

Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 22-0815.01 Shelby Ross x4510

HOUSE BILL 22-1302

HOUSE SPONSORSHIP

Kennedy and Will, Amabile, Gonzales-Gutierrez, Michaelson Jenet

SENATE SPONSORSHIP

Jaquez Lewis and Priola,

House Committees

Public & Behavioral Health & Human Services
Appropriations

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING HEALTH-CARE PRACTICE TRANSFORMATION TO SUPPORT**
102 **WHOLE-PERSON HEALTH THROUGH INTEGRATED CARE MODELS,**
103 **AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

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 creates the primary care and behavioral health statewide integration grant program in the department of health care policy and financing to provide grants to primary care clinics for implementation of evidence-based clinical integration care models.

The bill requires the department of health care policy and

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.

financing, in collaboration with the behavioral health administration and other agencies, to develop a universal contract for behavioral health services.

The bill makes an appropriation.

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) Since the COVID-19 pandemic began, rates of psychological
5 distress, including anxiety, depression, and other behavioral and mental
6 health disorders, among them substance use disorders, have increased;

7 (b) From 2015 to 2019, Colorado's state innovation model used
8 federal grant funding to support 344 primary care practices and four
9 community mental health centers to integrate behavioral and physical
10 health care, build a network of regional health connectors that links
11 practices with community resources, and advance the development of
12 value-based payment structures;

13 (c) A federal evaluation showed that Colorado's practice
14 transformation program was associated with greater access to behavioral
15 health care and fewer behavioral-health-related emergency visits;

16 (d) Efforts to continue the progress of the state innovation model
17 have continued, but too few Coloradans have access to behavioral health
18 services, and even fewer have access to these services in their primary
19 care provider's office;

20 (e) The federal government enacted the "American Rescue Plan
21 Act of 2021" (ARPA), Pub.L. 117-2, to provide support to state, local,
22 and tribal governments in responding to the impact of the COVID-19
23 pandemic; and

1 (f) Regulations construing ARPA promulgated by the federal
2 department of treasury identify a nonexclusive list of uses for the
3 COVID-19 pandemic and its negative public health impacts.

4 (2) Therefore, the general assembly declares that:

5 (a) Investments in practice transformation, including behavioral
6 health integration, will increase access to behavioral health-care services
7 for Coloradans struggling due to the public health emergency; and

11 **SECTION 2.** In Colorado Revised Statutes, **add** 25.5-5-332 as
12 follows:

13 **25.5-5-332. Primary care and behavioral health statewide**
14 **integration grant program - creation - report - definition - repeal.**

15 (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
16 REQUIRES, "GRANT PROGRAM" MEANS THE PRIMARY CARE AND
17 BEHAVIORAL HEALTH STATEWIDE INTEGRATION GRANT PROGRAM
18 CREATED IN SUBSECTION (2) OF THIS SECTION.

26 (3) (a) GRANT RECIPIENTS MAY USE THE MONEY RECEIVED
27 THROUGH THE GRANT PROGRAM FOR THE FOLLOWING PURPOSES:

1 (I) DEVELOPING INFRASTRUCTURE FOR PRIMARY CARE, PEDIATRIC,
2 AND BEHAVIORAL HEALTH-CARE PROVIDERS TO BETTER SERVE
3 INDIVIDUALS WITH BEHAVIORAL HEALTH NEEDS IN OUTPATIENT HEALTH
4 CARE SETTINGS;

5 (II) INCREASING ACCESS TO QUALITY HEALTH CARE FOR
6 INDIVIDUALS WITH BEHAVIORAL HEALTH NEEDS;

7 (III) INVESTING IN EARLY INTERVENTIONS FOR CHILDREN, YOUTH,
8 AND ADULTS THAT REDUCE ESCALATION AND EXACERBATION OF
9 BEHAVIORAL HEALTH CONDITIONS;

10 (IV) ADDRESSING THE NEED TO EXPAND THE BEHAVIORAL
11 HEALTH-CARE WORKFORCE; AND

12 (V) DEVELOPING AND IMPLEMENTING ALTERNATIVE PAYMENT
13 MODELS, INCLUDING THE DEVELOPMENT OF PROTOCOLS, PROCESSES, WORK
14 FLOW, AND PARTNERSHIPS.

15 (b) ANY MONEY RECEIVED THROUGH THE GRANT PROGRAM MUST
16 SUPPLEMENT AND NOT SUPPLANT EXISTING HEALTH-CARE SERVICES.
17 GRANT RECIPIENTS SHALL NOT USE MONEY RECEIVED THROUGH THE
18 GRANT PROGRAM FOR:

19 (I) ONGOING OR EXISTING EXECUTIVE AND SENIOR STAFF
20 SALARIES;

21 (II) SERVICES ALREADY COVERED BY MEDICAID OR A CLIENT'S
22 INSURANCE; OR

23 (III) ONGOING OR EXISTING ELECTRONIC HEALTH RECORDS COSTS.

