

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

**REREVISED**

*This Version Includes All Amendments  
Adopted in the Second House*

LLS NO. 21-0760.01 Shelby Ross x4510

**SENATE BILL 21-025**

**SENATE SPONSORSHIP**

**Pettersen and Coram**, Bridges, Buckner, Danielson, Donovan, Fields, Ginal, Gonzales, Hansen, Jaquez Lewis, Kolker, Lee, Moreno, Rodriguez, Story, Winter, Zenzinger

**HOUSE SPONSORSHIP**

**Tipper and Will**, Amabile, Bernett, Bird, Boesenecker, Cutter, Esgar, Froelich, Gonzales-Gutierrez, Gray, Hooton, Jackson, Jodeh, Kipp, McCluskie, Michaelson Jenet, Mullica, Sirota, Titone, Valdez A., Valdez D., Young

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**Senate Committees**

Health & Human Services  
Appropriations

**House Committees**

Public & Behavioral Health & Human Services  
Appropriations

HOUSE  
3rd Reading Unamended  
June 3, 2021

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**A BILL FOR AN ACT**

101     **CONCERNING FAMILY PLANNING SERVICES FOR INDIVIDUALS WHOSE**  
102             **INCOME DOES NOT EXCEED THE STATE'S CURRENT EFFECTIVE**  
103             **INCOME LEVEL FOR PREGNANT WOMEN UNDER THE CHILDREN'S**  
104             **BASIC HEALTH PLAN, AND, IN CONNECTION THEREWITH, MAKING**  
105             **AN APPROPRIATION.**

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HOUSE  
2nd Reading Unamended  
June 2, 2021

**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>.)*

SENATE  
3rd Reading Unamended  
May 12, 2021

The bill requires the department of health care policy and financing to seek federal authorization through an amendment to the state

SENATE  
Amended 2nd Reading  
May 11, 2021

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

medical assistance plan to provide family planning services to individuals who are not pregnant and whose income does not exceed 250% of the federal poverty level.

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

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

4 (a) Our communities fare better when all Coloradans can plan  
5 their pregnancies. Unintended pregnancies are associated with an  
6 increased risk of adverse pregnancy outcomes such as preterm birth,  
7 which is the leading cause of infant mortality, and delivery of  
8 low-birth-weight infants, which is linked to several negative short- and  
9 long-term health outcomes.

10 (b) Due to the systemic barriers they face, families who  
11 experience unintended pregnancies often have poorer health outcomes for  
12 themselves and their children, struggle to and often do not complete  
13 school, have difficulty advancing in their careers, and use more public  
14 assistance;

15 (c) Access to family planning services reduces the chance of  
16 unintended pregnancy, reducing the risk factors associated with poor  
17 health and social outcomes;

18 (d) The public health and economic crisis created by the  
19 COVID-19 pandemic has shone a bright light on the need for increased  
20 access to family planning services. Recent federal administrative rules  
21 have limited individual's access to public family planning clinics.  
22 Additionally, job losses due to the pandemic are threatening access to  
23 reproductive health care for millions of Americans.

24 (e) Women, particularly women of color for whom pregnancy and

1 childbirth can be most dangerous, increasingly want to delay having  
2 children. The "Early Impacts of the COVID-19 Pandemic: 2020  
3 Guttmacher Survey of Reproductive Health Experiences" found that  
4 overall, thirty-four percent of women reported wanting to delay  
5 pregnancy or have fewer children because of the pandemic. The same  
6 survey shows that roughly twenty-seven percent of women are worried  
7 about being able to afford contraceptives, and Hispanic women, Black  
8 women, queer women, and women living in poverty are more likely to  
9 worry about access to contraceptives than their white peers.

10 (f) The Colorado department of public health and environment  
11 reported that in 2019, roughly fifty-eight thousand women in Colorado  
12 were without insurance coverage for family planning services and more  
13 than twenty-one thousand of those women had low incomes that fell  
14 between the medicaid income eligibility level and two hundred fifty  
15 percent of the federal poverty level;

16 (g) According to a national survey conducted by the Kaiser Family  
17 Foundation and the Georgetown University Center for Children and  
18 Families, as of January 2019, twenty-eight states, not including Colorado,  
19 have received federal authorization to offer family planning services to  
20 people who are not otherwise eligible for medicaid; and

21 (h) The federal centers for medicare and medicaid services have  
22 encouraged states to pursue federal authorization for family planning  
23 services by covering ninety percent of the costs, a higher federal share  
24 than it provides for other medicaid services.

25 (2) Therefore, the general assembly finds and declares that  
26 expanding coverage through the medicaid program to provide family  
27 planning services for women with low and moderate incomes who do not

1 otherwise qualify for medicaid coverage will reduce unintended  
2 pregnancies and help all Colorado families thrive.

