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

## **INTRODUCED**

LLS NO. 25-0992.01 Christy Chase x2008

SENATE BILL 25-290

#### SENATE SPONSORSHIP

**Mullica and Kirkmeyer,** Bridges, Amabile, Bright, Carson, Catlin, Cutter, Daugherty, Exum, Frizell, Jodeh, Michaelson Jenet, Pelton B., Rich, Roberts, Simpson, Wallace

#### **HOUSE SPONSORSHIP**

Bird,

Senate Committees
Health & Human Services

#### **House Committees**

	A BILL FOR AN ACT
101	CONCERNING THE CREATION OF THE PROVIDER STABILIZATION FUND
102	WITHIN THE COLORADO HEALTHCARE AFFORDABILITY AND
103	SUSTAINABILITY ENTERPRISE TO MAKE PROVIDER
104	STABILIZATION PAYMENTS TO ELIGIBLE SAFETY NET PROVIDERS
105	THAT SERVE LOW-INCOME, UNINSURED POPULATIONS IN THE
106	STATE, AND, IN CONNECTION THEREWITH, MAXIMIZING FEDERAL
107	FUNDS TO SUPPORT THE OPERATIONS OF THE ENTERPRISE.

### **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 <a href="http://leg.colorado.gov">http://leg.colorado.gov</a>.)

The bill creates the provider stabilization fund within the Colorado healthcare affordability and sustainability enterprise (enterprise) to distribute provider stabilization payments to safety net providers who provide services to low-income, uninsured individuals on a sliding-fee schedule or at no cost. Provider stabilization payments will be distributed to eligible safety net providers based on the proportion of low-income, uninsured individuals that an individual provider serves in comparison to the total number of low-income, uninsured individuals served by all eligible safety net providers.

The bill directs the state treasurer to credit interest earnings on the principal in the unclaimed property trust fund to the provider stabilization fund as follows:

- \$25 million for the 2025-26 state fiscal year;
- \$20 million for the 2026-27 state fiscal year; and
- \$15 million for the 2027-28 and subsequent state fiscal years.

The provider stabilization fund also consists of any money the general assembly appropriates, transfers, or credits to the fund and any gifts, grants, or donations the enterprise may receive for the fund. The bill directs the enterprise to leverage money in the provider stabilization fund to obtain federal matching money.

The bill establishes a provider stabilization fund enterprise support board to assist the enterprise in implementing and administering the provider stabilization fund. The enterprise's governing board is required to submit an annual report on the provider stabilization fund to specified committees, the governor, and the medical services board in the department of health care policy and financing.

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

**SECTION 1. Legislative declaration.** (1) The general assembly

3 finds and determines that:

1

2

- 4 (a) Medicaid, the program administered by the department of
- 5 health care policy and financing under the name "Health First Colorado",
- 6 is an essential public health coverage program that pays for health care
- 7 for more than 1.2 million Coloradans:
- 8 (b) Medicaid is also a critical component of Colorado's broader
- 9 health care system, with thousands of health care providers relying on

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payments from medicaid to help sustain their businesses as they serve Coloradans;

- (c) Medicaid has a positive impact on Colorado's economy, as evidenced by data from a 2016 report commissioned by the Colorado Health Foundation showing that, after the medicaid program expansion made possible by the federal "Patient Protection and Affordable Care Act" and Senate Bill 13-200, the state's economy experienced an increase in the state gross domestic product, an increase in jobs, an increase in annual household earnings, and an increase in general fund revenues;
- (d) During the public health emergency caused by the COVID-19 pandemic, the federal government allowed all people enrolled in medicaid as of March 2020 to retain their benefits during the period of the public health emergency, which lasted until May 2023;
- (e) Following the public health emergency, the federal government required the state to conduct eligibility redeterminations for all medicaid enrollees;
- (f) Before the eligibility redetermination, 1.8 million Coloradans were enrolled in the state's medicaid program, and as of May 2024, the state's medicaid enrollment dropped by over 500,000 to 1.27 million;
- (g) From spring of 2023 to spring of 2024, Colorado health care providers experienced significant increases in the demand for care from uninsured Coloradans, suggesting that many Coloradans who lost medicaid eligibility became uninsured; and
- (h) The increased demand for uncompensated care has had destabilizing financial effects on safety net providers, leading to reduced access to care for many Coloradans.
  - (2) The general assembly therefore declares that it is:

