

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

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 25-0421.02 Nicole Myers x4326 & Kristen Forrestal x4217 **HOUSE BILL 25-1174**

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A BILL FOR AN ACT

101 **CONCERNING LIMITS ON THE AMOUNTS THAT CERTAIN HEALTH**
102 **INSURERS MAY REIMBURSE FOR THE PROVISION OF CERTAIN**
103 **HEALTH-CARE SERVICES, AND, IN CONNECTION THEREWITH,**
104 **CREATING THE "SUPPORT COLORADO'S HEALTH-CARE SAFETY**
105 **NET ACT OF 2025" AND MAKING 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>.)

The bill sets the reimbursement rates that a health insurance carrier (carrier) may reimburse a health-care provider (provider) for covered

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.

services for the state employee group benefit plans (state group benefit plans) and for small employer group benefit plans (small group plans).

The bill prohibits a provider that is subject to the reimbursement limitations from billing or collecting payment from a person covered under a state group benefit plan or small group plan for any outstanding balance for covered services that is not reimbursed by the carrier, except for the applicable in-network coinsurance, copayment, or deductible amounts.

The bill requires a carrier to provide cost and quality of care information to the commissioner of insurance (commissioner) in the case of small group plans and to the director of the department of personnel (director) in the case of state group benefit plans, at the request of the commissioner or director, as applicable, and prohibits a carrier from entering into an agreement with a provider or third party that would restrict the carrier from providing the information.

By September 1, 2027, and by September 1 each year thereafter, the director is required to provide a report to the governor's office, the state treasurer's office, and the joint budget committee that states the amount of calculated savings in general fund expenditures (calculated savings), if any, for health plan reimbursement for the prior fiscal year as a result of the reimbursement limits for state group benefit plans. The director is also required to include in the report the cost to the department in determining the calculated savings. By September 15, 2027, and by September 15 each year thereafter, of the money from the calculated savings, the state treasurer is required to transfer an amount equal to the department's costs in determining the calculated savings to the group benefit plans expenditure savings cash fund (expenditure savings cash fund), which is created in the bill, and specified percentages of the calculated savings from the general fund to the primary care fund and to the expenditure savings cash fund.

The bill also requires the executive director of the department of health care policy and financing (state department) to conduct a study, in collaboration with specified state agencies, to determine the feasibility of establishing a similar reimbursement limit for group benefit plans offered to school district, higher education, and local government employees. The executive director is required to complete the study and report the findings to the general assembly on or before January 1, 2028. The bill allocates \$500,000 from the calculated savings to a health care reimbursement feasibility study cash fund created in the bill and authorizes the state department to use the money to conduct the study.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** 10-16-711 as

1 follows:

2 **10-16-711. Group health benefit plans - small employer**
3 **carriers - reimbursement to providers and facilities - limitations -**
4 **required participation in small group market - penalties - definitions.**

5 (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
6 REQUIRES:

7 (a) "AFFILIATED HEALTH FACILITY" MEANS A HEALTH FACILITY
8 THAT IS AFFILIATED WITH A HOSPITAL OR HEALTH SYSTEM UNDER A
9 PROFESSIONAL SERVICES AGREEMENT, FACULTY AGREEMENT, OR
10 MANAGEMENT AGREEMENT THAT PERMITS THE HOSPITAL OR HEALTH
11 SYSTEM TO BILL ON BEHALF OF THE HEALTH FACILITY.

12 (b) (I) "EQUIVALENT RATE" MEANS THE PAYMENT OR
13 REIMBURSEMENT RATE DETERMINED BY RULE OF THE COMMISSIONER
14 FOR A HOSPITAL THAT IS PART OF A PEDIATRIC SPECIALTY HOSPITAL
15 SYSTEM WHERE OVER NINETY PERCENT OF THE HOSPITAL SYSTEM'S
16 POPULATION SERVED IS UNDER EIGHTEEN YEARS OF AGE AND THAT HAS A
17 LEVEL I PEDIATRIC TRAUMA CENTER.

18 (II) THE "EQUIVALENT RATE" IS:

19 (A) CALCULATED BY MULTIPLYING THE MEDICAID FEE SCHEDULE
20 FOR THE HOSPITAL BY A CONVERSION FACTOR EQUAL TO THE RATIO OF THE
21 STATEWIDE PAYMENT-TO-COST RATIO FOR MEDICARE TO THE HOSPITAL'S
22 SPECIFIC PAYMENT-TO-COST RATIO, WHICH IS 1.52; AND

23 (B) ADJUSTED ANNUALLY FOR CUMULATIVE INFLATION BY A
24 FACTOR EQUAL TO THE AVERAGE PERCENTAGE INCREASE IN THE MEDICARE
25 INPATIENT AND OUTPATIENT PROSPECTIVE PAYMENT SYSTEMS OVER THE
26 PREVIOUS THREE YEARS.

27 (c) "ESSENTIAL ACCESS HOSPITAL" MEANS A CRITICAL ACCESS

1 HOSPITAL OR A GENERAL HOSPITAL THAT IS LOCATED IN A RURAL AREA
2 AND THAT HAS TWENTY-FIVE OR FEWER LICENSED BEDS.

3 (d) "HEALTH FACILITY" MEANS A FACILITY LICENSED OR CERTIFIED
4 PURSUANT TO SECTION 25-1.5-103 OR ESTABLISHED PURSUANT TO PART
5 5 OF ARTICLE 21 OF TITLE 23 OR ARTICLE 29 OF TITLE 25.

6 (e) "HEALTH SYSTEM" MEANS A CORPORATION OR OTHER
7 ORGANIZATION THAT OWNS, CONTAINS, OR OPERATES THREE OR MORE
8 HOSPITALS.

9 (f) (I) "HOSPITAL" MEANS A HOSPITAL THAT IS LICENSED OR
10 CERTIFIED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
11 PURSUANT TO THE DEPARTMENT'S AUTHORITY UNDER SECTION 25-1.5-103
12 (1)(a) OR THAT IS ESTABLISHED PURSUANT TO PART 5 OF ARTICLE 21 OF
13 TITLE 23 OR ARTICLE 29 OF TITLE 25.

