

First Regular Session
Sixty-eighth General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 11-0087.01 Christy Chase

HOUSE BILL 11-1217

HOUSE SPONSORSHIP

Acree, Joshi, Kerr A., Stephens, Summers

SENATE SPONSORSHIP

Boyd, Roberts

House Committees
Health and Environment

Senate Committees

A BILL FOR AN ACT

101 CONCERNING MEASURES TO EXPAND ACCESS TO HEALTH CARE
102 THROUGHOUT THE STATE.

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://www.leg.state.co.us/billsummaries>.)

The bill enacts measures to expand access to health care in Colorado, including the following:

- ! **Section 1** of the bill expands the school-based health center grant program administered by the prevention services division in the department of public health and

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

- environment to allow the division to award grants to center operators to offer rehabilitative services at existing centers.
- ! **Sections 2 and 3** of the bill expand eligibility for participation in the state loan repayment program to health care providers who do not provide primary care services, practice in a for-profit setting, or are otherwise not currently eligible. These providers' eligibility is contingent upon their agreement to provide services in underserved areas of the state and upon a corresponding expansion of the federal government's national loan repayment program.
 - ! **Section 4** charges the center for improving value in health care (CIVHC), which was established in 2008 by an executive order of the governor, with studying and recommending improvements to the system for reimbursing health care providers who deliver care to recipients of the state's public medical assistance programs as well as to insured individuals.
 - ! **Section 5** requires the department of health care policy and financing to reimburse providers for medical care, services, or goods provided to medicaid recipients, regardless of the location of the service delivery, and to seek a waiver from the United States department of health and human services if necessary to implement this requirement.
 - ! **Sections 6 and 7** authorize the state and local governments to enter into agreements with health care providers to allow the providers to use available space in a building owned by the state or local government and located in a federally designated health professional shortage area for purposes of providing access to health care to persons residing in close proximity to the public building. As a condition of the agreement to use space in the public building, the health care provider must agree to accept medicaid patients at those sites.
 - ! **Section 8** extends governmental immunity to health care practitioners who provide care to patients, including medicaid patients, in available space in a public building located in a federally designated health professional shortage area pursuant to an agreement authorized by section 6 or 7 of the bill.

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

2 **SECTION 1.** 25-20.5-503 (2), Colorado Revised Statutes, is

1 amended to read:

2 **25-20.5-503. School-based health center grant program -**
3 **creation - funding - grants.** (2) Operators of school-based health
4 centers may apply for grants for the benefit of school-based health
5 centers. The grant program shall provide grants for school-based health
6 centers selected by the division. The division, in consultation with
7 school-based health centers, shall develop criteria under which the grants
8 are distributed and evaluated. In developing the criteria for grants, the
9 division shall give priority to centers that serve a disproportionate number
10 of uninsured children, ~~or~~ a low-income population, or both and may
11 award grants to establish new school-based health centers, to expand
12 primary health services, behavioral health services, or oral health services
13 offered by existing school-based health centers, TO OFFER OR EXPAND
14 REHABILITATIVE SERVICES AT EXISTING SCHOOL-BASED HEALTH CENTERS,
15 to expand enrollment in the children's basic health plan, or to provide
16 support for ongoing operations of school-based health centers. None of
17 the grants shall be awarded to provide abortion services in violation of
18 section 50 of article V of the state constitution.

19 **SECTION 2.** 25-20.5-703 (1) (a) (III), (1) (c), and (3), Colorado
20 Revised Statutes, are amended to read:

21 **25-20.5-703. Colorado health service corps - program -**
22 **creation - conditions.** (1) (a) (III) In consideration for receiving
23 repayment of all or part of his or her education loan, the health care
24 professional shall agree to provide primary health services in federally
25 designated health professional shortage areas in Colorado, OR, IN THE
26 CASE OF A HEALTH CARE PROVIDER WHO BECOMES ELIGIBLE TO
27 PARTICIPATE IN THE LOAN REPAYMENT PROGRAM AS DESCRIBED IN

1 SUB-SUBPARAGRAPH (A.5) OF SUBPARAGRAPH (I) OF THIS PARAGRAPH (a),
2 THE HEALTH CARE PROVIDER SHALL AGREE TO PROVIDE PRIMARY OR
3 NONPRIMARY HEALTH SERVICES, AS APPLICABLE, IN FEDERALLY
4 DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREAS IN COLORADO.