3 **SECTION 2.** In Colorado Revised Statutes, **add** 25.5-5-327 as  
4 follows:

5 **25.5-5-327. Family planning services - federal authorization**  
6 **-rules - definitions.** (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT  
7 OTHERWISE REQUIRES:

8 (a) "ELIGIBLE INDIVIDUAL" MEANS AN INDIVIDUAL WHO IS NOT  
9 PREGNANT AND WHOSE INCOME DOES NOT EXCEED THE STATE'S CURRENT  
10 EFFECTIVE INCOME LEVEL FOR PREGNANT WOMEN UNDER THE CHILDREN'S  
11 BASIC HEALTH PLAN ESTABLISHED PURSUANT TO ARTICLE 8 OF TITLE 25.5,  
12 AND WHOSE INCOME IS ADJUSTED FOR FAMILY SIZE BASED ON THE  
13 METHODOLOGY ALLOWED UNDER FEDERAL LAW TO COUNT THE APPLICANT  
14 AS A HOUSEHOLD OF TWO IN ADDITION TO ANY OTHER HOUSEHOLD  
15 MEMBERS, AND WHO MEETS OTHER REQUIREMENTS UNDER FEDERAL LAW.

16 (b) "FAMILY-PLANNING-RELATED SERVICES" MEANS SERVICES  
17 PROVIDED IN A FAMILY PLANNING SETTING AS PART OF OR AS A FOLLOW-UP  
18 TO A FAMILY PLANNING VISIT, INCLUDING:

19 (I) MEDICALLY NECESSARY EVALUATIONS OR PREVENTIVE  
20 SERVICES, SUCH AS TOBACCO UTILIZATION SCREENING, COUNSELING,  
21 TESTING, AND CESSATION SERVICES;

22 (II) CERVICAL CANCER SCREENING AND PREVENTION;

23 (III) DIAGNOSIS OR TREATMENT OF A SEXUALLY TRANSMITTED  
24 INFECTION OR SEXUALLY TRANSMITTED DISEASE AND MEDICATION AND  
25 SUPPLIES TO PREVENT A SEXUALLY TRANSMITTED INFECTION OR SEXUALLY  
26 TRANSMITTED DISEASE; AND

27 (IV) ANY OTHER MEDICAL DIAGNOSIS, TREATMENT, OR

1 PREVENTIVE SERVICE THAT IS ROUTINELY PROVIDED PURSUANT TO A  
2 FAMILY PLANNING VISIT.

3 (c) "FAMILY PLANNING SERVICES" MEANS ALL SERVICES COVERED  
4 BY THE FEDERAL TITLE X FAMILY PLANNING PROGRAM, REGARDLESS OF  
5 AN INDIVIDUAL'S AGE, SEX, OR GENDER IDENTITY, OR THE AGE, SEX, OR  
6 GENDER IDENTITY OF THE INDIVIDUAL'S PARTNER, INCLUDING BUT NOT  
7 LIMITED TO:

8 (I) ALL CONTRACEPTION, AS DEFINED IN SECTION 2-4-401 (1.5);

9 (II) HEALTH-CARE AND COUNSELING SERVICES FOCUSED ON  
10 PREVENTING, DELAYING, OR PLANNING FOR A PREGNANCY;

11 (III) FOLLOW-UP VISITS TO EVALUATE OR MANAGE PROBLEMS  
12 ASSOCIATED WITH CONTRACEPTIVE METHODS;

13 (IV) STERILIZATION SERVICES, REGARDLESS OF AN INDIVIDUAL'S  
14 SEX; AND

15 (V) BASIC FERTILITY SERVICES.

16 (d) "PRESUMPTIVE ELIGIBILITY" HAS THE SAME MEANING AS  
17 DEFINED IN SECTION 25.5-5-204 (1).

18 (2) (a) NO LATER THAN JANUARY 31, 2022, THE STATE  
19 DEPARTMENT SHALL SEEK FEDERAL AUTHORIZATION THROUGH AN  
20 AMENDMENT TO THE STATE MEDICAL ASSISTANCE PLAN TO PROVIDE  
21 FAMILY PLANNING SERVICES TO ELIGIBLE INDIVIDUALS.

22 (b) THE STATE PLAN AMENDMENT MUST:

23 (I) NOT IMPOSE AGE, SEX, OR GENDER IDENTITY LIMITATIONS ON  
24 ELIGIBLE INDIVIDUALS; AND

25 (II) INCLUDE A PROCESS BY WHICH AN ELIGIBLE INDIVIDUAL MAY  
26 BE PRESUMPTIVELY ELIGIBLE TO RECEIVE FAMILY PLANNING SERVICES.

27 (3) UPON APPROVAL OF THE STATE PLAN AMENDMENT, THE STATE

1 DEPARTMENT SHALL:

2 (a) UNLESS REQUESTED OTHERWISE BY THE ELIGIBLE INDIVIDUAL,  
3 ENSURE THAT AN ELIGIBLE INDIVIDUAL RECEIVES \_\_\_ A ONE-YEAR SUPPLY  
4 OF SELF-ADMINISTERED HORMONAL CONTRACEPTIVES AT ONE TIME AS  
5 PERMITTED BY THE ELIGIBLE INDIVIDUAL'S PRESCRIPTION; AND

6 (b) COLLABORATE WITH THE STATE INSURANCE MARKETPLACE,  
7 HEALTH CARE CONSUMER ADVOCATES, AND OTHER INTERESTED  
8 STAKEHOLDERS TO EDUCATE ELIGIBLE INDIVIDUALS ABOUT ALL  
9 AVAILABLE HEALTH CARE COVERAGE OPTIONS AND ENCOURAGE ELIGIBLE  
10 INDIVIDUALS TO ENROLL IN FULL HEALTH INSURANCE COVERAGE THROUGH  
11 AVAILABLE SOURCES, INCLUDING THE MEDICAL ASSISTANCE PROGRAM,  
12 CHILDREN'S BASIC HEALTH PLAN, A PUBLIC BENEFIT CORPORATION, OR THE  
13 STATE INSURANCE MARKETPLACE.