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1	(a) Enacting the provider stabilization fund as a short-term
2	solution intended to stabilize certain safety net providers; and
3	(b) Committed to:
4	(I) Protecting vital primary care safety net infrastructure in the
5	state;
6	(II) Ensuring Colorado communities can provide access to care for
7	their residents; and
8	(III) Working toward long-term sustainability for Colorado's
9	health-care safety net.
10	SECTION 2. In Colorado Revised Statutes, 25.5-4-402.4, amend
11	(2)(a), (2)(c) introductory portion, (2)(c)(V), (2)(e), (3)(a), (3)(d)(II),
12	(3)(d)(III), (3)(d)(V), (7)(d)(II), (7)(d)(IX), (7)(e) introductory portion,
13	and (7)(f)(I); and add (2)(b.5), (2)(c)(II.5), (2)(c)(V.3), (2)(d.3), (5.3),
14	(6)(a)(IV), (7)(e)(III.3), and (9) as follows:
15	25.5-4-402.4. Hospitals - healthcare affordability and
16	sustainability fee - Colorado healthcare affordability and
17	sustainability enterprise - federal waiver - fund created - reports -
18	rules - definitions - legislative declaration - repeal. (2) Legislative
19	declaration. The general assembly hereby finds and declares that:
20	(a) The state and the providers of publicly funded medical
21	services, and hospitals AND SAFETY NET PROVIDERS in particular, share a
22	common commitment to comprehensive health-care reform;
23	(b.5) Additionally, safety net providers in the state incur
24	SIGNIFICANT COSTS BY PROVIDING SERVICES TO A LARGE PORTION OF THE
25	STATE'S LOW-INCOME, UNINSURED POPULATIONS AND INDIVIDUALS AND
26	FAMILIES ENROLLED IN MEDICAID, MEDICARE, OR THE CHILDREN'S BASIC
27	HEALTH PLAN;

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1	(c) This section is enacted as part of a comprehensive health-care
2	reform and is intended to provide the following services and benefits to
3	hospitals, SAFETY NET PROVIDERS, and individuals, AS APPLICABLE:
4	(II.5) THROUGH PROVIDER STABILIZATION PAYMENTS, REDUCING
5	THE UNDERPAYMENT TO COLORADO SAFETY NET PROVIDERS
6	PARTICIPATING IN MEDICAID, MEDICARE, OR THE CHILDREN'S BASIC
7	HEALTH PLAN AND PROVIDING COMPENSATION TO SAFETY NET PROVIDERS
8	THAT PROVIDE SERVICES TO LOW-INCOME, UNINSURED INDIVIDUALS ON A
9	SLIDING-FEE SCHEDULE OR FOR FREE;
10	(V) Expanding AND ENSURING access to high-quality, affordable
11	health care for low-income and uninsured populations; and
12	(V.3) DISTRIBUTING PROVIDER STABILIZATION PAYMENTS TO
13	SAFETY NET PROVIDERS IN ORDER TO MAINTAIN THE QUALITY AND
14	CONTINUITY OF SERVICES DELIVERED BY SAFETY NET PROVIDERS TO
15	LOW-INCOME, UNINSURED INDIVIDUALS AND INDIVIDUALS AND FAMILIES
16	ENROLLED IN MEDICAID, MEDICARE, OR THE CHILDREN'S BASIC HEALTH
17	PLAN; AND
18	(d.3) The Colorado Healthcare affordability and
19	SUSTAINABILITY ENTERPRISE PROVIDES BUSINESS SERVICES TO SAFETY NET
20	PROVIDERS WHEN IT ALLOCATES MONEY IN THE PROVIDER STABILIZATION
21	FUND ESTABLISHED IN SUBSECTION (5.3) OF THIS SECTION AND ANY
22	AVAILABLE FEDERAL MATCHING MONEY FOR PROVIDER STABILIZATION
23	PAYMENTS TO ELIGIBLE SAFETY NET PROVIDERS TO ENSURE THOSE
24	PROVIDERS CAN CONTINUE PROVIDING ACCESS TO HEALTH-CARE SERVICES
25	FOR ENROLLEES IN MEDICAID, MEDICARE, OR THE CHILDREN'S BASIC
26	HEALTH PLAN AND TO LOW-INCOME, UNINSURED INDIVIDUALS IN THE
27	STATE;