24 (c) (I) (A) IF A GRANT RECIPIENT IS A HOSPITAL-OWNED OR
25 HOSPITAL-AFFILIATED PRACTICE THAT IS NOT PART OF A HOSPITAL SYSTEM
26 AND HAS LESS THAN TEN PERCENT TOTAL PROFIT AS MEASURED BY STATE
27 DEPARTMENT TRANSPARENCY REPORTING, THE GRANT RECIPIENT SHALL

1 PROVIDE A TWENTY-FIVE PERCENT MATCH FOR THE AWARDED AMOUNT.
2 THE GRANT RECIPIENT MAY USE COMMUNITY BENEFIT FUNDS, IN-KIND
3 PERSONNEL TIME, OR FEDERAL RELIEF FUNDING FOR THE TWENTY-FIVE
4 PERCENT MATCH REQUIRED PURSUANT TO THIS SUBSECTION (3)(c)(I)(A).

5 (B) IF A GRANT RECIPIENT IS A HOSPITAL-OWNED OR
6 HOSPITAL-AFFILIATED PRACTICE THAT IS PART OF A HOSPITAL SYSTEM
7 OR HAS TEN PERCENT OR MORE TOTAL PROFIT AS MEASURED BY STATE
8 DEPARTMENT TRANSPARENCY REPORTING, THE GRANT RECIPIENT SHALL
9 PROVIDE A FIFTY PERCENT MATCH FOR THE AWARDED AMOUNT. THE
10 GRANT RECIPIENT MAY USE COMMUNITY BENEFIT FUNDS, IN-KIND
11 PERSONNEL TIME, OR FEDERAL RELIEF FUNDING FOR THE FIFTY PERCENT
12 MATCH REQUIRED PURSUANT TO THIS SUBSECTION (3)(c)(I)(B).

13 (C) IF A GRANT RECIPIENT IS A CRITICAL ACCESS HOSPITAL, AS
14 DEFINED IN SECTION 10-16-1303 (2), THE GRANT RECIPIENT SHALL
15 PROVIDE A TEN PERCENT MATCH FOR THE AWARDED AMOUNT. THE GRANT
16 RECIPIENT MAY USE COMMUNITY BENEFIT FUNDS, IN-KIND PERSONNEL
17 TIME, OR FEDERAL RELIEF FUNDING FOR THE TEN PERCENT MATCH
18 REQUIRED PURSUANT TO THIS SUBSECTION (3)(c)(I)(C).

19 (II) FOR THE PURPOSES OF THIS SUBSECTION (3)(c),
20 "HOSPITAL-AFFILIATED" MEANS THERE IS A CONTRACTUAL RELATIONSHIP
21 BETWEEN A HOSPITAL OR AN ENTITY THAT IS OWNED BY OR UNDER
22 COMMON OWNERSHIP AND CONTROL WITH THE HOSPITAL IN WHICH THE
23 CONTRACTUAL RELATIONSHIP ENABLES THE HOSPITAL OR ENTITY THAT IS
24 OWNED BY OR UNDER COMMON OWNERSHIP AND CONTROL WITH THE
25 HOSPITAL TO EXERCISE CONTROL OVER ONE OF THE FOLLOWING ENTITIES:

26 (A) ANOTHER HOSPITAL;
27 (B) AN ENTITY OWNED BY OR UNDER COMMON OWNERSHIP AND

1 CONTROL WITH ANOTHER HOSPITAL; OR

2 (C) A PHYSICIAN GROUP PRACTICE.

3 (d) THE STATE DEPARTMENT MAY PROVIDE FUNDING TO PHYSICAL
4 AND BEHAVIORAL HEALTH-CARE PROVIDERS THROUGH INFRASTRUCTURE
5 BUILDING AND POPULATION-BASED PAYMENT MECHANISMS.

6 (e) GRANT RECIPIENTS SHALL PARTICIPATE IN TECHNICAL
7 ASSISTANCE EDUCATION AND TRAINING AND RELATED WORKGROUPS AS
8 DETERMINED BY THE STATE DEPARTMENT.

9 (4) (a) THE STATE DEPARTMENT SHALL ADMINISTER THE GRANT
10 PROGRAM AND, SUBJECT TO AVAILABLE APPROPRIATIONS, SHALL AWARD
11 GRANTS AS PROVIDED IN THIS SECTION. SUBJECT TO AVAILABLE
12 APPROPRIATIONS, GRANTS SHALL BE PAID OUT OF THE BEHAVIORAL AND
13 MENTAL HEALTH CASH FUND CREATED IN SECTION 24-75-230.

