

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

INTRODUCED

LLS NO. 23-0015.02 Yelana Love x2295

HOUSE BILL 23-1209

HOUSE SPONSORSHIP

Boesenecker and McCormick,

SENATE SPONSORSHIP

Jaquez Lewis,

House Committees
Health & Insurance

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING THE ANALYSIS OF A UNIVERSAL HEALTH-CARE SYSTEM.**

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 requires the Colorado school of public health to analyze model legislation for implementing a 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 from the analysis to the general assembly by December 1, 2023.

The bill also creates the statewide health-care analysis task force consisting of members appointed by the general assembly and the

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.

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 task force is created for the purpose of advising the Colorado school of public health during the analysis.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** 23-20-145 as
3 follows:

4 **23-20-145. Universal health care analysis - legislative**
5 **declaration - definitions - repeal. (1) Legislative declaration.** THE
6 GENERAL ASSEMBLY FINDS AND DECLARES THAT:

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

14 (b) TO ACHIEVE BETTER, MORE AFFORDABLE, AND FAIRER HEALTH
15 CARE, THE PEOPLE OF COLORADO NEED ANSWERS TO VERY IMPORTANT
16 QUESTIONS REGARDING UNIVERSAL HEALTH CARE AND HOW AND
17 WHETHER UNIVERSAL HEALTH CARE CAN AND SHOULD BE IMPLEMENTED
18 IN COLORADO; AND

19 (c) IT IS IMPORTANT TO HAVE AN ANALYSIS OF MODEL
20 LEGISLATION TO IMPLEMENT UNIVERSAL HEALTH CARE IN ORDER TO
21 DETERMINE WHETHER SUCH A SYSTEM WOULD ACHIEVE THE GOALS OF
22 BETTER, MORE AFFORDABLE, AND FAIRER HEALTH CARE FOR ALL

1 COLORADANS.

2 (2) AS USED IN THIS SECTION:

3 (a) "FEDERAL ACT" MEANS THE FEDERAL "PATIENT PROTECTION
4 AND AFFORDABLE CARE ACT", PUB.L. 111-148, AS AMENDED BY THE
5 FEDERAL "HEALTH CARE AND EDUCATION RECONCILIATION ACT OF
6 2010", PUB.L. 111-152.

7 (b) (I) "HEALTH-CARE PROVIDER" OR "PROVIDER" MEANS ANY
8 PERSON WHO IS LICENSED, CERTIFIED, REGISTERED, OR OTHERWISE
9 PERMITTED BY STATE LAW TO ADMINISTER HEALTH CARE IN THE ORDINARY
10 COURSE OF BUSINESS OR IN THE PRACTICE OF A PROFESSION.

11 (II) "HEALTH-CARE PROVIDER" INCLUDES A PROFESSIONAL
12 SERVICE CORPORATION, LIMITED LIABILITY COMPANY, OR REGISTERED
13 LIMITED LIABILITY PARTNERSHIP ORGANIZED PURSUANT TO STATE LAW
14 FOR THE PRACTICE OF A HEALTH-CARE PROFESSION.

15 (c) "MEDICAID" MEANS THE MEDICAL ASSISTANCE PROGRAMS
16 ESTABLISHED PURSUANT TO THE "COLORADO MEDICAL ASSISTANCE ACT",
17 ARTICLES 4 TO 6 OF TITLE 25.5;

18 (d) "MEDICARE" MEANS FEDERAL INSURANCE OR ASSISTANCE
19 PROVIDED BY THE "HEALTH INSURANCE FOR THE AGED ACT", TITLE XVIII
20 OF THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395 ET SEQ.,
21 AS AMENDED.

22 (e) (I) "REPRODUCTIVE HEALTH CARE" MEANS HEALTH CARE AND
23 OTHER MEDICAL SERVICES RELATED TO THE REPRODUCTIVE PROCESSES,
24 FUNCTIONS, AND SYSTEMS AT ALL STAGES OF LIFE.