5 (c) (I) EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS
6 PARAGRAPH (c), health care professionals practicing in nonprimary care
7 specialties ~~shall~~ ARE not ~~be~~ eligible for loan repayments through the
8 Colorado health service corps.

9 (II) NONPRIMARY CARE SPECIALISTS OR OTHER HEALTH CARE
10 PROVIDERS, INCLUDING REGISTERED OCCUPATIONAL THERAPISTS AND
11 LICENSED PROFESSIONAL NURSES OR PHYSICAL THERAPISTS, ARE ELIGIBLE
12 FOR LOAN REPAYMENTS THROUGH THE COLORADO HEALTH SERVICE CORPS
13 IF THE FEDERAL GOVERNMENT AUTHORIZES THEIR PARTICIPATION IN THE
14 NATIONAL HEALTH SERVICE CORPS PROGRAM AND AUTHORIZES FEDERAL
15 MATCHING FUNDS FOR THOSE PROVIDERS TO RECEIVE LOAN REPAYMENTS
16 THROUGH THE COLORADO HEALTH SERVICE CORPS.

17 (3) (a) EXCEPT AS PROVIDED IN PARAGRAPH (b) OF THIS
18 SUBSECTION (3), a health care professional participating in the Colorado
19 health service corps shall not practice with a for-profit private group or
20 solo practice or at a proprietary hospital or clinic.

21 (b) A HEALTH CARE PROFESSIONAL PRACTICING WITH A FOR-PROFIT
22 PRIVATE GROUP OR SOLO PRACTICE OR AT A PROPRIETARY HOSPITAL OR
23 CLINIC MAY PARTICIPATE IN THE COLORADO HEALTH SERVICE CORPS IF
24 THE FEDERAL GOVERNMENT AUTHORIZES THE PARTICIPATION OF SUCH
25 PROVIDERS IN THE NATIONAL HEALTH SERVICE CORPS PROGRAM AND
26 AUTHORIZES FEDERAL MATCHING FUNDS FOR THOSE PROVIDERS TO
27 RECEIVE LOAN REPAYMENTS THROUGH THE COLORADO HEALTH SERVICE

1 CORPS.

2 **SECTION 3.** 25-20.5-703 (1) (a) (I), Colorado Revised Statutes,
3 is amended BY THE ADDITION OF A NEW SUB-SUBPARAGRAPH
4 to read:

5 **25-20.5-703. Colorado health service corps - program -**
6 **creation - conditions.** (1) (a) (I) (A.5) ON OR AFTER THE EFFECTIVE
7 DATE OF THIS SUB-SUBPARAGRAPH (A.5), IF THE FEDERAL GOVERNMENT
8 EXPANDS ELIGIBILITY FOR THE NATIONAL HEALTH SERVICE CORPS
9 PROGRAM TO HEALTH CARE PROVIDERS OTHER THAN THOSE DEFINED AS
10 HEALTH CARE PROFESSIONALS, THOSE PROVIDING NONPRIMARY HEALTH
11 CARE SERVICES, OR THOSE PRACTICING WITH A FOR-PROFIT PRIVATE GROUP
12 OR SOLO PRACTICE OR AT A PROPRIETARY HOSPITAL OR CLINIC, AND THE
13 FEDERAL GOVERNMENT AUTHORIZES FEDERAL MATCHING FUNDS FOR
14 THOSE PROVIDERS APPLYING TO PARTICIPATE IN THE COLORADO HEALTH
15 SERVICE CORPS, THE PRIMARY CARE OFFICE MAY PROVIDE LOAN
16 REPAYMENTS FOR THOSE HEALTH CARE PROVIDERS THROUGH THE
17 COLORADO HEALTH SERVICE CORPS, SUBJECT TO AVAILABLE
18 APPROPRIATIONS.