14 (b) IN ORDER TO SUPPORT REAL-TIME TRANSFORMATION AND
15 ACCESS TO CARE, THE STATE DEPARTMENT SHALL ENSURE TIMELY
16 PAYMENT TO GRANT RECIPIENTS FOR SERVICES RELATED TO THE GRANT
17 PROGRAM.

18 (5) GRANT APPLICANTS SHALL DEMONSTRATE A COMMITMENT TO
19 MAINTAINING MODELS AND PROGRAMS THAT, AT A MINIMUM:

20 (a) MEASURABLY INCREASE ACCESS TO BEHAVIORAL HEALTH
21 SCREENING, REFERRAL, TREATMENT, AND RECOVERY CARE;

22 (b) IMPLEMENT OR EXPAND EVIDENCE-BASED MODELS FOR
23 INTEGRATION;

24 (c) LEVERAGE MULTIDISCIPLINARY TREATMENT TEAMS;

25 (d) SERVE PUBLICLY FUNDED CLIENTS;

26 (e) MAINTAIN A PLAN FOR HOW TO ADDRESS A CLIENT WITH
27 EMERGENCY NEEDS;

1 (f) MAINTAIN A PLAN FOR HOW TECHNOLOGY WILL BE LEVERAGED
2 FOR WHOLE-PERSON CARE, WHICH MAY INCLUDE PLANS FOR DATA
3 SECURITY, ELECTRONIC HEALTH RECORDS REFORMS, AND TELEHEALTH
4 IMPLEMENTATION OR EXPANSION; AND

5 (g) IMPLEMENT OR ENGAGE IN STATE-DEPARTMENT-SPECIFIED
6 TOOLS AND SHARED LEARNING AND RESOURCES, INCLUDING BUT NOT
7 LIMITED TO:

10 (II) USE OF ELECTRONIC TOOLS FOR SCREENING AND REFERRALS;

11 AND
12 (III) DATA-SHARING BEST PRACTICES.

13 (6) IN SELECTING GRANT RECIPIENTS, THE STATE DEPARTMENT

14 SHALL FIRST PRIORITIZE APPLICANTS THAT SERVE PRIORITY POPULATIONS
15 THAT EXPERIENCE DISPARITIES IN HEALTH-CARE ACCESS AND OUTCOMES,

16 INCLUDING BUT NOT LIMITED TO HISTORICALLY MARGINALIZED AND
17 UNDERSERVED COMMUNITIES, DETERMINED BY THE COMMUNITIES WITH

18 THE HIGHEST PROPORTION OF PATIENTS RECEIVING ASSISTANCE THROUGH
19 THE "COLORADO MEDICAL ASSISTANCE ACT", ARTICLES 4, 5, AND 6 OF

20 TITLE 25.5. THE STATE DEPARTMENT SHALL THEN PRIORITIZE APPLICANTS
21 THAT MEET AS MANY OF THE FOLLOWING CRITERIA AS POSSIBLE:

22 (a) SERVE INDIVIDUALS WITH CO-OCCURRING AND COMPLEX CARE
23 NEEDS, SERIOUS MENTAL ILLNESSES, OR DISABILITIES;

24 (b) SERVE CHILDREN AND YOUTH;

25 (c) INCLUDE OPPORTUNITIES TO BUILD OUT COMMUNITY HEALTH
26 WORKER, BEHAVIORAL HEALTH AIDE, OR SIMILAR PROGRAMS, SUPPORTED

27 BY POPULATION-BASED PAYMENTS;

4 (f) DEMONSTRATE THE ABILITY AND INTENT TO SERVE
5 CULTURALLY DIVERSE POPULATIONS AND POPULATIONS WITH LIMITED
6 ENGLISH PROFICIENCY;

7 (g) INCLUDE WORKFORCE CAPACITY-BUILDING COMPONENTS;

8 (h) INCLUDE HIGH-INTENSITY OUTPATIENT SERVICES;

9 (i) IMPROVE DATA EXCHANGE AND DATA INTEGRATION THAT

10 SUPPORTS WHOLE PERSON CARE;

11 (j) UTILIZE TELEHEALTH;

12 (k) ALIGN WITH OR PARTICIPATE IN COMMERCIAL ALTERNATIVE

13 PAYMENT MODELS;

14 (I) DEMONSTRATE COMMUNITY PARTNERSHIPS; OR
15 (m) PARTICIPATE IN THE REGIONAL HEALTH CONNECTOR
16 WORKFORCE PROGRAM CREATED IN SECTION 23-21-901.