25 (II) "REPRODUCTIVE HEALTH CARE" INCLUDES FAMILY PLANNING
26 AND CONTRACEPTIVE CARE; ABORTION CARE; PRENATAL, POSTNATAL, AND
27 DELIVERY CARE; FERTILITY CARE; STERILIZATION SERVICES; AND

1 TREATMENTS FOR SEXUALLY TRANSMITTED INFECTIONS AND
2 REPRODUCTIVE CANCERS.

3 (f) "TASK FORCE" MEANS THE STATEWIDE HEALTH-CARE ANALYSIS
4 TASK FORCE CREATED PURSUANT TO SECTION 25-1-137.

5 (g) "UNIVERSAL HEALTH-CARE SYSTEM" MEANS A HEALTH-CARE
6 PAYMENT SYSTEM UNDER WHICH EVERY RESIDENT OF THE STATE HAS
7 ACCESS TO ADEQUATE AND AFFORDABLE HEALTH CARE.

8 (3) (a) NO LATER THAN JULY 1, 2023, THE COLORADO SCHOOL OF
9 PUBLIC HEALTH SHALL ACQUIRE MODEL LEGISLATION FOR IMPLEMENTING
10 A PUBLICLY FINANCED AND PRIVATELY DELIVERED UNIVERSAL
11 HEALTH-CARE SYSTEM FOR COLORADO THAT DIRECTLY COMPENSATES
12 PROVIDERS.

13 (b) THE MODEL LEGISLATION MUST BE CREATED BY A
14 NOT-FOR-PROFIT ORGANIZATION THAT PRIORITIZES A HEALTH-CARE
15 SYSTEM THAT:

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

18 (II) PROVIDES HOME CARE AND LONG-TERM CARE AT LEAST AT THE
19 LEVEL OF COVERAGE CURRENTLY AVAILABLE TO COLORADANS WHO ARE
20 MEDICAID RECIPIENTS, AS DEFINED IN SECTION 25.5-4-103 (21);

21 (III) REQUIRES HEALTH-CARE DECISIONS TO BE MADE BY PATIENTS
22 AND THE PATIENT'S HEALTH-CARE PROVIDERS;

23 (IV) ALLOWS PATIENTS TO HAVE FREE CHOICE AMONG PROVIDERS
24 THAT PARTICIPATE IN THE UNIVERSAL HEALTH-CARE SYSTEM;

25 (V) PROVIDES HEALTH-CARE BENEFITS TO ALL COLORADO
26 RESIDENTS;

27 (VI) IS FUNDED BY PREMIUMS BASED ON AN INDIVIDUAL'S ABILITY

1 TO PAY;

2 (VII) PROHIBITS DEDUCTIBLES AND COPAYMENTS;

3 (VIII) ENSURES FAIR DRUG AND HOSPITAL PRICES AS WELL AS FAIR

4 PAYMENT TO PROVIDERS;

5 (IX) IS ADMINISTERED THROUGH A PUBLICLY ADMINISTERED

6 NONPROFIT ENTERPRISE THAT IS THE SOLE AGENCY PAYING FOR

7 HEALTH-CARE COSTS IN THE STATE; AND

8 (X) IS DESIGNED TO PRIORITIZE BENEFITS AND ACCESS TO CARE

9 FOR PATIENTS WHILE PREVENTING BARRIERS TO CARE THAT ARE IMPOSED

10 FOR THE PURPOSE OF INCREASING PROFITS.

11 (4) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL ANALYZE

12 THE MODEL LEGISLATION ACQUIRED PURSUANT TO SUBSECTION (3) OF THIS

13 SECTION TO DETERMINE WHETHER AND HOW A UNIVERSAL HEALTH-CARE

14 SYSTEM OUTLINED IN THE MODEL LEGISLATION COULD BE IMPLEMENTED

15 IN COLORADO. THE ANALYSIS MAY:

16 (a) INCLUDE THE FIRST-, SECOND-, FIFTH-, AND TENTH-YEAR

17 COSTS;

18 (b) IDENTIFY REIMBURSEMENT RATES FOR HEALTH-CARE

19 PROVIDERS AT LEVELS THAT RESULT IN NET INCOME THAT WILL ATTRACT

20 AND RETAIN NECESSARY HEALTH-CARE PROVIDERS;

21 (c) CONSIDER A PROGRAM TO REIMBURSE HEALTH-CARE BENEFITS

22 AT ONE HUNDRED TWENTY PERCENT OF MEDICARE RATES FOR RESIDENTS

23 OF COLORADO WHO ARE TEMPORARILY LIVING OUT OF STATE;

24 (d) ENSURE THAT THE BENEFITS OUTLINED IN THE MODEL

25 LEGISLATION ARE THE SAME AS THE BENEFITS REQUIRED BY THE FEDERAL

26 ACT AND AS CURRENTLY REQUIRED UNDER STATE LAW;

27 (e) IDENTIFY HEALTH EXPENDITURES BY PAYER;

