BY OCTOBER 1, 2025, THE COLORADO SCHOOL OF PUBLIC  
4 HEALTH SHALL SUBMIT A REPORT DETAILING ITS FINDINGS FROM THE  
5 ANALYSIS COMPLETED PURSUANT TO SUBSECTION (4) OF THIS SECTION TO  
6 THE HOUSE OF REPRESENTATIVES HEALTH AND INSURANCE COMMITTEE  
7 AND THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR  
8 SUCCESSOR COMMITTEES.

9 (6) THE COLORADO SCHOOL OF PUBLIC HEALTH MAY SEEK,  
10 ACCEPT, AND EXPEND GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR  
11 PUBLIC SOURCES FOR THE PURPOSE OF CONDUCTING THE ANALYSIS  
12 REQUIRED BY THIS SECTION.

13 (7) THIS SECTION IS REPEALED, EFFECTIVE DECEMBER 1, 2026.

14 **SECTION 2.** In Colorado Revised Statutes, **add** 25.5-1-135 as  
15 follows:

16 **25.5-1-135. Statewide health-care analysis advisory task force**  
17 **- creation - membership - duties - repeal.** (1) (a) THERE IS CREATED IN  
18 THE STATE DEPARTMENT THE STATEWIDE HEALTH-CARE ANALYSIS  
19 ADVISORY TASK FORCE, REFERRED TO IN THIS SECTION AS THE "ADVISORY  
20 TASK FORCE", FOR THE PURPOSE OF ADVISING THE COLORADO SCHOOL OF  
21 PUBLIC HEALTH IN COMPLETING THE ANALYSIS REQUIRED BY SECTION  
22 23-20-146.

23 (b) THE ADVISORY TASK FORCE IS MERELY ADVISORY AND THE  
24 COLORADO SCHOOL OF PUBLIC HEALTH IS THE ENTITY RESPONSIBLE FOR  
25 CONDUCTING THE ANALYSIS PURSUANT TO SECTION 23-20-146.

26 (2) ON OR BEFORE AUGUST 1, 2024, THE PRESIDENT OF THE  
27 SENATE, THE MINORITY LEADER OF THE SENATE, THE SPEAKER OF THE



1 HOUSE OF REPRESENTATIVES, AND THE MINORITY LEADER OF THE HOUSE  
2 OF REPRESENTATIVES SHALL EACH APPOINT ONE MEMBER OF THE GENERAL  
3 ASSEMBLY TO THE ADVISORY TASK FORCE.

4 (3) (a) ON OR BEFORE AUGUST 1, 2024, THE GOVERNOR SHALL  
5 APPOINT THE FOLLOWING MEMBERS TO THE ADVISORY TASK FORCE:

6 (I) ONE MEMBER WHO REPRESENTS A STATEWIDE HOSPITAL  
7 ASSOCIATION;

8 (II) ONE MEMBER WHO REPRESENTS ORGANIZED LABOR;

9 (III) ONE MEMBER WHO REPRESENTS THE DISABILITY COMMUNITY;

10 (IV) ONE MEMBER WHO IS A REPRODUCTIVE HEALTH-CARE  
11 ADVOCATE;

12 (V) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION OF  
13 PHYSICIANS;

14 (VI) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION  
15 OF MENTAL HEALTH-CARE PROVIDERS;

16 (VII) ONE MEMBER WHO IS A STATE TAX EXPERT OR AN EXPERT ON  
17 SECTION 20 OF ARTICLE X OF THE STATE CONSTITUTION;

18 (VIII) ONE MEMBER WHO IS A RURAL HEALTH-CARE ADVOCATE;

19 (IX) ONE MEMBER WHO IS A REGISTERED NURSE REPRESENTING A  
20 STATEWIDE ASSOCIATION OF NURSES;

21 (X) ONE MEMBER WHO REPRESENTS A COLORADO ADVOCACY  
22 ORGANIZATION FOR PEOPLE EXPERIENCING HOMELESSNESS;

23 (XI) ONE MEMBER WHO REPRESENTS AN ADVOCACY  
24 ORGANIZATION FOR HEALTH-CARE CONSUMERS;

25 (XII) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION  
26 OF DENTISTS;

27 (XIII) ONE MEMBER WHO REPRESENTS AN ADVOCACY

1 ORGANIZATION FOR HISTORICALLY MARGINALIZED COMMUNITIES;

2 (XIV) ONE MEMBER WHO REPRESENTS AN ADVOCACY  
3 ORGANIZATION FOR LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER  
4 COMMUNITIES;

5 (XV) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION  
6 OF PHARMACISTS;

7 (XVI) ONE MEMBER WHO REPRESENTS SMALL EMPLOYER  
8 INTERESTS; AND

9 (XVII) ONE MEMBER WHO REPRESENTS LARGE EMPLOYER  
10 INTERESTS.

