

NOTE: This bill has been prepared for the signatures of the appropriate legislative officers and the Governor. To determine whether the Governor has signed the bill or taken other action on it, please consult the legislative status sheet, the legislative history, or the Session Laws.

An Act

HOUSE BILL 23-1300

BY REPRESENTATIVE(S) Bird and Sirota, Amabile, Bacon, Boesenecker, Brown, deGruy Kennedy, English, Epps, Garcia, Gonzales-Gutierrez, Hamrick, Herod, Jodeh, Kipp, Lieder, Lindsay, Mabrey, Martinez, McLachlan, Michaelson Jenet, Ortiz, Ricks, Snyder, Titone, Valdez, Vigil, Weissman, Willford, Young, McCluskie; also SENATOR(S) Zenzinger and Kirkmeyer, Buckner, Coleman, Cutter, Exum, Ginal, Gonzales, Hinrichsen, Jaquez Lewis, Kolker, Moreno, Priola, Roberts, Sullivan, Winter F.

CONCERNING EXTENDING CONTINUOUS ELIGIBILITY MEDICAL COVERAGE FOR CERTAIN INDIVIDUALS, AND, IN CONNECTION THEREWITH, SEEKING FEDERAL AUTHORIZATION AND MAKING AN APPROPRIATION.

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

SECTION 1. Legislative declaration. (1) The general assembly finds and declares that:

(a) Extending continuous medical coverage for children and adults will improve the health and well-being of Coloradans and ensure their access to medical services during critical periods in life;

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

(b) Continuous coverage reduces family stress, increases the use of preventive services, and reduces costly, avoidable hospitalization stays;

(c) Children need consistent access to health care, especially in their early years, when frequent screenings, vaccinations, and wellness checkups are critical to their development and school readiness;

(d) Young children experience several acute, short-term illnesses each year that may require a health-care visit and treatment, including respiratory viruses, gastrointestinal illnesses, croup, ear infections, conjunctivitis, fevers, and skin rashes;

(e) During the COVID-19 public health emergency, longer periods of continuous coverage in the state's medical assistance programs allowed more Colorado families to access and maintain health insurance;

(f) In addition, continuous medical coverage helps people leaving incarceration. Formerly incarcerated individuals have higher rates of chronic health conditions, including hepatitis C, diabetes, and high blood pressure, as well as higher rates of addiction and mental health needs.

(g) Research demonstrates that people released from incarceration are almost forty times more likely to die from an overdose within two weeks after being released than the general population is overall;

(h) Ensuring continuous coverage for previously incarcerated people not only improves health outcomes but also improves public safety by reducing rates of recidivism;

(i) Extending continuous coverage to underserved groups also reduces coverage loss due to paperwork and administrative issues, which are disproportionately common for children, Black and Latino families, people experiencing homelessness, and low-income adults;

(j) Extending continuous coverage will allow millions of federal funds to flow into Colorado for increased medical assistance coverage and will benefit other programs as well, allowing Colorado to draw down more federal funding for the special supplemental nutrition program for women, infants, and children and the school lunch program; and

(k) Extending continuous coverage will increase the medicaid department's ability to use medicaid to improve the social determinants of health.

(2) Therefore, the general assembly declares that extending continuous coverage for adults and children is in the best interest of all Coloradans.

SECTION 2. In Colorado Revised Statutes, **add 25.5-5-335** as follows:

25.5-5-335. Continuous medical coverage for children and adults feasibility study - report - federal authorization - rules - report - definition. (1) THE STATE DEPARTMENT SHALL STUDY THE FEASIBILITY OF EXTENDING CONTINUOUS MEDICAL COVERAGE FOR ADDITIONAL CHILDREN AND ADULTS AND HOW TO BETTER MEET THE HEALTH-RELATED SOCIAL NEEDS OF MEDICAL ASSISTANCE PROGRAM RECIPIENTS.