14 (II) "HOSPITAL" DOES NOT INCLUDE A HOSPITAL OR OTHER
15 MEDICAL FACILITY CREATED BY AND OPERATED UNDER THE AUTHORITY
16 OF SECTION 25-29-101.

17 (g) "MEDICARE REIMBURSEMENT RATE" MEANS THE
18 FACILITY-SPECIFIC REIMBURSEMENT RATE FOR A PARTICULAR
19 HEALTH-CARE SERVICE PROVIDED UNDER THE "HEALTH INSURANCE FOR
20 THE AGED ACT", TITLE XVIII OF THE FEDERAL "SOCIAL SECURITY ACT",
21 42 U.S.C. SEC. 1395 ET SEQ. FOR HOSPITALS THAT MEDICARE REIMBURSES
22 UNDER THE HOSPITAL INPATIENT PROSPECTIVE PAYMENT SYSTEM AND THE
23 HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM, THE "MEDICARE
24 REIMBURSEMENT RATE" MEANS THE RATE BASED ON THE APPLICABLE
25 PROSPECTIVE PAYMENT SYSTEM FEE SCHEDULE THAT IS EFFECTIVE AS OF
26 THE QUARTER IN WHICH THE CARRIER WILL FILE RATES PURSUANT TO
27 SECTION 10-16-107.

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(h) "SMALL GROUP MARKET" MEANS THE MARKET FOR SMALL GROUP HEALTH BENEFIT PLANS.

(i) "SMALL GROUP HEALTH BENEFIT PLAN" MEANS A HEALTH BENEFIT PLAN OFFERED OR ISSUED TO A SMALL EMPLOYER.

(2) (a) EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (2)(b) OF THIS SECTION, BEGINNING JANUARY 1, 2027, EACH CARRIER OFFERING COVERAGE IN THE SMALL GROUP MARKET SHALL REIMBURSE PROVIDERS IN ACCORDANCE WITH THE FOLLOWING REQUIREMENTS:

(I) FOR INPATIENT AND OUTPATIENT SERVICES, EXCLUDING PROFESSIONAL SERVICES, RECEIVED AT AN IN-NETWORK HOSPITAL OR AT AN IN-NETWORK AFFILIATED HEALTH FACILITY, THE REIMBURSEMENT MUST NOT EXCEED, AND THE HOSPITAL OR AFFILIATED HEALTH FACILITY SHALL NOT CHARGE MORE THAN, THE LESSER OF: THE CARRIER'S CONTRACTED RATE FOR THE SERVICE IN THE 2024 PLAN YEAR; OR ONE HUNDRED SIXTY-FIVE PERCENT OF THE MEDICARE REIMBURSEMENT RATE OR ONE HUNDRED SIXTY-FIVE PERCENT OF THE EQUIVALENT RATE, WHICHEVER IS APPLICABLE, FOR THE SAME OR SIMILAR SERVICES; AND

(II) FOR INPATIENT AND OUTPATIENT SERVICES, EXCLUDING PROFESSIONAL SERVICES, RECEIVED AT AN OUT-OF-NETWORK HOSPITAL OR AT AN OUT-OF-NETWORK AFFILIATED HEALTH FACILITY, THE REIMBURSEMENT MUST NOT EXCEED, AND THE HOSPITAL OR AFFILIATED HEALTH FACILITY SHALL NOT CHARGE MORE THAN, ONE HUNDRED FIFTY PERCENT OF THE MEDICARE REIMBURSEMENT RATE OR ONE HUNDRED FIFTY PERCENT OF THE EQUIVALENT RATE, WHICHEVER IS APPLICABLE, FOR THE SAME OR SIMILAR SERVICES.

1 (b) SUBSECTION (2)(a) OF THIS SECTION DOES NOT APPLY TO AN
2 ESSENTIAL ACCESS HOSPITAL.

3 (3) THIS SECTION DOES NOT PROHIBIT A CARRIER OFFERING
4 COVERAGE IN THE SMALL GROUP MARKET FROM REIMBURSING A HOSPITAL
5 OR AN AFFILIATED HEALTH FACILITY THROUGH AN ALTERNATIVE
6 PAYMENT MODEL THAT IS NOT PAID ON A FEE-FOR-SERVICES OR PER-CLAIM
7 BASIS SO LONG AS THE PAYMENTS INCENTIVIZE THE HOSPITAL OR
8 AFFILIATED HEALTH FACILITY TO ACHIEVE HIGHER QUALITY OR IMPROVED
9 HEALTH OUTCOMES AND THE CARRIER CONTINUES TO COMPLY WITH THE
10 REIMBURSEMENT REQUIREMENTS OF THIS SECTION.

11 (4) A HOSPITAL OR AN AFFILIATED HEALTH FACILITY THAT IS
12 REIMBURSED IN ACCORDANCE WITH SUBSECTION (2)(a) OF THIS SECTION
13 SHALL NOT BILL OR COLLECT PAYMENT FROM A COVERED PERSON FOR ANY
14 OUTSTANDING BALANCE FOR COVERED SERVICES NOT PAID BY THE
15 CARRIER, EXCEPT FOR THE APPLICABLE IN-NETWORK COINSURANCE,
16 DEDUCTIBLE, OR COPAYMENT AMOUNT REQUIRED, PURSUANT TO THE
17 SMALL GROUP HEALTH BENEFIT PLAN, TO BE PAID BY THE COVERED
18 PERSON.

19 (5) AT THE REQUEST OF THE COMMISSIONER, A CARRIER OFFERING
20 COVERAGE IN THE SMALL GROUP MARKET SHALL PROVIDE COST AND
21 QUALITY OF CARE INFORMATION TO THE COMMISSIONER, INCLUDING
22 NEGOTIATED REIMBURSEMENT RATE DATA. A CARRIER SHALL NOT ENTER
23 INTO AN AGREEMENT WITH A HOSPITAL, HEALTH FACILITY, PROVIDER, OR
24 THIRD PARTY THAT WOULD RESTRICT THE CARRIER FROM PROVIDING COST
25 AND QUALITY OF CARE INFORMATION TO THE COMMISSIONER.