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(e) It is necessary, appropriate, and in the best interest of the sta	ate
to acknowledge that by providing the business services specified	in
subsections (2)(d)(I) and (2)(d)(II) SUBSECTIONS (2)(d) AND (2)(d.3)	of
this section, the Colorado healthcare affordability and sustainabil	ity
enterprise engages in an activity conducted in the pursuit of a benef	fit,
gain, or livelihood and therefore operates as a business;	
(3) Colorado healthcare affordability and sustainability	ity
enterprise. (a) The Colorado healthcare affordability and sustainabil	ity
enterprise referred to in this section as the "enterprise", is created. T	`he
enterprise is and operates as a government-owned business within t	he
state department for the purpose of:	
(I) Charging and collecting the healthcare affordability a	nd
sustainability fee;	
(II) Leveraging REVENUE FROM THE healthcare affordability a	nd
sustainability fee revenue and in the provider stabilization fund	to
obtain federal matching money; and	
(III) Utilizing and deploying:	
(A) The healthcare affordability and sustainability fee revenue a	nd
federal matching money to provide the business services specified	in
subsections (2)(d)(I) and (2)(d)(II) of this section to hospitals that pay t	he
healthcare affordability and sustainability fee; AND	
(B) Money in the provider stabilization fund and at	NY
FEDERAL MATCHING MONEY TO PROVIDE THE BUSINESS SERVICE	ES
SPECIFIED IN SUBSECTION (2)(d.30F THIS SECTION TO ELIGIBLE SAFETY N	ET
PROVIDERS IN ACCORDANCE WITH SUBSECTION $(5.3)$ OF THIS SECTION.	
(d) The enterprise's primary powers and duties are:	
(II) To leverage REVENUE COLLECTED FROM THE healthca	are

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PROVIDER STABILIZATION FUND to obtain federal matching money,
working with or through the state department and the state board to the
extent required by federal law or otherwise necessary;
(III) To expend:
(A) Healthcare affordability and sustainability fee revenue,
matching federal money, and any other money from the healthcare
affordability and sustainability fee cash fund as specified in subsections
(4) and (5) of this section; AND
(B) Money in the provider stabilization fund and any
MATCHING FEDERAL MONEY AS SPECIFIED IN SUBSECTION (5.3) OF THIS
SECTION.
(V) To enter into agreements with the state department to the
extent necessary to collect and expend healthcare affordability and
extent necessary to collect and expend healthcare affordability and sustainability fee revenue AND TO EXPEND MONEY IN THE PROVIDER
sustainability fee revenue AND TO EXPEND MONEY IN THE PROVIDER
sustainability fee revenue AND TO EXPEND MONEY IN THE PROVIDER STABILIZATION FUND;
sustainability fee revenue AND TO EXPEND MONEY IN THE PROVIDER STABILIZATION FUND;  (5.3) Provider stabilization fund - provider stabilization
sustainability fee revenue AND TO EXPEND MONEY IN THE PROVIDER STABILIZATION FUND;  (5.3) Provider stabilization fund - provider stabilization payments to eligible safety net providers - provider stabilization fund
sustainability fee revenue AND TO EXPEND MONEY IN THE PROVIDER STABILIZATION FUND;  (5.3) Provider stabilization fund - provider stabilization payments to eligible safety net providers - provider stabilization fund enterprise support board - annual report. (a) Fund creation - use.
sustainability fee revenue AND TO EXPEND MONEY IN THE PROVIDER STABILIZATION FUND;  (5.3) Provider stabilization fund - provider stabilization payments to eligible safety net providers - provider stabilization fund enterprise support board - annual report. (a) Fund creation - use.  (I) THE PROVIDER STABILIZATION FUND IS CREATED IN THE STATE
sustainability fee revenue AND TO EXPEND MONEY IN THE PROVIDER STABILIZATION FUND;  (5.3) Provider stabilization fund - provider stabilization payments to eligible safety net providers - provider stabilization fund enterprise support board - annual report. (a) Fund creation - use.  (I) The provider stabilization fund is created in the state treasury. The provider stabilization fund consists of:
sustainability fee revenue AND TO EXPEND MONEY IN THE PROVIDER STABILIZATION FUND;  (5.3) Provider stabilization fund - provider stabilization payments to eligible safety net providers - provider stabilization fund enterprise support board - annual report. (a) Fund creation - use.  (I) The provider stabilization fund is created in the state treasury. The provider stabilization fund consists of:  (A) Money credited to the fund pursuant to section
sustainability fee revenue AND TO EXPEND MONEY IN THE PROVIDER STABILIZATION FUND;  (5.3) Provider stabilization fund - provider stabilization payments to eligible safety net providers - provider stabilization fund enterprise support board - annual report. (a) Fund creation - use.  (I) The provider stabilization fund is created in the state treasury. The provider stabilization fund consists of:  (A) Money credited to the fund pursuant to section 38-13-801 (6);
sustainability fee revenue AND TO EXPEND MONEY IN THE PROVIDER STABILIZATION FUND;  (5.3) Provider stabilization fund - provider stabilization payments to eligible safety net providers - provider stabilization fund enterprise support board - annual report. (a) Fund creation - use.  (I) The provider stabilization fund is created in the state treasury. The provider stabilization fund consists of:  (A) Money credited to the fund pursuant to section 38-13-801 (6);  (B) Any other money the general assembly may