19 **SECTION 4.** Part 1 of article 1 of title 25.5, Colorado Revised
20 Statutes, is amended BY THE ADDITION OF A NEW SECTION to
21 read:

22 **25.5-1-128. Reimbursement reform - analysis and report by**
23 **center for improving value in health care - legislative declaration -**
24 **definitions - repeal.** (1) THE GENERAL ASSEMBLY HEREBY FINDS AND
25 DECLARES THAT:

26 (a) ON FEBRUARY 13, 2008, THE GOVERNOR ISSUED EXECUTIVE
27 ORDER D005 08, WHICH ESTABLISHED THE CENTER FOR IMPROVING VALUE

1 IN HEALTH CARE, ALSO KNOWN AS "CIVHC";

2 (b) PURSUANT TO THE EXECUTIVE ORDER, CIVHC IS TASKED WITH
3 DEVELOPING A STRUCTURED, WELL-COORDINATED APPROACH TO
4 IMPROVING QUALITY, CONTAINING COSTS, AND PROTECTING CONSUMERS
5 OF HEALTH CARE;

6 (c) THE CREATION AND CHARGE OF CIVHC IS AN IMPORTANT FIRST
7 STEP IN IMPROVING THE HEALTH CARE SYSTEM IN COLORADO, BUT MORE
8 IS NEEDED TO IMPROVE THE EFFICIENCY, EFFECTIVENESS, AND FAIRNESS
9 IN THE PROCESS BY WHICH HEALTH CARE PROVIDERS ARE REIMBURSED SO
10 AS TO ENCOURAGE THOSE PROVIDERS TO CONTINUE PROVIDING CARE AS
11 WELL AS ENCOURAGE MORE PROVIDERS TO ACCEPT AND PROVIDE CARE TO
12 MEDICAL ASSISTANCE RECIPIENTS;

13 (d) THE PURPOSE OF THIS SECTION IS TO ADD TO THE CHARGE OF
14 CIVHC THE TASK OF ANALYZING THE CURRENT SYSTEM OF REIMBURSING
15 HEALTH CARE PROVIDERS FOR PROVIDING SERVICES TO MEDICAL
16 ASSISTANCE RECIPIENTS AND INSURED AND UNINSURED INDIVIDUALS AND
17 MAKING RECOMMENDATIONS TO THE GENERAL ASSEMBLY AS TO HOW
18 THAT SYSTEM CAN BE IMPROVED IN A MANNER THAT IMPROVES ITS
19 EFFICIENCY, EFFECTIVENESS, AND FAIRNESS, INCREASES REIMBURSEMENTS
20 RATES PAID TO PROVIDERS, AND ENCOURAGES PROVIDERS TO CONTINUE TO
21 ACCEPT, OR BEGIN ACCEPTING, PATIENTS WHO ARE MEDICAL ASSISTANCE
22 RECIPIENTS;

23 (e) THE GENERAL ASSEMBLY THEREFORE INTENDS THAT CIVHC
24 BE MODIFIED AS SET FORTH IN THIS SECTION.

25 (2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
26 REQUIRES:

27 (a) "CIVHC" MEANS THE CENTER FOR IMPROVING VALUE IN

1 HEALTH CARE ESTABLISHED BY THE EXECUTIVE ORDER.

2 (b) "EXECUTIVE ORDER" MEANS EXECUTIVE ORDER D 005 08,
3 ISSUED BY THE GOVERNOR ON FEBRUARY 13, 2008.

4 (3) IN ADDITION TO ITS DUTIES AND RESPONSIBILITIES AS OUTLINED
5 IN THE EXECUTIVE ORDER, CIVHC SHALL PERFORM THE FOLLOWING
6 TASKS:

7 (a) ANALYZE THE ADEQUACY OF REIMBURSEMENT RATES AND
8 BILLING CODES USED FOR PURPOSES OF REIMBURSING HEALTH CARE
9 PROVIDERS WHO SERVE MEDICAL ASSISTANCE RECIPIENTS;

10 (b) ANALYZE THE ADEQUACY OF REIMBURSEMENT RATES PAID BY
11 CARRIERS, AS DEFINED IN SECTION 10-16-102, C.R.S., FOR HEALTH CARE
12 SERVICES DELIVERED BY HEALTH CARE PROVIDERS TO PERSONS COVERED
13 BY A HEALTH COVERAGE PLAN, AS DEFINED IN SECTION 10-16-102, C.R.S.;