26 (6) (a) IN ESTABLISHING AND FILING RATES FOR SMALL GROUP
27 PLANS PURSUANT TO SECTION 10-16-107, A CARRIER MUST TAKE INTO

1 ACCOUNT ANY ANTICIPATED REDUCTION IN THE COST OF SERVICES
2 PROVIDED AT A HOSPITAL OR AFFILIATED HEALTH FACILITY THAT MAY
3 RESULT FROM THE APPLICATION OF THIS SECTION.

4 (b) (I) THE COMMISSIONER MAY REQUIRE A HOSPITAL OR
5 AFFILIATED HEALTH FACILITY TO PARTICIPATE IN A SMALL GROUP HEALTH
6 BENEFIT PLAN OFFERED IN THE SMALL GROUP MARKET AND TO ACCEPT THE
7 REIMBURSEMENT RATE SPECIFIED IN THIS SECTION. IF THE COMMISSIONER
8 REQUIRES A HOSPITAL OR AFFILIATED HEALTH FACILITY TO PARTICIPATE
9 IN A SMALL GROUP HEALTH BENEFIT PLAN AND TO ACCEPT THE
10 REIMBURSEMENT RATE SPECIFIED IN THIS SECTION AND RECEIVES NOTICE
11 THAT A HOSPITAL OR AFFILIATED HEALTH FACILITY REFUSES TO
12 PARTICIPATE IN A SMALL GROUP MARKET HEALTH BENEFIT PLAN AND
13 ACCEPT THE REIMBURSEMENT RATE SPECIFIED IN THIS SECTION, THE
14 COMMISSIONER SHALL ISSUE A WARNING TO THE HOSPITAL OR AFFILIATED
15 HEALTH FACILITY. IF THE HOSPITAL OR AFFILIATED HEALTH FACILITY
16 REFUSES TO PARTICIPATE IN A SMALL GROUP MARKET HEALTH BENEFIT
17 PLAN AND ACCEPT THE REIMBURSEMENT RATE SPECIFIED IN THIS SECTION
18 AFTER RECEIPT OF THE WARNING, THE COMMISSIONER SHALL FINE THE
19 HOSPITAL OR AFFILIATED HEALTH FACILITY UP TO TEN THOUSAND
20 DOLLARS PER DAY FOR THE FIRST THIRTY DAYS THAT THE HOSPITAL OR
21 AFFILIATED HEALTH FACILITY REFUSES TO PARTICIPATE AND ACCEPT THE
22 REIMBURSEMENT RATE SPECIFIED IN THIS SECTION AND UP TO FORTY
23 THOUSAND DOLLARS PER DAY FOR EACH DAY BEYOND THE FIRST THIRTY
24 DAYS THAT THE HOSPITAL OR AFFILIATED HEALTH FACILITY REFUSES TO
25 PARTICIPATE AND ACCEPT THE REIMBURSEMENT RATE SPECIFIED IN THIS
26 SECTION.

27 (II) IN DETERMINING THE APPROPRIATE FINE PURSUANT TO

1 SUBSECTION (6)(b)(I) OF THIS SECTION, THE COMMISSIONER SHALL
2 CONSIDER ANY RECOMMENDATIONS FROM THE DEPARTMENT OF PUBLIC
3 HEALTH AND ENVIRONMENT, THE HOSPITAL'S FINANCIAL CIRCUMSTANCES,
4 AND OTHER CIRCUMSTANCES THE COMMISSIONER DEEMS RELEVANT.

5 (7) THE COMMISSIONER MAY ADOPT RULES IN ACCORDANCE WITH
6 ARTICLE 4 OF TITLE 24 TO IMPLEMENT THIS SECTION.

7 **SECTION 2.** In Colorado Revised Statutes, 10-16-704, **amend**
8 (5.5)(b)(I) introductory portion; and **add** (5.5)(b)(IV) as follows:

9 **10-16-704. Network adequacy - required disclosures - balance**
10 **billing - rules - legislative declaration - definitions.** (5.5) (b) (I) If a
11 covered person receives emergency services at an out-of-network facility,
12 other than any out-of-network facility operated by the Denver health and
13 hospital authority pursuant to article 29 of title 25, ~~the~~ EXCEPT AS
14 PROVIDED IN SUBSECTION (5.5)(b)(IV) OF THIS SECTION, A carrier shall
15 reimburse the out-of-network provider in accordance with subsection
16 (3)(d)(II) of this section and reimburse the out-of-network facility directly
17 in accordance with section 10-16-106.5 the greater of:

18 (IV) FOR A COVERED PERSON ENROLLED IN A SMALL GROUP PLAN
19 WHO RECEIVES EMERGENCY SERVICES AT AN OUT-OF-NETWORK FACILITY
20 OTHER THAN AN ESSENTIAL ACCESS HOSPITAL, AS DEFINED IN SECTION
21 10-16-711 (1)(c), THE CARRIER SHALL REIMBURSE THE OUT-OF-NETWORK
22 FACILITY DIRECTLY IN ACCORDANCE WITH SECTIONS 10-16-106.5 AND
23 10-16-711 (2)(a)(II).

24 **SECTION 3.** In Colorado Revised Statutes, 25-3-122, **amend**
25 (3)(a) as follows:

26 **25-3-122. Out-of-network facilities - emergency medical**
27 **services - billing - payment - deceptive trade practice.** (3) (a) (I) An

1 out-of-network facility, other than any out-of-network facility operated
2 by the Denver health and hospital authority pursuant to article 29 of title
3 25, must send a claim for emergency services to the carrier within one
4 hundred eighty days after the receipt of insurance information in order to
5 receive reimbursement as specified in this subsection (3)(a).

6 (II) EXCEPT AS PROVIDED IN SUBSECTION (3)(a)(III) OF THIS
7 SECTION, the reimbursement rate is the greater of:

8 (A) One hundred five percent of the carrier's median in-network
9 rate of reimbursement for that service provided in a similar facility or
10 setting in the same geographic area; or

11 (B) The median in-network rate of reimbursement for the same
12 service provided in a similar facility or setting in the same geographic
13 area for the prior year based on claims data from the all-payer health
14 claims database created in section 25.5-1-204.