14 (4) THE STATE DEPARTMENT SHALL PROMULGATE ANY RULES  
15 NECESSARY TO IMPLEMENT THIS SECTION, INCLUDING RULES  
16 ESTABLISHING THE SPECIFIC FAMILY-PLANNING-RELATED SERVICES AND  
17 FAMILY PLANNING SERVICES IDENTIFIED IN SUBSECTIONS (1)(b) AND (1)(c)  
18 OF THIS SECTION. PRIOR TO PROMULGATING THE RULES, THE STATE  
19 DEPARTMENT SHALL ENGAGE IN A STAKEHOLDER PROCESS THAT ATTEMPTS  
20 TO INCLUDE INDIVIDUALS WHO HAVE RECEIVED FAMILY PLANNING  
21 SERVICES THROUGH THE STATE'S MEDICAL ASSISTANCE PROGRAM OR THE  
22 CHILDREN'S BASIC HEALTH PLAN, REPRESENTATIVES OF CONSUMER  
23 ADVOCACY ORGANIZATIONS, AND FAMILY PLANNING PROVIDERS. THE  
24 STAKEHOLDERS MUST BE DIVERSE WITH REGARD TO RACE, ETHNICITY,  
25 IMMIGRATION STATUS, AGE, ABILITY, SEXUAL ORIENTATION, GENDER  
26 IDENTITY, OR GEOGRAPHIC REGION OF THE STATE.

27 **SECTION 3. Appropriation. (1) For the 2021-22 state fiscal**

1 year, \$272,956 is appropriated to the department of health care policy and  
2 financing for use by the executive director's office. This appropriation  
3 consists of \$253,117 from the general fund and \$19,839 from local funds.

4 To implement this act, the office may use this appropriation as follows:

5 (a) \$59,384 from the general fund for personal services, which  
6 amount is based on an assumption that the office will require an  
7 additional 1.8 FTE;

8 (b) \$4,450 from the general fund for operating expenses;

9 (c) \$102,963 from the general fund for Medicaid management  
10 information system maintenance and projects;

11 (d) \$56,562 from the general fund, which is subject to the "(M)"  
12 notation as defined in the annual general appropriation act for the same  
13 fiscal year, for Colorado benefits management systems, operating and  
14 contract expenses;

15 (e) \$29,758 from the general fund, which is subject to the "(M)"  
16 notation as defined in the annual general appropriation act for the same  
17 fiscal year, for county administration; and

18 (f) \$19,839 from local funds for county administration.

19 (2) For the 2021-22 state fiscal year, the general assembly  
20 anticipates that the department of health care policy and financing will  
21 receive \$1,648,336 in federal funds to implement this act. The  
22 appropriation in subsection (1) of this section is based on the assumption  
23 that the department will receive this amount of federal funds to be used  
24 as follows:

25 (a) \$59,384, which amount is subject to the "(I)" notation as  
26 defined in the annual general appropriation act for the same fiscal year,  
27 for use by the executive director's office for personal services;

1           (b) \$4,450, which amount is subject to the "(I)" notation as  
2           defined in the annual general appropriation act for the same fiscal year,  
3           for use by the executive director's office for operating expenses;

4           (c) \$926,660, which amount is subject to the "(I)" notation as  
5           defined in the annual general appropriation act for the same fiscal year,  
6           for Medicaid management information systems maintenance and projects;

7           (d) \$509,052 for Colorado benefits management systems,  
8           operating and contract expenses; and

9           (e) \$148,790 for county administration.

10           (3) For the 2021-22 state fiscal year, \$565,614 is appropriated to  
11           the office of the governor for use by the office of information technology.  
12           This appropriation is from reappropriated funds received from the  
13           department of health care policy and financing under subsections (1)(d)  
14           and (2)(d) of this section. To implement this act, the office may use this  
15           appropriation to provide information technology services for the  
16           department of health care policy and financing.

17           **SECTION 4. Act subject to petition - effective date.** This act  
18 takes effect at 12:01 a.m. on the day following the expiration of the  
19 ninety-day period after final adjournment of the general assembly; except  
20 that, if a referendum petition is filed pursuant to section 1 (3) of article V  
21 of the state constitution against this act or an item, section, or part of this  
22 act within such period, then the act, item, section, or part will not take  
23 effect unless approved by the people at the general election to be held in  
24 November 2022 and, in such case, will take effect on the date of the  
25 official declaration of the vote thereon by the governor.