11 (b) IN MAKING THE APPOINTMENTS PURSUANT TO SUBSECTION  
12 (3)(a) OF THIS SECTION, THE GOVERNOR SHALL ENSURE THAT THE  
13 APPOINTEES:

14 (I) HAVE DEMONSTRATED AN ABILITY TO REPRESENT THE  
15 INTERESTS OF ALL COLORADANS AND, REGARDLESS OF THE APPOINTEES'  
16 BACKGROUNDS OR AFFILIATIONS, ARE ABLE TO PRESENT OBJECTIVE,  
17 NONPARTISAN, FACTUAL, AND EVIDENCE-BASED IDEAS AND TO  
18 OBJECTIVELY ADVISE THE COLORADO SCHOOL OF PUBLIC HEALTH  
19 CONCERNING A SINGLE-PAYER, NONPROFIT, UNIVERSAL HEALTH-CARE  
20 PAYMENT SYSTEM; AND

21 (II) REFLECT THE SOCIAL, DEMOGRAPHIC, AND GEOGRAPHIC  
22 DIVERSITY OF THE STATE, INCLUDING HISTORICALLY MARGINALIZED  
23 COMMUNITIES.

24 (c) A MEMBER OF THE ADVISORY TASK FORCE APPOINTED  
25 PURSUANT TO SUBSECTION (3)(a) OF THIS SECTION MAY BE REMOVED BY  
26 A TWO-THIRDS VOTE OF THE MEMBERS OF THE ADVISORY TASK FORCE.

27 (d) IF A VACANCY OCCURS ON THE ADVISORY TASK FORCE, THE

1 ORIGINAL APPOINTING AUTHORITY SHALL APPOINT A NEW MEMBER TO FILL  
2 THE VACANCY.

3 (4) THE EXECUTIVE DIRECTORS OF THE DEPARTMENT OF HUMAN  
4 SERVICES AND THE STATE DEPARTMENT, THE COMMISSIONER OF  
5 INSURANCE, AND THE CHIEF EXECUTIVE OFFICER OF THE COLORADO  
6 HEALTH BENEFIT EXCHANGE CREATED IN ARTICLE 22 OF TITLE 10, OR THE  
7 DESIGNEE OF AN EXECUTIVE DIRECTOR, THE COMMISSIONER, OR THE CHIEF  
8 EXECUTIVE OFFICER, SHALL SERVE ON THE ADVISORY TASK FORCE.

9 (5) (a) THE EXECUTIVE DIRECTOR OF THE STATE DEPARTMENT, OR  
10 THE EXECUTIVE DIRECTOR'S DESIGNEE SERVING ON THE ADVISORY TASK  
11 FORCE, SHALL CALL THE FIRST MEETING OF THE ADVISORY TASK FORCE.

12 (b) AT THE FIRST MEETING OF THE ADVISORY TASK FORCE, THE  
13 ADVISORY TASK FORCE SHALL SELECT A CHAIR AND VICE-CHAIR FROM  
14 AMONG ITS MEMBERS.

15 (c) THE ADVISORY TASK FORCE SHALL MEET AT LEAST SIX TIMES  
16 BEFORE OCTOBER 1, 2025, AND MAY CONVENE ADDITIONAL MEETINGS BY  
17 A MAJORITY VOTE OF THE MEMBERS OF THE ADVISORY TASK FORCE.

18 (d) ALL MEETINGS OF THE ADVISORY TASK FORCE MUST BE OPEN  
19 TO THE PUBLIC, AND THE ADVISORY TASK FORCE SHALL POST NOTICE OF A  
20 MEETING AT LEAST ONE WEEK IN ADVANCE OF THE MEETING ON THE  
21 COLORADO SCHOOL OF PUBLIC HEALTH'S WEBSITE AND THE STATE  
22 DEPARTMENT'S WEBSITE.

23 (6) AT THE FIRST MEETING OF THE ADVISORY TASK FORCE, A  
24 REPRESENTATIVE FROM THE ENTITY PROVIDING THE DRAFT MODEL  
25 LEGISLATION SELECTED BY THE COLORADO SCHOOL OF PUBLIC HEALTH  
26 PURSUANT TO SECTION 23-20-146 (3) SHALL PRESENT THE DRAFT MODEL  
27 LEGISLATION TO THE ADVISORY TASK FORCE FOR FEEDBACK.

1           (7) NONLEGISLATIVE ADVISORY TASK FORCE MEMBERS APPOINTED  
2 PURSUANT TO SUBSECTION (3)(a) OF THIS SECTION ARE NOT ENTITLED TO  
3 RECEIVE PER DIEM OR OTHER COMPENSATION FOR PERFORMANCE OF  
4 SERVICES FOR THE ADVISORY TASK FORCE BUT MAY BE REIMBURSED FOR  
5 ACTUAL AND NECESSARY EXPENSES INCURRED IN THE PERFORMANCE OF  
6 OFFICIAL DUTIES OF THE ADVISORY TASK FORCE. LEGISLATORS WHO SERVE  
7 ON THE ADVISORY TASK FORCE ARE REIMBURSED PURSUANT TO SECTION  
8 2-2-307 (3).

9           (8) THIS SECTION IS REPEALED, EFFECTIVE DECEMBER 1, 2026.

10           **SECTION 3. Safety clause.** The general assembly finds,  
11 determines, and declares that this act is necessary for the immediate  
12 preservation of the public peace, health, or safety or for appropriations for  
13 the support and maintenance of the departments of the state and state  
14 institutions.