affordability and sustainability fee  $\overline{\text{revenue collected}}$  and money in the

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1	STABILIZATION FUND.
1	DIADILILATION I OND.

2	(II) THE STATE TREASURER SHALL CREDIT ALL INTEREST AND
3	INCOME DERIVED FROM THE DEPOSIT AND INVESTMENT OF MONEY IN THE
4	PROVIDER STABILIZATION FUND TO THE FUND. THE STATE TREASURER
5	SHALL INVEST, AS PROVIDED BY LAW, ANY MONEY IN THE FUND NOT
6	EXPENDED FOR THE PURPOSES SPECIFIED IN THIS SUBSECTION (5.3).
7	MONEY IN THE FUND MUST NOT BE TRANSFERRED TO ANY OTHER FUND
8	AND MUST NOT BE USED FOR ANY PURPOSE OTHER THAN THE PURPOSES
9	SPECIFIED IN THIS SUBSECTION (5.3).
10	(III) ALL MONEY IN THE FUND IS SUBJECT TO FEDERAL MATCHING
11	AS AUTHORIZED UNDER FEDERAL LAW AND, SUBJECT TO ANNUAL
12	APPROPRIATION BY THE GENERAL ASSEMBLY, SHALL BE EXPENDED BY THE
13	ENTERPRISE, IN ACCORDANCE WITH SUBSECTION (5.3)(b) OF THIS SECTION,
14	TO DISTRIBUTE PROVIDER STABILIZATION PAYMENTS TO SAFETY NET
15	PROVIDERS DETERMINED ELIGIBLE FOR PAYMENTS IN ACCORDANCE WITH
16	SUBSECTION (5.3)(c) OF THIS SECTION.
17	(IV) THE ENTERPRISE, IN COLLABORATION WITH THE PROVIDER
18	STABILIZATION FUND ENTERPRISE SUPPORT BOARD, MAY SEEK, ACCEPT,
19	AND EXPEND GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR PUBLIC
20	SOURCES FOR THE PURPOSES OF THIS SUBSECTION (5.3). THE ENTERPRISE
21	SHALL TRANSMIT ALL MONEY RECEIVED THROUGH GIFTS, GRANTS, OR
22	DONATIONS TO THE STATE TREASURER, WHO SHALL CREDIT THE MONEY TO
23	THE PROVIDER STABILIZATION FUND.
24	(b) Provider stabilization payments. (I) THE ENTERPRISE, IN
25	COLLABORATION WITH THE PROVIDER STABILIZATION FUND ENTERPRISE
26	SUPPORT BOARD, SHALL ANNUALLY ALLOCATE MONEY APPROPRIATED BY
27	THE GENERAL ASSEMBLY FROM THE PROVIDER STABILIZATION FUND AS