15 (III) FOR EMERGENCY SERVICES PROVIDED BY AN
16 OUT-OF-NETWORK FACILITY, OTHER THAN AN ESSENTIAL ACCESS
17 HOSPITAL, AS DEFINED IN SECTION 10-16-711 (1)(c), TO A COVERED
18 PERSON ENROLLED IN A SMALL GROUP PLAN, AS DEFINED IN SECTION
19 10-16-102 (63), THE REIMBURSEMENT RATE IS DETERMINED IN
20 ACCORDANCE WITH SECTION 10-16-711 (2)(a)(II).

21 **SECTION 4.** In Colorado Revised Statutes, 24-50-605, **add**
22 (1)(g) as follows:

23 **24-50-605. Group benefit plans - specifications - contracts.**

24 (1) (g) THE SPECIFICATIONS DRAWN BY THE DIRECTOR FOR ANY GROUP
25 BENEFIT PLANS SHALL INCLUDE THE PARAMETERS FOR PROVIDER
26 REIMBURSEMENTS SPECIFIED IN SECTION 24-50-621.

27 **SECTION 5.** In Colorado Revised Statutes, **add** 24-50-621 as

1 follows:

2 **24-50-621. Group benefit plans - reimbursement limits for**
3 **health plans - hospital services - health plan expenditure savings**
4 **distribution - group benefit plans expenditure savings cash fund -**
5 **report - short title - rules - definitions.** (1) THE SHORT TITLE OF THIS
6 SECTION IS THE "SUPPORT COLORADO'S HEALTH-CARE SAFETY NET ACT
7 OF 2025".

8 (2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
9 REQUIRES:

10 (a) "AFFILIATED HEALTH FACILITY" MEANS A HEALTH FACILITY
11 THAT IS AFFILIATED WITH A HOSPITAL OR HEALTH SYSTEM UNDER A
12 PROFESSIONAL SERVICES AGREEMENT, FACULTY AGREEMENT, OR
13 MANAGEMENT AGREEMENT THAT PERMITS THE HOSPITAL OR HEALTH
14 SYSTEM TO BILL ON BEHALF OF THE HEALTH FACILITY.

15 (b) (I) "EQUIVALENT RATE" MEANS THE PAYMENT OR
16 REIMBURSEMENT RATE DETERMINED BY RULE OF THE COMMISSIONER OF
17 INSURANCE FOR A HOSPITAL THAT IS PART OF A PEDIATRIC SPECIALTY
18 HOSPITAL SYSTEM WHERE OVER NINETY PERCENT OF THE HOSPITAL
19 SYSTEM'S POPULATION SERVED IS UNDER EIGHTEEN YEARS OF AGE AND
20 THAT HAS A LEVEL I PEDIATRIC TRAUMA CENTER.

21 (II) THE "EQUIVALENT RATE" IS:

22 (A) CALCULATED BY MULTIPLYING THE MEDICAID FEE SCHEDULE
23 FOR THE HOSPITAL BY A CONVERSION FACTOR EQUAL TO THE RATIO OF THE
24 STATEWIDE PAYMENT-TO-COST RATIO FOR MEDICARE TO THE HOSPITAL'S
25 SPECIFIC PAYMENT-TO-COST RATIO, WHICH IS 1.52; AND

26 (B) ADJUSTED ANNUALLY FOR CUMULATIVE INFLATION BY A
27 FACTOR EQUAL TO THE AVERAGE PERCENTAGE INCREASE IN THE MEDICARE

1 INPATIENT AND OUTPATIENT PROSPECTIVE PAYMENT SYSTEMS OVER THE
2 PREVIOUS THREE YEARS.

3 (c) "ESSENTIAL ACCESS HOSPITAL" MEANS A CRITICAL ACCESS
4 HOSPITAL OR A GENERAL HOSPITAL THAT IS LOCATED IN A RURAL AREA
5 AND THAT HAS TWENTY-FIVE OR FEWER LICENSED BEDS.

6 (d) "HEALTH FACILITY" MEANS A FACILITY LICENSED OR CERTIFIED
7 PURSUANT TO SECTION 25-1.5-103 OR ESTABLISHED PURSUANT TO PART
8 5 OF ARTICLE 21 OF TITLE 23 OR ARTICLE 29 OF TITLE 25.

9 (e) "HEALTH SYSTEM" MEANS A CORPORATION OR OTHER
10 ORGANIZATION THAT OWNS, CONTAINS, OR OPERATES THREE OR MORE
11 HOSPITALS.

12 (f) "HOSPITAL" MEANS A HOSPITAL THAT IS LICENSED OR
13 CERTIFIED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
14 PURSUANT TO THE DEPARTMENT'S AUTHORITY UNDER SECTION 25-1.5-103
15 (1)(a) OR THAT IS ESTABLISHED PURSUANT TO PART 5 OF ARTICLE 21 OF
16 TITLE 23 OR ARTICLE 29 OF TITLE 25.

17 (g) "MEDICARE REIMBURSEMENT RATE" MEANS THE
18 FACILITY-SPECIFIC REIMBURSEMENT RATE FOR A PARTICULAR
19 HEALTH-CARE SERVICE PROVIDED UNDER THE "HEALTH INSURANCE FOR
20 THE AGED ACT", TITLE XVIII OF THE FEDERAL "SOCIAL SECURITY ACT",
21 42 U.S.C., SEC. 1395 ET SEQ. FOR HOSPITALS THAT MEDICARE REIMBURSES
22 UNDER THE HOSPITAL INPATIENT PROSPECTIVE PAYMENT SYSTEM AND THE
23 HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM, THE "MEDICARE
24 REIMBURSEMENT RATE" MEANS THE RATE BASED ON THE APPLICABLE
25 PROSPECTIVE PAYMENT SYSTEM FEE SCHEDULE THAT IS EFFECTIVE AS OF
26 EACH JANUARY OF THE APPLICABLE PLAN YEAR.