14 (c) ANALYZE THE MANNER IN WHICH PROVIDERS AND SERVICES
15 ARE CATEGORIZED OR DEFINED FOR PURPOSES OF DETERMINING THE
16 METHOD AND LEVEL OF REIMBURSEMENT FOR PROVIDERS AND THE
17 SERVICES PROVIDED;

18 (d) DETERMINE AND MAKE RECOMMENDATIONS AS TO HOW THE
19 REIMBURSEMENT RATES, BILLING CODES, AND MANNER OF CATEGORIZING
20 PROVIDERS AND SERVICES CAN BE REFORMED TO IMPROVE EFFICIENCY,
21 EFFECTIVENESS, AND FAIRNESS IN THE HEALTH CARE REIMBURSEMENT
22 SYSTEM;

23 (e) INCLUDE IN ITS RECOMMENDATIONS A PLAN TO PHASE IN
24 REIMBURSEMENT RATE INCREASES FOR PROVIDERS SERVING MEDICAL
25 ASSISTANCE RECIPIENTS; AND

26 (f) REPORT ITS FINDINGS AND RECOMMENDATIONS IN ACCORDANCE
27 WITH SUBSECTION (5) OF THIS SECTION.

1 (4) IN PERFORMING THE TASKS REQUIRED BY THIS SECTION,
2 CIVHC, IN CONSULTATION WITH THE OFFICE OF ECONOMIC DEVELOPMENT
3 CREATED IN SECTION 24-48.5-101, C.R.S., SHALL CONVENE MEETINGS OF
4 HEALTH CARE PROVIDERS AND HEALTH CARE PAYERS FOR THE PURPOSE OF
5 COORDINATING BROAD-BASED HEALTH CARE PAYMENT REFORM.

6 (5) ON OR BEFORE OCTOBER 1, 2012, CIVHC SHALL SUBMIT A
7 WRITTEN REPORT ON ITS FINDINGS AND RECOMMENDATIONS TO THE
8 GOVERNOR, THE EXECUTIVE DIRECTOR, AND THE HEALTH AND HUMAN
9 SERVICES COMMITTEE OF THE SENATE AND THE HEALTH AND
10 ENVIRONMENT COMMITTEE OF THE HOUSE OF REPRESENTATIVES, OR THEIR
11 SUCCESSOR COMMITTEES.

12 (6) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2013.

13 **SECTION 5.** 25.5-4-401 (5) and (6), Colorado Revised Statutes,
14 are amended, and the said 25.5-4-401 is further amended BY THE
15 ADDITION OF A NEW SUBSECTION, to read:

16 **25.5-4-401. Providers - payments - rules - legislative**
17 **declaration.** (4.5) (a) THE GENERAL ASSEMBLY HEREBY FINDS,
18 DETERMINES, AND DECLARES THAT ACCESS TO HEALTH CARE SERVICES
19 WILL BE IMPROVED AND COSTS OF HEALTH CARE WILL BE RESTRAINED IF
20 PROVIDERS ARE ALLOWED TO DELIVER AND RECEIVE REIMBURSEMENT FOR
21 MEDICAL CARE, SERVICES, OR GOODS PROVIDED TO RECIPIENTS OF THE
22 MEDICAID PROGRAM IN NONTRADITIONAL LOCATIONS, SUCH AS THE HOME
23 OF THE RECIPIENT, IN A PUBLIC BUILDING, OR THROUGH TELEMEDICINE IN
24 ACCORDANCE WITH SECTION 25.5-5-320.

25 (b) THE STATE DEPARTMENT SHALL PROVIDE PAYMENT TO
26 PROVIDERS WHO DELIVER MEDICAL CARE, SERVICES, OR GOODS TO
27 RECIPIENTS OF THE MEDICAID PROGRAM, REGARDLESS OF THE LOCATION

1 OF THE DELIVERY OF CARE, SERVICES, OR GOODS, AS LONG AS THE
2 MEDICAL CARE, SERVICES, OR GOODS ARE THE TYPE FOR WHICH
3 COMPENSATION IS AUTHORIZED UNDER TITLE XIX.