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1	PROVIDER STABILIZATION PAYMENTS TO SAFETY NET PROVIDERS IN THE
2	STATE WHO COMPLY WITH THE REQUIREMENTS OF SUBSECTION $(5.3)(c)$ of
3	THIS SECTION AND ARE DETERMINED TO BE ELIGIBLE FOR A PROVIDER
4	STABILIZATION PAYMENT. THE ENTERPRISE SHALL ALLOCATE THE
5	PROVIDER STABILIZATION PAYMENTS IN AMOUNTS PROPORTIONATE TO THE
6	NUMBER OF LOW-INCOME, UNINSURED INDIVIDUALS SERVED BY AN
7	ELIGIBLE SAFETY NET PROVIDER RELATIVE TO THE TOTAL NUMBER OF
8	LOW-INCOME, UNINSURED INDIVIDUALS SERVED BY ALL ELIGIBLE SAFETY
9	NET PROVIDERS.
10	(II) THE ENTERPRISE, IN CONSULTATION WITH THE PROVIDER
11	STABILIZATION FUND ENTERPRISE SUPPORT BOARD, SHALL ESTABLISH A
12	SCHEDULE FOR ALLOCATING THE MONEY APPROPRIATED FROM THE
13	PROVIDER STABILIZATION FUND FOR ELIGIBLE SAFETY NET PROVIDERS.
14	THE DISBURSEMENT OF MONEY IN THE PROVIDER STABILIZATION FUND TO
15	ELIGIBLE SAFETY NET PROVIDERS PURSUANT TO THIS SUBSECTION $(5.3)$ is
16	EXEMPT FROM THE PROVISIONS OF THE "PROCUREMENT CODE", ARTICLES
17	101 to 112 of title 24.
18	(c) <b>Provider eligibility.</b> (I) FOR A SAFETY NET PROVIDER TO BE
19	ELIGIBLE FOR A PROVIDER STABILIZATION PAYMENT PURSUANT TO
20	SUBSECTION $(5.3)(b)$ of this section, the safety net provider shall
21	PROVIDE SUFFICIENT INFORMATION TO THE ENTERPRISE, AS SPECIFIED IN
22	SUBSECTION $(5.3)(c)(II)$ of this section, that the provider provides
23	SERVICES TO LOW-INCOME, UNINSURED INDIVIDUALS:
24	(A) AT NO COST; OR
25	(B) ON A SLIDING-FEE SCHEDULE.
26	(II) A SAFETY NET PROVIDER APPLYING FOR A PROVIDER
27	STABILIZATION PAYMENT SHALL ANNUALLY SUBMIT TO THE ENTERPRISE

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1	INFORMATION THAT THE ENTERPRISE, IN CONSULTATION WITH THE
2	PROVIDER STABILIZATION FUND ENTERPRISE SUPPORT BOARD, DETERMINES
3	NECESSARY TO ESTABLISH THE PROVIDER'S ELIGIBILITY FOR A PROVIDER
4	STABILIZATION PAYMENT PURSUANT TO SUBSECTION (5.3)(b) OF THIS
5	SECTION. THE SAFETY NET PROVIDER SHALL PROVIDE THE FOLLOWING:
6	(A) Information demonstrating that the provider is a
7	SAFETY NET PROVIDER AS DESCRIBED IN SUBSECTION $(9)(h)(I)$ , $(9)(h)(II)$ ,
8	or $(9)(h)(III)$ of this section or has a client caseload that
9	satisfies the requirements of subsection (9)(h)(IV) of this section;
10	(B) FOR A SAFETY NET PROVIDER DESCRIBED IN SUBSECTION
11	(9)(h)(IV) of this section, the total number of patients served,
12	THE NUMBER OF LOW-INCOME, UNINSURED INDIVIDUALS THAT THE
13	PROVIDER SERVED, AND THE NUMBER OF ENROLLEES IN MEDICAID,
14	MEDICARE, OR THE CHILDREN'S BASIC HEALTH PLAN THAT THE PROVIDER
15	SERVED; AND
16	(C) Information to demonstrate that the provider
17	PROVIDES SERVICES IN COMPLIANCE WITH SUBSECTION $(5.3)(c)(I)(A)$ ,
18	(5.3)(c)(I)(B), or $(5.3)(c)(I)(C)$ of this section, as applicable.
19	(III) FOR PURPOSES OF THIS SUBSECTION $(5.3)(c)$ , THE NUMBER OF
20	PATIENTS SERVED IS THE NUMBER OF UNDUPLICATED USERS OF
21	HEALTH-CARE SERVICES AND IS NOT THE NUMBER OF VISITS BY A PATIENT.
22	(d) Provider stabilization fund enterprise support board.
23	(I) THE PROVIDER STABILIZATION FUND ENTERPRISE SUPPORT BOARD IS
24	CREATED WITHIN THE ENTERPRISE TO SUPPORT THE ENTERPRISE BOARD
25	WITH THE IMPLEMENTATION OF THIS SUBSECTION $(5.3)$ . The provider
26	STABILIZATION FUND ENTERPRISE SUPPORT BOARD CONSISTS OF NINE
27	MEMBERS APPOINTED BY THE GOVERNOR AS FOLLOWS:

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1	(A) FIVE MEMBERS WHO ARE ELIGIBLE SAFETY NET PROVIDERS OR
2	WHO REPRESENT ASSOCIATIONS OF ELIGIBLE SAFETY NET PROVIDERS;
3	(B) Three members who are low-income, uninsured
4	INDIVIDUALS WHO RELY ON SAFETY NET PROVIDERS FOR HEALTH CARE OR
5	WHO ARE REPRESENTATIVES FROM COLORADO-BASED CONSUMER
6	ADVOCACY ORGANIZATIONS THAT WORK ON SAFETY NET HEALTH-CARE
7	MATTERS; AND
8	(C) ONE MEMBER WHO IS AN EMPLOYEE OF THE STATE
9	DEPARTMENT.
10	(II) (A) THE GOVERNOR SHALL MAKE THE INITIAL APPOINTMENTS
11	TO THE PROVIDER STABILIZATION FUND ENTERPRISE SUPPORT BOARD AS
12	SOON AS POSSIBLE AFTER THE EFFECTIVE DATE OF THIS SUBSECTION
13	(5.3)(d), BUT NO LATER THAN AUGUST 1, 2025.
14	$(B)\ M {\small \texttt{EMBERS}}\ of\ the\ Provider\ stabilization\ fund\ enterprise$
15	SUPPORT BOARD SERVE AT THE PLEASURE OF THE GOVERNOR. THE TERM
16	OF APPOINTMENT IS THREE YEARS.
17	$(C)\ M {\it EMBERS}\ of\ the\ Provider\ Stabilization\ fund\ enterprise$
18	SUPPORT BOARD SERVE WITHOUT COMPENSATION AND WITHOUT
19	REIMBURSEMENT FOR EXPENSES.
20	(III) THE PROVIDER STABILIZATION FUND ENTERPRISE SUPPORT
21	BOARD SHALL ELECT A CHAIR AND VICE-CHAIR FROM AMONG ITS PROVIDER
22	AND CONSUMER MEMBERS AND SHALL MEET AS NECESSARY AT THE CALL
23	OF THE CHAIR TO PERFORM ITS FUNCTIONS AS SPECIFIED IN THIS
24	SUBSECTION $(5.3)(d)$ .
25	(IV) THE PROVIDER STABILIZATION FUND ENTERPRISE SUPPORT
26	BOARD SHALL CONSULT WITH THE ENTERPRISE BOARD, AS WELL AS THE
27	STATE DEPARTMENT AND THE STATE BOARD AS NECESSARY, IN

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1	IMPLEMENTING THIS SUBSECTION (5.3), INCLUDING ASSISTING THE
2	ENTERPRISE IN ADMINISTERING AND PROVIDING OVERSIGHT OF THE
3	PROVIDER STABILIZATION FUND.
4	(e) Provider stabilization fund report. (I) BEGINNING
5	SEPTEMBER 1, 2026, AND BY EACH SEPTEMBER 1 THEREAFTER, THE
6	ENTERPRISE BOARD SHALL PREPARE AND SUBMIT AN ANNUAL REPORT
7	CONCERNING THE PROVIDER STABILIZATION FUND TO:
8	(A) THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE HOUSE
9	OF REPRESENTATIVES AND THE HEALTH AND HUMAN SERVICES COMMITTEE
10	OF THE SENATE, OR THEIR SUCCESSOR COMMITTEES;
11	(B) THE JOINT BUDGET COMMITTEE;
12	(C) THE GOVERNOR; AND
13	(D) THE STATE BOARD.
14	(II) AT A MINIMUM, THE REPORT MUST INCLUDE:
15	(A) THE NUMBER OF LOW-INCOME, UNINSURED INDIVIDUALS AND
16	THE NUMBER OF MEDICAID, MEDICARE, AND CHILDREN'S BASIC HEALTH
17	PLAN ENROLLEES SERVED BY ELIGIBLE SAFETY NET PROVIDERS THAT
18	RECEIVED PROVIDER STABILIZATION PAYMENTS IN THE IMMEDIATELY
19	PRECEDING FISCAL YEAR;
20	(B) The allocation of money to eligible safety net
21	PROVIDERS; AND
22	(C) ANY OTHER INFORMATION THAT THE ENTERPRISE BOARD, IN
23	CONSULTATION WITH THE PROVIDER STABILIZATION FUND ENTERPRISE
24	SUPPORT BOARD, DEEMS NECESSARY OR APPROPRIATE.
25	(6) Appropriations. (a) (IV) PROVIDER STABILIZATION PAYMENTS
26	FROM THE PROVIDER STABILIZATION FUND PURSUANT TO SUBSECTION $(5.3)$
27	OF THIS SECTION ARE MADE TO SUPPLEMENT, NOT SUPPLANT, GENERAL