27



1 (3) (a) EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (3)(b) OF
2 THIS SECTION, BEGINNING JULY 1, 2026, EACH CARRIER THAT PROVIDES OR
3 ADMINISTERS A GROUP BENEFIT PLAN PURSUANT TO THIS PART 6 SHALL
4 REIMBURSE PROVIDERS IN ACCORDANCE WITH THE FOLLOWING
5 REQUIREMENTS FOR THE FOLLOWING SERVICES PROVIDED TO AN
6 EMPLOYEE OR DEPENDENT ENROLLED IN THE GROUP BENEFIT PLAN:

7 (I) FOR INPATIENT AND OUTPATIENT SERVICES, EXCLUDING
8 PROFESSIONAL SERVICES, RECEIVED AT AN IN-NETWORK HOSPITAL OR AT
9 AN IN-NETWORK AFFILIATED HEALTH FACILITY, THE REIMBURSEMENT
10 MUST NOT EXCEED, AND THE HOSPITAL OR AFFILIATED HEALTH FACILITY
11 SHALL NOT CHARGE MORE THAN, THE LESSER OF: THE CARRIER'S
12 CONTRACTED RATE FOR THE SERVICE IN THE ANNUAL GROUP BENEFIT PLAN
13 YEAR THAT COMMENCES IN THE 2024-25 STATE FISCAL YEAR; OR ONE
14 HUNDRED SIXTY-FIVE PERCENT OF THE MEDICARE REIMBURSEMENT RATE
15 OR ONE HUNDRED SIXTY-FIVE PERCENT OF THE EQUIVALENT RATE,
16 WHICHEVER IS APPLICABLE, FOR THE SAME OR SIMILAR SERVICES; AND

17 (II) FOR INPATIENT AND OUTPATIENT SERVICES, EXCLUDING
18 PROFESSIONAL SERVICES, RECEIVED AT AN OUT-OF-NETWORK HOSPITAL OR
19 AT AN OUT-OF-NETWORK AFFILIATED HEALTH FACILITY, THE
20 REIMBURSEMENT MUST NOT EXCEED, AND THE HOSPITAL OR AFFILIATED
21 HEALTH FACILITY SHALL NOT CHARGE MORE THAN, ONE HUNDRED FIFTY
22 PERCENT OF THE MEDICARE REIMBURSEMENT RATE OR ONE HUNDRED
23 FIFTY PERCENT OF THE EQUIVALENT RATE, WHICHEVER IS APPLICABLE, FOR
24 THE SAME OR SIMILAR SERVICES.

25 ■ ■

26 (b) SUBSECTION (3)(a) OF THIS SECTION DOES NOT APPLY TO AN
27 ESSENTIAL ACCESS HOSPITAL.

1 (4) THIS SECTION DOES NOT PROHIBIT A CARRIER FROM
2 REIMBURSING A HOSPITAL OR AFFILIATED HEALTH FACILITY THROUGH AN
3 ALTERNATIVE PAYMENT MODEL THAT IS NOT PAID ON A FEE-FOR-SERVICES
4 OR PER-CLAIM BASIS SO LONG AS THE PAYMENTS INCENTIVIZE THE
5 HOSPITAL OR AFFILIATED HEALTH FACILITY TO ACHIEVE HIGHER QUALITY
6 OR IMPROVED HEALTH OUTCOMES AND THE CARRIER CONTINUES TO
7 COMPLY WITH THE REIMBURSEMENT REQUIREMENTS OF THIS SECTION.

8 (5) A HOSPITAL OR AN AFFILIATED HEALTH FACILITY THAT IS
9 REIMBURSED IN ACCORDANCE WITH SUBSECTION (3)(a) OF THIS SECTION
10 SHALL NOT BILL OR COLLECT PAYMENT FROM A PLAN ENROLLEE FOR ANY
11 OUTSTANDING BALANCE FOR COVERED SERVICES NOT PAID BY THE
12 CARRIER, EXCEPT FOR THE APPLICABLE IN-NETWORK COINSURANCE,
13 DEDUCTIBLE, OR COPAYMENT AMOUNT REQUIRED, PURSUANT TO THE
14 GROUP BENEFIT PLAN, TO BE PAID BY THE PLAN ENROLLEE.

15 (6) AT THE REQUEST OF THE DIRECTOR, A CARRIER SHALL PROVIDE
16 COST AND QUALITY OF CARE INFORMATION TO THE DIRECTOR, INCLUDING
17 NEGOTIATED REIMBURSEMENT RATE DATA. A CARRIER SHALL NOT ENTER
18 INTO AN AGREEMENT WITH A HOSPITAL, HEALTH FACILITY, PROVIDER, OR
19 THIRD PARTY THAT WOULD RESTRICT THE CARRIER FROM PROVIDING COST
20 AND QUALITY OF CARE INFORMATION TO THE DIRECTOR.

21 (7) (a) BY SEPTEMBER 1, 2027, AND BY SEPTEMBER 1 EACH YEAR
22 THEREAFTER, THE DIRECTOR SHALL PROVIDE A REPORT TO THE
23 GOVERNOR'S OFFICE, THE OFFICE OF THE STATE TREASURER, AND THE
24 JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY THAT SPECIFIES
25 THE CALCULATED SAVINGS, IF ANY, IN GENERAL FUND EXPENDITURES
26 THAT RESULT FROM REDUCED PROVIDER REIMBURSEMENTS UNDER GROUP
27 BENEFIT PLANS IN THE IMMEDIATELY PRECEDING FISCAL YEAR PURSUANT

1 TO THIS SECTION. THE DIRECTOR SHALL INCLUDE IN THE REPORT THE COST
2 TO THE DEPARTMENT TO DETERMINE THE CALCULATED SAVINGS, IF ANY,
3 IN GENERAL FUND EXPENDITURES THAT RESULT FROM REDUCED PROVIDER
4 REIMBURSEMENTS UNDER GROUP BENEFIT PLANS IN THE IMMEDIATELY
5 PRECEDING STATE FISCAL YEAR AS PURSUANT TO THIS SECTION, AS
6 REPORTED PURSUANT TO THIS SUBSECTION (7)(a).