(2) AT A MINIMUM, THE FEASIBILITY STUDY MUST CONSIDER THE COSTS; IMPLEMENTATION FACTORS, INCLUDING COUNTY WORKLOAD, TRAINING, AND ADMINISTRATIVE BURDENS ON THE COUNTIES, INFORMATION TECHNOLOGY SYSTEMS, UPGRADES AND ASSOCIATED COSTS; POTENTIAL HEALTH BENEFITS FOR INDIVIDUALS AND COMMUNITIES, INCLUDING DISADVANTAGED AND MARGINALIZED GROUPS; IMPACTS OF INCREASED USE OF PREVENTIVE AND HIGH-VALUE HEALTH SERVICES; ADMINISTRATIVE SAVINGS, INCLUDING, BUT NOT LIMITED TO, REDUCING OR ELIMINATING ELIGIBILITY PROCESSING FOR POPULATIONS DURING THE CONTINUOUS ELIGIBILITY PERIOD; REDUCTIONS IN ADMINISTRATIVE TURNOVER AND COVERAGE LOSS; AND, TO THE EXTENT PRACTICABLE, SOCIAL AND ECONOMIC IMPACTS WITH RESPECT TO THE FOLLOWING:

(a) ALLOWING AN ELIGIBLE CHILD, AS DEFINED IN ARTICLES 2, 3, 5, 6, AND 8 OF THIS TITLE 25.5, INCLUDING CHILDREN ELIGIBLE UNDER SECTIONS 25.5-2-104 AND 25.5-2-105, TO REMAIN CONTINUOUSLY ELIGIBLE FOR MEDICAL ASSISTANCE AND THE CHILDREN'S BASIC HEALTH PLAN FOR TWENTY-FOUR MONTHS AFTER THE LAST DAY OF THE MONTH IN WHICH THE CHILD WAS ENROLLED;

(b) ALLOWING AN ELIGIBLE CHILD, AS DEFINED IN ARTICLES 2, 3, 5, 6, AND 8 OF THIS TITLE 25.5, INCLUDING CHILDREN ELIGIBLE UNDER

25.5-2-104 AND 25.5-2-105 WHO ARE LESS THAN SIX YEARS OF AGE, TO REMAIN CONTINUOUSLY ELIGIBLE FOR MEDICAL ASSISTANCE OR THE CHILDREN'S BASIC HEALTH PLAN WITHOUT REGARD TO A CHANGE IN HOUSEHOLD INCOME UNTIL THE CHILD REACHES SIX YEARS OF AGE;

(c) ALLOWING AN ELIGIBLE ADULT TO REMAIN CONTINUOUSLY ELIGIBLE FOR MEDICAL ASSISTANCE WITHOUT REGARD TO INCOME FOR TWELVE MONTHS AND TWENTY-FOUR MONTHS AFTER THE LAST DAY OF THE MONTH IN WHICH THE ADULT WAS ENROLLED. FOR PURPOSES OF THIS SUBSECTION (2)(c), AN "ELIGIBLE ADULT" INCLUDES A PERSON EIGHTEEN YEARS OF AGE OR OLDER WHO:

(I) HAS AN INCOME UNDER THIRTY-THREE PERCENT OF THE FEDERAL POVERTY LINE;

(II) IS EXPERIENCING HOMELESSNESS; OR

(III) HAS BEEN IN COMMUNITY CORRECTIONS, IS ON PAROLE, OR HAS BEEN RELEASED FROM ANOTHER CARCERAL SETTING, INCLUDING JAIL OR FEDERAL PRISON. FOR PURPOSES OF THIS SUBSECTION (2)(c)(III), CONTINUOUS ELIGIBILITY STARTS ON THE INDIVIDUAL'S MEDICAID APPROVAL DATE.

(d) ALLOWING AN ADULT WHO IS ELIGIBLE FOR MEDICAL ASSISTANCE AT THE TIME OF ENROLLMENT TO REMAIN CONTINUOUSLY ELIGIBLE FOR MEDICAL ASSISTANCE WITHOUT REGARD TO INCOME FOR TWELVE MONTHS AFTER THE LAST DAY OF THE MONTH IN WHICH THE ADULT WAS ENROLLED.

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

(4) IN CONDUCTING THE FEASIBILITY STUDY PURSUANT TO THIS SECTION, THE STATE DEPARTMENT SHALL TAKE INTO CONSIDERATION THE EFFORTS OF OTHER STATES TO IMPROVE THE HEALTH-RELATED SOCIAL NEEDS OF MEDICAL ASSISTANCE PROGRAM RECIPIENTS, INCLUDING, BUT NOT LIMITED TO, HOUSING AND NUTRITIONAL NEEDS, INITIATIVES TO PAY FOR