4 (c) PROVIDERS ARE ENCOURAGED TO DELIVER MEDICAL CARE,
5 SERVICES, AND GOODS TO RECIPIENTS IN NONTRADITIONAL SETTINGS OR
6 LOCATIONS AS APPROPRIATE TO FACILITATE ACCESS TO CARE BY
7 RECIPIENTS, PARTICULARLY FOR THOSE RECIPIENTS WHO RESIDE IN
8 FEDERALLY DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREAS, AS
9 DEFINED IN SECTION 25-20.5-702, C.R.S.

10 (5) The state board may promulgate rules to provide for the
11 implementation and administration of subsections (3), ~~and~~ (4), AND (4.5)
12 of this section.

13 (6) The state department shall make good faith efforts to obtain
14 a waiver ~~or waivers~~ from any requirements of Title XIX ~~of the social~~
15 ~~security act which~~ THAT would prohibit the implementation of
16 ~~subsections~~ SUBSECTION (3), ~~and~~ (4), OR (4.5) of this section. ~~Such~~ THE
17 STATE DEPARTMENT SHALL OBTAIN THE NECESSARY waiver ~~or waivers~~
18 ~~shall be obtained~~ from the federal department of health and human
19 services or any successor agency. If ~~such waivers are not granted~~ THE
20 FEDERAL DEPARTMENT DOES NOT GRANT THE NECESSARY WAIVER, the
21 state department shall not act to implement or administer ~~subsections~~
22 SUBSECTION (3), ~~and~~ (4), OR (4.5) of this section to the extent that Title
23 XIX prohibits ~~it~~ IMPLEMENTATION OF ANY OF THOSE SUBSECTIONS.

24 **SECTION 6.** Article 82 of title 24, Colorado Revised Statutes, is
25 amended BY THE ADDITION OF A NEW PART to read:

26 PART 13

27 STATE-OWNED FACILITIES -

1 USE BY HEALTH CARE PROVIDERS

2 24-82-1301. Legislative declaration. (1) THE GENERAL
3 ASSEMBLY HEREBY FINDS AND DECLARES THAT:

4 (a) MANY AREAS OF THE STATE, PARTICULARLY RURAL AREAS,
5 SUFFER FROM A LACK OF ACCESS TO HEALTH CARE SERVICES AND HAVE
6 BEEN DESIGNATED BY THE FEDERAL GOVERNMENT AS HEALTH
7 PROFESSIONAL SHORTAGE AREAS;

8 (b) OFTEN, HEALTH CARE PROVIDERS ARE UNABLE TO LOCATE IN
9 RURAL AREAS OR PROVIDE HEALTH CARE SERVICES IN THOSE AREAS DUE
10 TO LACK OF FINANCIAL RESOURCES OR ADEQUATE FACILITIES IN WHICH TO
11 PROVIDE CARE;

12 (c) THE STATE CONTAINS NUMEROUS HEALTH PROFESSIONAL
13 SHORTAGE AREAS IN WHICH COLORADO RESIDENTS ARE UNABLE TO
14 ACCESS THE HEALTH CARE THEY NEED, ULTIMATELY RESULTING IN HIGHER
15 HEALTH CARE COSTS TO ALL COLORADANS; AND

16 (d) IT IS AN IMPORTANT PUBLIC POLICY TO ENCOURAGE HEALTH
17 CARE PROVIDERS TO LOCATE IN HEALTH PROFESSIONAL SHORTAGE AREAS
18 THROUGHOUT THE STATE AND PROVIDE HEALTH CARE SERVICES IN THE
19 SHORTAGE AREAS SO THAT COLORADANS HAVE ACCESS TO HEALTH CARE.