7
8 (b) BY SEPTEMBER 15, 2027, OF THE CALCULATED GENERAL FUND
9 EXPENDITURE SAVINGS IDENTIFIED IN THE REPORT REQUIRED BY
10 SUBSECTION (7)(a) OF THIS SECTION, THE STATE TREASURER SHALL
11 TRANSFER FROM THE GENERAL FUND:

12 (I) FIVE HUNDRED THOUSAND DOLLARS TO THE HEALTH CARE
13 REIMBURSEMENT FEASIBILITY STUDY CASH FUND, CREATED IN SECTION
14 25.5-1-135 (5), TO BE USED BY THE DEPARTMENT OF HEALTH CARE POLICY
15 AND FINANCING FOR THE FEASIBILITY STUDY REQUIRED IN SECTION
16 25.5-1-135;

17 (II) FIVE HUNDRED THOUSAND NINE HUNDRED FIFTEEN DOLLARS
18 TO THE SUPPLIER DATABASE CASH FUND CREATED IN SECTION
19 24-102-202.5 (2)(a), TO REIMBURSE THE DEPARTMENT FOR PAYING THE
20 ACTUAL EXPENSES INCURRED BY THE DIVISION OF INSURANCE TO
21 IMPLEMENT THE REQUIREMENTS OF SECTION 10-16-711 PURSUANT TO
22 SECTION 24-102-202.5 (2)(c); AND

23 (III) THE AMOUNT SPECIFIED IN THE REPORT SUBMITTED FOR THE
24 2026-27 STATE FISCAL YEAR PURSUANT TO SUBSECTION (7)(a) OF THIS
25 SECTION THAT IS REMAINING AFTER THE STATE TREASURER TRANSFERS
26 THE AMOUNTS REQUIRED BY SUBSECTIONS (7)(b)(I) AND (7)(b)(II) OF THIS
27 SECTION TO THE GROUP BENEFIT PLANS EXPENDITURE SAVINGS CASH FUND

1 CREATED IN SUBSECTION (8) OF THIS SECTION TO BE USED AS SPECIFIED IN
2 SUBSECTION (8)(c) OF THIS SECTION.

3 (c) BY SEPTEMBER 15, 2028, AND BY SEPTEMBER 15 EACH YEAR
4 THEREAFTER, THE STATE TREASURER SHALL TRANSFER FROM THE
5 GENERAL FUND TO THE GROUP BENEFIT PLANS EXPENDITURE SAVINGS
6 CASH FUND CREATED IN SUBSECTION (8) OF THIS SECTION AN AMOUNT
7 EQUAL TO THE CALCULATED GENERAL FUND EXPENDITURE SAVINGS
8 IDENTIFIED IN THE REPORT REQUIRED BY SUBSECTION (7)(a) OF THIS
9 SECTION, TO BE USED AS SPECIFIED IN SUBSECTION (8)(c) OF THIS SECTION.

10 (8) (a) THE GROUP BENEFIT PLANS EXPENDITURE SAVINGS CASH
11 FUND IS CREATED IN THE STATE TREASURY. THE FUND CONSISTS OF MONEY
12 TRANSFERRED TO THE FUND PURSUANT TO SUBSECTIONS (7)(b)(III)
13 AND (7)(c) OF THIS SECTION AND ANY OTHER MONEY THAT THE GENERAL
14 ASSEMBLY MAY APPROPRIATE OR TRANSFER TO THE FUND.

15 (b) THE STATE TREASURER SHALL CREDIT ALL INTEREST AND
16 INCOME DERIVED FROM THE DEPOSIT AND INVESTMENT OF MONEY IN THE
17 GROUP BENEFIT PLANS EXPENDITURE SAVINGS CASH FUND TO THE FUND.

18
19 (c) SUBJECT TO ANNUAL APPROPRIATION BY THE GENERAL
20 ASSEMBLY, THE MONEY IN THE FUND SHALL BE USED AS FOLLOWS:

21 (I) FOR THE 2027-28 STATE FISCAL YEAR AND EACH STATE FISCAL
22 YEAR THEREAFTER, THE DEPARTMENT SHALL EXPEND MONEY FROM THE
23 FUND TO REIMBURSE THE DEPARTMENT FOR ITS COSTS IN DETERMINING
24 THE CALCULATED SAVINGS, IF ANY, IN GENERAL FUND EXPENDITURES
25 THAT RESULT FROM REDUCED PROVIDER REIMBURSEMENTS UNDER GROUP
26 BENEFIT PLANS IN THE IMMEDIATELY PRECEDING STATE FISCAL YEAR
27 PURSUANT TO THIS SECTION. AFTER MONEY IN THE FUND IS USED FOR THE

1 PURPOSE SPECIFIED IN THIS SUBSECTION (8)(c)(I), THE GENERAL ASSEMBLY
2 SHALL APPROPRIATE THE MONEY REMAINING IN THE FUND AS SPECIFIED IN
3 SUBSECTION (8)(c)(II) OF THIS SECTION.

4 (II) FOR THE 2027-28 STATE FISCAL YEAR AND EACH STATE FISCAL
5 YEAR THEREAFTER, OF THE AMOUNT REMAINING AFTER THE REQUIREMENT
6 OF SUBSECTION (8)(c)(I) OF THIS SECTION HAS BEEN SATISFIED, THE
7 GENERAL ASSEMBLY SHALL APPROPRIATE, BASED ON THE ESTIMATES
8 PREPARED PURSUANT TO SUBSECTION (8)(d) OF THIS SECTION, THE
9 FOLLOWING:

10 (A) AN AMOUNT EQUAL TO TWENTY PERCENT OF THE REMAINING
11 AMOUNT TO THE GROUP BENEFIT PLANS RESERVE FUND CREATED IN
12 SECTION 24-50-613 TO BE USED BY THE DEPARTMENT TO REDUCE GROUP
13 BENEFIT PLAN PREMIUM COSTS FOR STATE EMPLOYEES FOR THE
14 REMAINDER OF THE APPLICABLE STATE FISCAL YEAR;

15 (B) AN AMOUNT EQUAL TO SIXTY PERCENT OF THE REMAINING
16 AMOUNT TO THE PRIMARY CARE FUND CREATED IN SECTION 24-22-117
17 (2)(b) TO BE USED BY THE DEPARTMENT OF HEALTH CARE POLICY AND
18 FINANCING FOR THE PURPOSES SPECIFIED IN THAT SECTION; AND

19 (C) AN AMOUNT EQUAL TO TWENTY PERCENT OF THE REMAINING
20 AMOUNT TO THE BEHAVIORAL HEALTH SAFETY NET CASH FUND CREATED
21 IN SECTION 27-50-306 TO BE USED BY THE DEPARTMENT OF HUMAN
22 SERVICES FOR THE PURPOSES SPECIFIED IN THAT SECTION.