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1	FUND APPROPRIATIONS TO SUPPORT SAFETY NET PROVIDER
2	REIMBURSEMENTS.
3	(7) Colorado healthcare affordability and sustainability
4	enterprise board. (d) The enterprise board has, at a minimum, the
5	following duties:
6	(II) If requested by the health and human services committee of
7	the senate or the public health care and human services committee of the
8	house of representatives, or any successor committees, to consult with the
9	committees on any legislation that may impact the healthcare affordability
10	and sustainability fee, PAYMENTS, or hospital reimbursements established
11	pursuant to this section;
12	(IX) To monitor the impact of the healthcare affordability and
13	sustainability fee AND PROVIDER STABILIZATION PAYMENTS on the broader
14	health-care marketplace;
15	(e) On or before <del>January 15, 2018, and on or before</del> January 15 OF
16	each year, thereafter the enterprise board shall submit a written report to
17	the health and human services committee of the senate and the public
18	health care and human services committee of the house of representatives,
19	or any successor committees, the joint budget committee of the general
20	assembly, the governor, and the state board. The report shall include, but
21	need not be limited to:
22	(III.3) AN ITEMIZATION OF THE TOTAL AMOUNT OF PROVIDER
23	STABILIZATION PAYMENTS ALLOCATED TO EACH ELIGIBLE SAFETY NET
24	PROVIDER;
25	(f) (I) The enterprise $\frac{is}{is}$ and the provider stabilization fund
26	ENTERPRISE SUPPORT BOARD ARE subject to the open meetings provisions
27	of the "Colorado Sunshine Act of 1972", contained in part 4 of article 6

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2	title 24.
3	(9) <b>Definitions.</b> As used in this section, unless the context
4	OTHERWISE REQUIRES:
5	(a) "CHILDREN'S BASIC HEALTH PLAN" HAS THE SAME MEANING AS
6	SET FORTH IN SECTION 25.5-8-103 (2).
7	(b) "Eligible safety net provider" means a safety net
8	PROVIDER DETERMINED, PURSUANT TO SUBSECTION (5.3)(c) OF THIS
9	SECTION, TO BE ELIGIBLE FOR A PROVIDER STABILIZATION PAYMENT.
10	(c) "Enterprise" means the Colorado healthcare
11	AFFORDABILITY AND SUSTAINABILITY ENTERPRISE CREATED IN
12	SUBSECTION (3) OF THIS SECTION.
13	(d) "Enterprise board" means the Colorado Healthcare
14	AFFORDABILITY AND SUSTAINABILITY ENTERPRISE BOARD CREATED IN
15	SUBSECTION (7) OF THIS SECTION.
16	(e) "LOW-INCOME, UNINSURED INDIVIDUAL" MEANS AN
17	INDIVIDUAL:
18	(I) RECEIVING SERVICES FROM A SAFETY NET PROVIDER;
19	(II) WHOSE ANNUAL HOUSEHOLD INCOME IS AT OR BELOW TWO
20	HUNDRED PERCENT OF THE FEDERAL POVERTY GUIDELINE;
21	(III) Who is not enrolled in medicaid, medicare, or the
22	CHILDREN'S BASIC HEALTH PLAN; AND
23	(IV) FOR WHOM A THIRD PARTY IS NOT PAYING OR REIMBURSING
24	THE SAFETY NET PROVIDER FOR ALL OR A PORTION OF THE AMOUNT
25	CHARGED FOR THE SERVICES PROVIDED TO THE INDIVIDUAL.
26	(f) "MEDICAID" MEANS A MEDICAL ASSISTANCE PROGRAM UNDER
27	ARTICLES 4 TO 6 OF THIS TITLE 25.5.