RENTAL HOUSING ASSISTANCE FOR UP TO SIX MONTHS, THE NEEDS OF PERINATAL RECIPIENTS, YOUTH IN OR TRANSITIONING OUT OF FOSTER CARE, FORMER FOSTER CARE YOUTH, PEOPLE WITH SUBSTANCE USE DISORDERS, HIGH-RISK INFANTS AND CHILDREN, AND THE NEEDS OF LOW-INCOME INDIVIDUALS IMPACTED BY NATURAL DISASTERS, AND THE NEEDS OF LOW-INCOME INDIVIDUALS IMPACTED BY NATURAL DISASTERS, AND THE STATE DEPARTMENT SHALL SEEK INPUT FROM RELEVANT STAKEHOLDERS. IN CONDUCTING THE STAKEHOLDER PROCESS, THE STATE DEPARTMENT SHALL:

(a) ENGAGE DIRECTLY WITH:

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

(II) SERVICE PROVIDERS, PARTICULARLY THOSE WHOSE PATIENTS ARE PREDOMINANTLY MEDICAL ASSISTANCE PROGRAM RECIPIENTS OR ARE UNINSURED;

(III) ADVOCACY ORGANIZATIONS;

(IV) COUNTIES;

(V) ORGANIZATIONS THAT ASSIST WITH ENROLLMENT INTO THE MEDICAL ASSISTANCE PROGRAMS AND THE COLORADO HEALTH EXCHANGE; AND

(VI) INDIVIDUALS WORKING IN OR REPRESENTING COMMUNITIES THAT ARE DIVERSE WITH REGARD TO RACE, ETHNICITY, IMMIGRATION STATUS, AGE, ABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, OR GEOGRAPHIC REGION OF THE STATE AND ARE AFFECTED BY HIGHER RATES OF HEALTH DISPARITIES AND INEQUITIES;

(b) PUBLICLY CONDUCT STAKEHOLDER MEETINGS, REPORT ON THE OUTCOMES OF THE MEETINGS, AND PUBLICIZE THE REPORTS IN ENGLISH AS WELL AS TWO OTHER COMMONLY SPOKEN LANGUAGES IN COLORADO;

(c) INCLUDE OPPORTUNITIES FOR PARTICIPATION IN THE

STAKEHOLDER PROCESS OUTSIDE OF REGULAR WORK HOURS; AND

(d) HOLD AT LEAST THREE STAKEHOLDER MEETINGS.

(5) ON OR BEFORE JANUARY 1, 2026, THE STATE DEPARTMENT SHALL SUBMIT A REPORT DETAILING THE FINDINGS AND RECOMMENDATIONS FROM THE FEASIBILITY STUDY TO THE JOINT BUDGET COMMITTEE OF THE SENATE AND THE HOUSE OF REPRESENTATIVES, OR ITS SUCCESSOR COMMITTEE, 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. THE STATE DEPARTMENT SHALL ALSO MAKE THE REPORT AVAILABLE TO THE PUBLIC ON THE STATE DEPARTMENT'S WEBSITE.

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

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

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

ELIGIBILITY WAS ERRONEOUSLY GRANTED, OR THE CHILD IS DECEASED.

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

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

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

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

(e) UPON APPROVAL OF THE FEDERAL AUTHORIZATION SOUGHT PURSUANT TO THIS SUBSECTION (7), THE STATE DEPARTMENT SHALL IMPLEMENT THE CONTINUOUS ELIGIBILITY COVERAGE REQUIREMENTS PURSUANT TO THIS SUBSECTION (7) BY JANUARY 1, 2026. IN IMPLEMENTING THE CONTINUOUS ELIGIBILITY REQUIREMENT OF THIS SECTION, THE STATE DEPARTMENT SHALL TAKE ALL NECESSARY STEPS TO RELIEVE THE OBLIGATION OF THE STATE DEPARTMENT AND COUNTIES TO PROMPTLY

EVALUATE INFORMATION THAT DOES NOT AFFECT ELIGIBILITY FOR CONTINUOUS COVERAGE CASES UNDER THIS SECTION, UNLESS REQUIRED FOR PROGRAM ADMINISTRATION OR AS APPROVED BY THE FEDERAL AUTHORIZATION.

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

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

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

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

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

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

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

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

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

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

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

Julie McCluskie
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

Steve Fenberg
PRESIDENT OF
THE SENATE

Robin Jones
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

Cindi L. Markwell
SECRETARY OF
THE SENATE

APPROVED _____
(Date and Time)

Jared S. Polis
GOVERNOR OF THE STATE OF COLORADO