23 (d) BY JANUARY 15, 2026, AND BY JANUARY 15 EACH YEAR
24 THEREAFTER, THE OFFICE OF STATE PLANNING AND BUDGETING SHALL
25 SUBMIT TO THE JOINT BUDGET COMMITTEE AN ESTIMATE OF THE AMOUNT
26 THAT WILL REMAIN IN THE FUND AFTER THE REQUIREMENT OF SUBSECTION
27 (8)(c)(I) OF THIS SECTION HAS BEEN SATISFIED.

1 (9) (a) EACH CARRIER THAT PROVIDES OR ADMINISTERS A GROUP
2 BENEFIT PLAN PURSUANT TO THIS PART 6 SHALL ENSURE THAT ALL
3 SAVINGS THAT THE CARRIER REALIZES AS A RESULT OF THIS SECTION ARE
4 PASSED ON TO THE STATE. UPON REQUEST OF THE DIRECTOR, A CARRIER
5 SHALL PROVIDE ALL DOCUMENTATION THAT DEMONSTRATES THAT THE
6 SAVINGS WERE PASSED ON TO THE STATE.

7 (b) IF THERE IS AN OVERAGE WHERE A CARRIER RETAINS ANY
8 PORTION OF THE SAVINGS SPECIFIED IN SUBSECTION (9)(a) OF THIS
9 SECTION, THE CARRIER IS REQUIRED TO TRANSFER AN AMOUNT EQUAL TO
10 THE OVERAGE TO THE STATE.

11 (10) THE DIRECTOR MAY ADOPT RULES IN ACCORDANCE WITH
12 ARTICLE 4 OF THIS TITLE 24 TO IMPLEMENT THIS SECTION, INCLUDING
13 RULES FOR LEVYING FINES AND TAKING OTHER CONTRACT ACTIONS
14 DEEMED NECESSARY TO ENFORCE COMPLIANCE WITH THIS SECTION.

15 **SECTION 6.** In Colorado Revised Statutes, **add 25.5-1-135** as
16 follows:

17 **25.5-1-135. Feasibility study - requirements for health plan**
18 **reimbursement for public employee group benefit plans - school**
19 **districts - higher education institutions - local governments - health**
20 **plan reimbursement feasibility study cash fund - repeal.** (1) THE
21 EXECUTIVE DIRECTOR SHALL CONDUCT A STUDY TO DETERMINE THE
22 FEASIBILITY OF ESTABLISHING SPECIFICATIONS FOR HEALTH PLAN
23 REIMBURSEMENTS, SIMILAR TO THE REQUIREMENTS ESTABLISHED FOR
24 STATE EMPLOYEE GROUP BENEFIT PLANS PURSUANT TO SECTION
25 24-50-621, IN COLLABORATION WITH THE FOLLOWING STATE AGENCIES
26 FOR BENEFIT PLANS OFFERED TO THE FOLLOWING PUBLIC EMPLOYEES:

27 (a) IN COLLABORATION WITH THE DEPARTMENT OF EDUCATION,

1 FOR EMPLOYEES OF SCHOOL DISTRICTS;

2 (b) IN COLLABORATION WITH THE COLORADO COMMISSION ON
3 HIGHER EDUCATION, FOR EMPLOYEES OF INSTITUTIONS OF HIGHER
4 EDUCATION; AND

5 (c) IN COLLABORATION WITH THE DEPARTMENT OF LOCAL AFFAIRS,
6 FOR EMPLOYEES OF LOCAL GOVERNMENTS.

7 (2) SCHOOL DISTRICTS, INSTITUTIONS OF HIGHER EDUCATION, AND
8 LOCAL GOVERNMENTS SHALL SUBMIT THE DATA AND INFORMATION
9 REQUESTED OF THEM BY THE EXECUTIVE DIRECTOR, IN THE FORMAT AND
10 TIMELINE REQUESTED, AS NECESSARY TO COMPLETE THE FEASIBILITY
11 STUDY.

12 (3) THE EXECUTIVE DIRECTOR SHALL COMPLETE THE STUDY
13 REQUIRED BY SUBSECTION (1) OF THIS SECTION AND SUBMIT THE REPORT
14 TO THE GENERAL ASSEMBLY ON OR BEFORE JANUARY 1, 2028.

15 (4) THE STATE DEPARTMENT SHALL USE THE MONEY IN THE
16 HEALTH CARE REIMBURSEMENT FEASIBILITY STUDY CASH FUND, CREATED
17 IN SUBSECTION (5) OF THIS SECTION, TO CONDUCT THE STUDY AND
18 PREPARE THE REPORT REQUIRED IN THIS SECTION.

19 (5) (a) THE HEALTH CARE REIMBURSEMENT FEASIBILITY STUDY
20 CASH FUND IS CREATED IN THE STATE TREASURY. THE FUND CONSISTS OF
21 MONEY TRANSFERRED TO THE FUND PURSUANT TO SECTION 24-51-621
22 (7)(b)(I) AND ANY OTHER MONEY THAT THE GENERAL ASSEMBLY MAY
23 APPROPRIATE OR TRANSFER TO THE FUND.

24 (b) THE STATE TREASURER SHALL CREDIT ALL INTEREST AND
25 INCOME DERIVED FROM THE DEPOSIT AND INVESTMENT OF MONEY IN THE
26 HEALTH CARE REIMBURSEMENT FEASIBILITY STUDY CASH FUND TO THE
27 FUND.

1 (c) THE MONEY IN THE HEALTH CARE REIMBURSEMENT FEASIBILITY
2 STUDY CASH FUND IS CONTINUOUSLY APPROPRIATED TO THE STATE
3 DEPARTMENT TO BE USED TO CONDUCT THE STUDY AND PREPARE THE
4 REPORT REQUIRED IN THIS SECTION.