of title 24, and the "Colorado Open Records Act", part 2 of article 72 of

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1	(g) "MEDICARE" MEANS THE "HEALTH INSURANCE FOR THE AGED
2	ACT", TITLE XVIII OF THE FEDERAL "SOCIAL SECURITY ACT", AS
3	AMENDED.
4	(h) "SAFETY NET PROVIDER" MEANS:
5	(I) A COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH
6	PROVIDER, AS DEFINED IN SECTION 27-50-101 (11);
7	(II) A RURAL HEALTH CLINIC, AS DEFINED IN 42 U.S.C. SEC. 1395x
8	(aa)(2);
9	(III) A FEDERALLY QUALIFIED HEALTH CENTER, AS DEFINED IN 42
10	U.S.C. SEC. 1395x (aa)(4); OR
11	(IV) A HEALTH-CARE PROVIDER THAT IS DELIVERING PRIMARY
12	CARE SERVICES AND AT LEAST FIFTY PERCENT OF WHOSE CLIENT
13	CASELOAD IS INDIVIDUALS WHO ARE ENROLLED IN MEDICAID, MEDICARE,
14	OR THE CHILDREN'S BASIC HEALTH PLAN OR WHO ARE LOW-INCOME,
15	UNINSURED INDIVIDUALS, OR ANY COMBINATION OF SUCH ENROLLEES OR
16	LOW-INCOME, UNINSURED INDIVIDUALS.
17	SECTION 3. In Colorado Revised Statutes, 38-13-801, amend
18	(1)(c); and <b>add</b> (2)(e) and (6) as follows:
19	38-13-801. Unclaimed property trust fund - creation -
20	payments - interest - appropriations - records - rules. (1) (c) EXCEPT
21	AS PROVIDED IN SUBSECTION (6) OF THIS SECTION, all interest derived from
22	the deposit and investment of money in the trust fund shall be credited to
23	the trust fund. SUCH INTEREST IS NOT FISCAL YEAR SPENDING OF THE
24	STATE FOR PURPOSES OF SECTION 20 OF ARTICLE X OF THE STATE
25	CONSTITUTION.
26	(2) (e) Interest credited, as required by subsection (6) of
27	THIS SECTION, TO THE PROVIDER STABILIZATION FUND CREATED IN

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1	SECTION 25.5-4-402.4 (5.3)(a) DOES NOT CONSTITUTE FISCAL YEAR
2	SPENDING OF THE STATE FOR PURPOSES OF SECTION $20$ OF ARTICLE $X$ OF
3	THE STATE CONSTITUTION.
4	(6) THE STATE TREASURER SHALL CREDIT INTEREST DERIVED FROM
5	THE DEPOSIT AND INVESTMENT OF MONEY IN THE UNCLAIMED PROPERTY
6	TRUST FUND TO THE PROVIDER STABILIZATION FUND CREATED IN SECTION
7	25.5-4-402.4 (5.3)(a) AS FOLLOWS:
8	(a) On July 1, 2025, twenty-five million dollars;
9	(b) On July 1, 2026, Twenty million dollars; and
10	(c) On July 1, 2027, and on July 1 of each state fiscal year
11	THEREAFTER, FIFTEEN MILLION DOLLARS.
12	SECTION 4. Effective date. (1) Except as otherwise provided
13	in this section, this act takes effect upon passage.
14	(2) Section 25.5-4-402.4 (5.3)(a)(I)(A), C.R.S., enacted in section
15	2 of this act, and section 3 of this act take effect only if Bill 25-
16	becomes law, in which case section 25.5-4-402.4 (5.3)(a)(I)(A), C.R.S.,
17	enacted in section 2 of this act, and section 3 of this act take effect upon
18	passage of this act or on the effective date of Bill 25-, whichever is
19	later.
20	SECTION 5. Safety clause. The general assembly finds,
21	determines, and declares that this act is necessary for the immediate
22	preservation of the public peace, health, or safety or for appropriations for
23	the support and maintenance of the departments of the state and state
24	institutions.

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