1 (f) IDENTIFY COSTS BASED ON AN INDIVIDUAL'S ABILITY TO PAY;
2 (g) DESCRIBE HOW A UNIVERSAL HEALTH-CARE SYSTEM PROVIDES
3 THE FOLLOWING:
4 (I) SERVICES REQUIRED BY THE FEDERAL ACT AND STATE LAW;
5 (II) SERVICES COVERED UNDER MEDICARE;
6 (III) MEDICAID SERVICES AND BENEFITS THAT MEET OR EXCEED
7 CURRENT SERVICES AND BENEFITS AND WITH PROVIDER REIMBURSEMENT
8 RATES THAT ARE EQUIVALENT TO OR HIGHER THAN CURRENT
9 REIMBURSEMENT RATES;
10 (IV) MEDICAID SERVICES AND BENEFITS FOR INDIVIDUALS WITH
11 DISABILITIES WHO DO NOT MEET ASSET OR INCOME QUALIFICATIONS, WHO
12 HAVE THE RIGHT TO MANAGE THEIR OWN CARE, AND WHO HAVE THE RIGHT
13 TO DURABLE MEDICAL EQUIPMENT;
14 (V) COVERAGE FOR WOMEN'S HEALTH-CARE SERVICES AND
15 REPRODUCTIVE HEALTH CARE TO THE EXTENT THAT THOSE SERVICES ARE
16 ALLOWABLE BY STATE AND FEDERAL LAW;
17 (VI) VISION, HEARING, AND DENTAL SERVICES;
18 (VII) ACCESS TO PRIMARY AND SPECIALTY HEALTH-CARE
19 SERVICES IN RURAL COLORADO AND OTHER UNDERSERVED AREAS OR
20 POPULATIONS; AND
21 (VIII) BEHAVIORAL, MENTAL HEALTH, AND SUBSTANCE USE
22 DISORDER SERVICES;
23 (h) CONSIDER OTHER COLLATERAL COSTS AS DETERMINED BY THE
24 TASK FORCE;
25 (i) PROVIDE A GENERAL COST ESTIMATE AS WELL AS POTENTIAL
26 ADDITIONAL REVENUE SOURCES TO COVER HOME CARE AND LONG-TERM
27 CARE FOR ALL COLORADANS INELIGIBLE FOR MEDICAID; AND

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

3 (5) BY DECEMBER 1, 2023, 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 COMMITTEE ON HEALTH AND INSURANCE
7 AND THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES, OR THEIR
8 SUCCESSOR COMMITTEES.

9 (6) THIS SECTION IS REPEALED, EFFECTIVE DECEMBER 1, 2024.

10 **SECTION 2.** In Colorado Revised Statutes, **add** 25-1-137 as
11 follows:

12 **25-1-137. Statewide health-care analysis task force - creation**
13 **- appointments - duties - repeal.** (1) THERE IS CREATED IN THE
14 DEPARTMENT THE STATEWIDE HEALTH-CARE ANALYSIS TASK FORCE FOR
15 THE PURPOSE OF ADVISING THE COLORADO SCHOOL OF PUBLIC HEALTH IN
16 COMPLETING THE ANALYSIS REQUIRED BY SECTION 23-20-145.

17 (2) ON OR BEFORE AUGUST 1, 2023, THE PRESIDENT OF THE
18 SENATE, THE MINORITY LEADER OF THE SENATE, THE SPEAKER OF THE
19 HOUSE OF REPRESENTATIVES, AND THE MINORITY LEADER OF THE HOUSE
20 OF REPRESENTATIVES SHALL EACH APPOINT ONE MEMBER OF THE GENERAL
21 ASSEMBLY TO THE TASK FORCE.