5 (d) THE STATE TREASURER SHALL TRANSFER ALL UNEXPENDED
6 AND UNENCUMBERED MONEY IN THE HEALTH CARE REIMBURSEMENT
7 FEASIBILITY STUDY CASH FUND ON JUNE 30, 2028, TO THE GENERAL FUND.

8 (6) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2028.

9 **SECTION 7.** In Colorado Revised Statutes, 24-22-117, **amend**
10 (2)(b)(I) as follows:

11 **24-22-117. Tobacco tax cash fund - accounts - creation -**
12 **legislative declaration.** (2) There are hereby created in the state treasury
13 the following funds:

14 (b) (I) The primary care fund to be administered by the department
15 of health care policy and financing. The state treasurer and the controller
16 shall transfer an amount equal to nineteen percent of the ~~moneys~~ MONEY
17 deposited into the cash fund, plus nineteen percent of the interest and
18 income earned on the deposit and investment of ~~those moneys~~ THAT
19 MONEY, to the primary care fund; except that, for the 2008-09, 2009-10,
20 2010-11, and 2011-12 fiscal years, the state treasurer and the controller
21 shall transfer to the primary care fund only an amount equal to nineteen
22 percent of the ~~moneys~~ MONEY deposited into the cash fund. BEGINNING
23 IN THE 2027-28 STATE FISCAL YEAR, THE PRIMARY CARE FUND ALSO
24 CONSISTS OF MONEY TRANSFERRED TO THE PRIMARY CARE FUND
25 PURSUANT TO SECTION 24-50-621 (8)(c)(II)(B). All interest and income
26 derived from the deposit and investment of ~~moneys~~ MONEY in the primary
27 care fund shall be credited to the primary care fund; except that all

1 interest and income derived from the deposit and investment of ~~moneys~~
2 MONEY in the primary care fund during the 2008-09, 2009-10, 2010-11,
3 and 2011-12 fiscal years shall be credited to the general fund. Any
4 unexpended and unencumbered ~~moneys~~ MONEY remaining in the primary
5 care fund at the end of a fiscal year ~~shall remain~~ REMAINS in the fund and
6 shall not be credited or transferred to the general fund or any other fund.

7 **SECTION 8.** In Colorado Revised Statutes, 24-102-202.5, **add**
8 (2)(c) as follows:

9 **24-102-202.5. Supplier database - fees - cash fund - program**
10 **account.** (2) (c) (I) NOTWITHSTANDING THE PROVISIONS OF SUBSECTION
11 (2)(a) OF THIS SECTION, FOR THE 2025-26 AND 2026-27 STATE FISCAL
12 YEARS, MONEY IN THE SUPPLIER DATABASE CASH FUND MAY BE USED TO
13 REIMBURSE THE ACTUAL EXPENSES INCURRED BY THE DIVISION OF
14 INSURANCE CREATED IN SECTION 10-1-103 TO IMPLEMENT SECTION
15 10-16-711.

16 (II) (A) ON OR BEFORE JULY 1, 2025, THE STATE TREASURER
17 SHALL TRANSFER TWO HUNDRED FORTY THOUSAND SEVEN HUNDRED
18 THIRTY-TWO DOLLARS FROM THE SUPPLIER DATABASE CASH FUND TO THE
19 DIVISION OF INSURANCE CASH FUND CREATED IN SECTION 10-1-103 (3).

20 (B) ON OR BEFORE JULY 1, 2026, THE STATE TREASURER SHALL
21 TRANSFER TWO HUNDRED SIXTY THOUSAND ONE HUNDRED EIGHTY-THREE
22 DOLLARS FROM THE SUPPLIER DATABASE CASH FUND TO THE DIVISION OF
23 INSURANCE CASH FUND CREATED IN SECTION 10-1-103 (3).

24 **SECTION 9.** In Colorado Revised Statutes, **add** 27-50-306 as
25 follows:

26 **27-50-306. Behavioral health safety net cash fund.** (1) THE
27 BEHAVIORAL HEALTH SAFETY NET CASH FUND IS CREATED IN THE STATE

1 TREASURY. THE FUND CONSISTS OF MONEY APPROPRIATED TO THE FUND
2 PURSUANT TO SECTION 25-50-621 (8)(c)(II)(C) AND ANY OTHER MONEY
3 THAT THE GENERAL ASSEMBLY MAY APPROPRIATE OR TRANSFER TO THE
4 FUND.

5 (2) THE STATE TREASURER SHALL CREDIT ALL INTEREST AND
6 INCOME DERIVED FROM THE DEPOSIT AND INVESTMENT OF MONEY IN THE
7 BEHAVIORAL HEALTH SAFETY NET CASH FUND TO THE FUND.

8 (3) SUBJECT TO ANNUAL APPROPRIATION BY THE GENERAL
9 ASSEMBLY, THE DEPARTMENT MAY EXPEND MONEY FROM THE FUND TO
10 SUPPORT THE CAPACITY OF COMPREHENSIVE COMMUNITY BEHAVIORAL
11 HEALTH PROVIDERS TO DELIVER BEHAVIORAL HEALTH SAFETY NET
12 SERVICES, AS SPECIFIED IN SECTION 27-50-301, TO PRIORITY POPULATIONS.

13 **SECTION 10. Appropriation.** (1) For the 2025-26 state fiscal
14 year, \$100,183 is appropriated to the department of regulatory agencies.
15 This appropriation is from the division of insurance cash fund created in
16 section 10-1-103 (3)(a)(I), C.R.S. To implement this act, the department
17 may use this appropriation as follows:

18 (a) \$40,000 for personal services related to the division of
19 insurance; and

20 (b) \$60,183 for the purchase of legal services.

21 (2) For the 2025-26 state fiscal year, \$60,183 is appropriated to
22 the department of law. This appropriation is from reappropriated funds
23 received from the department of regulatory agencies under subsection
24 (1)(b) of this section and is based on an assumption that the department
25 of law will require an additional 0.3 FTE. To implement this act, the
26 department of law may use this appropriation to provide legal services for
27 the department of regulatory agencies.

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