20 (2) TO FACILITATE THIS IMPORTANT PUBLIC POLICY, THE GENERAL
21 ASSEMBLY HEREBY ENACTS THIS PART 13 TO:

22 (a) ENCOURAGE HEALTH CARE PROVIDERS TO EXPLORE
23 OPPORTUNITIES TO ESTABLISH HEALTH CARE PRACTICES IN AVAILABLE
24 SPACE IN PUBLIC BUILDINGS LOCATED IN A FEDERALLY DESIGNATED
25 HEALTH PROFESSIONAL SHORTAGE AREA; AND

26 (b) ENCOURAGE THE STATE TO ALLOW HEALTH CARE PROVIDERS
27 TO USE AVAILABLE SPACE IN PUBLIC BUILDINGS, THROUGH RENTAL

1 AGREEMENTS OR OTHER APPROPRIATE MECHANISMS, TO PROVIDE ACCESS
2 TO HEALTH CARE IN THE COMMUNITY.

3 **24-82-1302. Use of space in state-owned facilities - agreements**
4 **with health care providers.** THE EXECUTIVE DIRECTOR OF THE
5 DEPARTMENT OF PERSONNEL, ON BEHALF OF THE STATE, MAY ENTER INTO
6 AGREEMENTS WITH LICENSED HEALTH CARE PROVIDERS WHEREBY THE
7 PROVIDERS ARE ALLOWED TO USE AVAILABLE SPACE IN A STATE BUILDING
8 LOCATED IN A FEDERALLY DESIGNATED HEALTH PROFESSIONAL SHORTAGE
9 AREA, AS DEFINED IN SECTION 25-20.5-702, C.R.S., TO PROVIDE HEALTH
10 CARE SERVICES TO INDIVIDUALS RESIDING IN THE STATE. AS A CONDITION
11 OF THE AGREEMENT, THE HEALTH CARE PROVIDER MUST AGREE TO ACCEPT
12 AND PROVIDE HEALTH CARE SERVICES TO ANY RECIPIENT OF MEDICAL
13 ASSISTANCE, AS DEFINED IN SECTION 25.5-4-103, C.R.S., WHO SEEKS CARE
14 FROM THE PROVIDER WHILE OPERATING IN THE STATE BUILDING.

15 **SECTION 7.** Article 28 of title 29, Colorado Revised Statutes, is
16 amended BY THE ADDITION OF A NEW PART to read:

17 PART 2

18 LOCAL GOVERNMENT-OWNED FACILITIES -
19 USE BY HEALTH CARE PROVIDERS

20 **29-28-201. Legislative declaration.** (1) THE GENERAL
21 ASSEMBLY HEREBY FINDS AND DECLARES THAT:

22 (a) MANY AREAS OF THE STATE, PARTICULARLY RURAL AREAS,
23 SUFFER FROM A LACK OF ACCESS TO HEALTH CARE SERVICES AND HAVE
24 BEEN DESIGNATED BY THE FEDERAL GOVERNMENT AS HEALTH
25 PROFESSIONAL SHORTAGE AREAS;

26 (b) OFTEN, HEALTH CARE PROVIDERS ARE UNABLE TO LOCATE IN
27 RURAL AREAS OR PROVIDE HEALTH CARE SERVICES IN THOSE AREAS DUE

1 TO LACK OF FINANCIAL RESOURCES OR ADEQUATE FACILITIES IN WHICH TO
2 PROVIDE CARE;

3 (c) THE STATE CONTAINS NUMEROUS HEALTH PROFESSIONAL
4 SHORTAGE AREAS IN WHICH COLORADO RESIDENTS ARE UNABLE TO
5 ACCESS THE HEALTH CARE THEY NEED, ULTIMATELY RESULTING IN HIGHER
6 HEALTH CARE COSTS TO ALL COLORADANS;

7 (d) IT IS AN IMPORTANT PUBLIC POLICY TO ENCOURAGE HEALTH
8 CARE PROVIDERS TO LOCATE IN HEALTH PROFESSIONAL SHORTAGE AREAS
9 THROUGHOUT THE STATE AND PROVIDE HEALTH CARE SERVICES IN THE
10 SHORTAGE AREAS SO THAT COLORADANS HAVE ACCESS TO HEALTH CARE;

11 (e) TO FACILITATE THIS IMPORTANT PUBLIC POLICY, THE GENERAL
12 ASSEMBLY HEREBY ENACTS THIS SECTION TO:

13 (I) ENCOURAGE HEALTH CARE PROVIDERS TO EXPLORE
14 OPPORTUNITIES TO ESTABLISH HEALTH CARE PRACTICES IN AVAILABLE
15 SPACE IN PUBLIC BUILDINGS LOCATED IN A FEDERALLY DESIGNATED
16 HEALTH PROFESSIONAL SHORTAGE AREA; AND

17 (II) ENCOURAGE LOCAL GOVERNMENTS TO ALLOW HEALTH CARE
18 PROVIDERS TO USE AVAILABLE SPACE IN PUBLIC BUILDINGS, THROUGH
19 RENTAL AGREEMENTS OR OTHER APPROPRIATE MECHANISMS, TO PROVIDE
20 ACCESS TO HEALTH CARE IN THE COMMUNITY.

21 **29-28-202. Agreements with health care providers - use of**
22 **space in public buildings.** A LOCAL GOVERNMENT MAY ENTER INTO AN
23 AGREEMENT WITH A LICENSED HEALTH CARE PROVIDER WHEREBY THE
24 PROVIDER IS ALLOWED TO USE AVAILABLE SPACE IN A BUILDING OWNED BY
25 THE LOCAL GOVERNMENT AND LOCATED IN A FEDERALLY DESIGNATED
26 HEALTH PROFESSIONAL SHORTAGE AREA, AS DEFINED IN SECTION
27 25-20.5-702, C.R.S., TO PROVIDE HEALTH CARE SERVICES TO INDIVIDUALS

1 RESIDING WITHIN THE GEOGRAPHICAL BOUNDARIES OF THE LOCAL
2 GOVERNMENT OR IN CLOSE PROXIMITY THERETO. AS A CONDITION OF THE
3 AGREEMENT, THE HEALTH CARE PROVIDER MUST AGREE TO ACCEPT AND
4 PROVIDE HEALTH CARE SERVICES TO ANY RECIPIENT OF MEDICAL
5 ASSISTANCE, AS DEFINED IN SECTION 25.5-4-103, C.R.S., WHO SEEKS CARE
6 FROM THE PROVIDER WHILE OPERATING IN THE PUBLIC BUILDING.

7 **SECTION 8.** 24-10-103 (4) (b), Colorado Revised Statutes, is
8 amended BY THE ADDITION OF A NEW SUBPARAGRAPH to read:

9 **24-10-103. Definitions.** As used in this article, unless the context
10 otherwise requires:

11 (4) (b) "Public employee" includes any of the following:

12 (VIII) A HEALTH CARE PRACTITIONER WHO, PURSUANT TO AN
13 AGREEMENT WITH A PUBLIC ENTITY PURSUANT TO SECTION 24-82-1302,
14 OR 29-28-202, C.R.S., USES AVAILABLE SPACE IN A BUILDING OWNED BY
15 THE PUBLIC ENTITY AND LOCATED IN A FEDERALLY DESIGNATED HEALTH
16 PROFESSIONAL SHORTAGE AREA, AS DEFINED IN SECTION 25-20.5-702,
17 C.R.S., FROM WHICH TO PROVIDE HEALTH CARE SERVICES TO PATIENTS,
18 INCLUDING RECIPIENTS OF MEDICAL ASSISTANCE, AS DEFINED IN SECTION
19 25.5-4-103, C.R.S., WHO SEEK CARE FROM THE HEALTH CARE
20 PRACTITIONER WHILE OPERATING IN THE BUILDING OWNED BY THE PUBLIC
21 ENTITY.

22 **SECTION 9. Act subject to petition - effective date.** This act
23 shall take effect at 12:01 a.m. on the day following the expiration of the
24 ninety-day period after final adjournment of the general assembly (August
25 10, 2011, if adjournment sine die is on May 11, 2011); except that, if a
26 referendum petition is filed pursuant to section 1 (3) of article V of the
27 state constitution against this act or an item, section, or part of this act

1 within such period, then the act, item, section, or part shall not take effect
2 unless approved by the people at the general election to be held in
3 November 2012 and shall take effect on the date of the official
4 declaration of the vote thereon by the governor.