22 (3) (a) ON OR BEFORE AUGUST 1, 2023, THE GOVERNOR SHALL
23 APPOINT THE FOLLOWING MEMBERS TO THE TASK FORCE:

24 (I) ONE MEMBER REPRESENTING A STATEWIDE HOSPITAL
25 ASSOCIATION;

26 (II) ONE MEMBER REPRESENTING ORGANIZED LABOR;

27 (III) ONE MEMBER REPRESENTING THE DISABILITY COMMUNITY;

1 (IV) ONE MEMBER WHO IS A REPRODUCTIVE HEALTH CARE
2 ADVOCATE; AND

3 (V) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION OF
4 PHYSICIANS.

5 (b) IN MAKING THE APPOINTMENTS PURSUANT TO SUBSECTION
6 (3)(a) OF THIS SECTION, THE GOVERNOR SHALL ENSURE THAT THE
7 APPOINTEES:

8 (I) HAVE A DEMONSTRATED ABILITY TO REPRESENT THE INTERESTS
9 OF ALL COLORADANS AND, REGARDLESS OF THE APPOINTEES'
10 BACKGROUNDS OR AFFILIATIONS, ARE ABLE TO PRESENT OBJECTIVE,
11 NONPARTISAN, FACTUAL, AND EVIDENCE-BASED IDEAS AND TO
12 OBJECTIVELY ADVISE THE COLORADO SCHOOL OF PUBLIC HEALTH
13 CONCERNING HEALTH-CARE FINANCING SYSTEMS; AND

14 (II) REFLECT THE SOCIAL, DEMOGRAPHIC, AND GEOGRAPHIC
15 DIVERSITY OF THE STATE.

16 (4) THE EXECUTIVE DIRECTORS OF THE DEPARTMENTS OF HUMAN
17 SERVICES, OF PUBLIC HEALTH AND ENVIRONMENT, AND OF HEALTH CARE
18 POLICY AND FINANCING; THE COMMISSIONER OF INSURANCE; AND THE
19 CHIEF EXECUTIVE OFFICER OF THE HEALTH BENEFIT EXCHANGE, CREATED
20 IN ARTICLE 22 OF TITLE 10, OR THE DESIGNEE OF AN EXECUTIVE DIRECTOR,
21 THE COMMISSIONER, OR THE CHIEF EXECUTIVE OFFICER, SHALL SERVE ON
22 THE TASK FORCE.

23 (5) (a) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC
24 HEALTH AND ENVIRONMENT, OR THE EXECUTIVE DIRECTOR'S DESIGNEE
25 SERVING ON THE TASK FORCE, SHALL CALL THE FIRST MEETING OF THE
26 TASK FORCE.

27 (b) THE TASK FORCE SHALL SELECT A CHAIR AND VICE-CHAIR FROM

1 AMONG ITS MEMBERS. A MEMBER OF THE TASK FORCE APPOINTED
2 PURSUANT TO SUBSECTION (3)(a) OF THIS SECTION MAY BE REMOVED BY
3 A MAJORITY VOTE OF THE REMAINING MEMBERS OF THE TASK FORCE. IF A
4 VACANCY OCCURS ON THE TASK FORCE, THE ORIGINAL APPOINTING
5 AUTHORITY SHALL APPOINT A NEW MEMBER TO FILL THE VACANCY.

6 (6) NONLEGISLATIVE TASK FORCE MEMBERS ARE NOT ENTITLED TO
7 RECEIVE PER DIEM OR OTHER COMPENSATION FOR PERFORMANCE OF
8 SERVICES FOR THE TASK FORCE BUT MAY BE REIMBURSED FOR ACTUAL
9 AND NECESSARY EXPENSES WHILE ENGAGED IN THE PERFORMANCE OF
10 OFFICIAL DUTIES OF THE TASK FORCE. LEGISLATIVE TASK FORCE MEMBERS
11 ARE REIMBURSED PURSUANT TO SECTION 2-2-307 (3).

12 (7) THIS SECTION IS REPEALED, EFFECTIVE DECEMBER 1, 2024.

13 **SECTION 3. Safety clause.** The general assembly hereby finds,
14 determines, and declares that this act is necessary for the immediate
15 preservation of the public peace, health, or safety.