17 (7) (a) THE STATE DEPARTMENT SHALL ESTABLISH A SET OF
18 STATEWIDE RESOURCES TO SUPPORT GRANT RECIPIENTS. AT A MINIMUM,
19 THE RESOURCES MUST INCLUDE:

20 (I) A CLINICAL CONSULTATION AND PRACTICE TRANSFORMATION
21 SUPPORT TEAM PROVIDED BY THE COLORADO HEALTH EXTENSION SYSTEM
22 IN THE PRACTICE INNOVATION PROGRAM; AND

4 (8) THE STATE DEPARTMENT MAY PROCURE A GRANT APPLICATION
5 AND SUPPORT TEAM TO ASSIST THE STATE DEPARTMENT WITH DRAFTING
6 THE GRANT APPLICATION, REVIEWING APPLICATIONS, AND ADMINISTERING
7 AND PROCESSING GRANT AWARDS.

12 (10) (a) THE STATE DEPARTMENT SHALL ESTABLISH A STEERING
13 COMMITTEE TO:

14 (I) PROVIDE CONTINUOUS INPUT INTO GRANT APPLICATION
15 REQUIREMENTS:

16 (II) PROVIDE FEEDBACK AND DIRECTION ON DATA COLLECTION
17 STANDARDS AND REVIEW; AND

18 (III) ENGAGE WITH COMMUNITY PARTNERS WHO WILL HELP
19 SUPPORT THE INTEGRATED CARE PRACTICES THROUGH REFERRALS AND
20 TRUSTED COMMUNICATIONS.

21 (b) THE STATE DEPARTMENT SHALL SELECT A STATE DEPARTMENT
22 EMPLOYEE TO CHAIR THE STEERING COMMITTEE, STAFF THE STEERING
23 COMMITTEE, AND REIMBURSE ANY PARTICIPANT WHO IS NOT A STATE
24 EMPLOYEE FOR REASONABLE TRAVEL EXPENSES.

25 (11) THE STATE DEPARTMENT SHALL, IN COLLABORATION WITH
26 THE BEHAVIORAL HEALTH ADMINISTRATION AND THE DIVISION OF
27 INSURANCE, PREPARE A REPORT THAT INCLUDES RECOMMENDATIONS ON

1 BEST PRACTICES FOR SUSTAINING INTEGRATED CARE MODELS. IN
2 PREPARING THE REPORT, THE STATE DEPARTMENT SHALL COLLECT DATA
3 FROM EACH GRANT RECIPIENT RELATED TO CLINICAL QUALITY
4 IMPROVEMENT AND ACCESS TO CARE. GRANT RECIPIENTS SHALL PROVIDE
5 DATA TO THE STATE DEPARTMENT IN A TIMELY MANNER, AS DETERMINED
6 BY THE STATE DEPARTMENT. THE STATE DEPARTMENT IS AUTHORIZED TO
7 RECOUP OR DISCONTINUE GRANT FUNDING FOR GRANT RECIPIENTS THAT
8 DO NOT COMPLY WITH THE DATA REPORTING REQUIREMENTS OR GRANT
9 STANDARDS SET BY THE STATE DEPARTMENT.

10 (12) THE STATE DEPARTMENT AND ANY PERSON WHO RECEIVES
11 MONEY FROM THE STATE DEPARTMENT PURSUANT TO THIS SECTION SHALL
12 COMPLY WITH THE COMPLIANCE, REPORTING, RECORD-KEEPING, AND
13 PROGRAM EVALUATION REQUIREMENTS ESTABLISHED BY THE OFFICE OF
14 STATE PLANNING AND BUDGETING AND THE STATE CONTROLLER IN
15 ACCORDANCE WITH SECTION 24-75-226 (5).

16 (13) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2027.

17 **SECTION 3.** In Colorado Revised Statutes, 25.5-5-402, **add** (3.5)
18 as follows:

19 **25.5-5-402. Statewide managed care system - rules - definition**
20 - **repeal.** (3.5) (a) NO LATER THAN JULY 1, 2023, THE STATE
21 DEPARTMENT, IN COLLABORATION WITH THE BEHAVIORAL HEALTH
22 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES AND OTHER
23 STATE AGENCIES, SHALL DEVELOP THE UNIVERSAL CONTRACT AS
24 DESCRIBED IN SECTION 27-50-203.

25 (b) (I) FOR THE 2022-23 STATE FISCAL YEAR, THE GENERAL
26 ASSEMBLY SHALL APPROPRIATE THREE MILLION DOLLARS FROM THE
27 BEHAVIORAL AND MENTAL HEALTH CASH FUND, CREATED IN SECTION

1 24-75-230, TO THE STATE DEPARTMENT FOR THE DEVELOPMENT,
2 IMPLEMENTATION, AND ADMINISTRATION OF THE UNIVERSAL CONTRACT.

3 (II) THIS SUBSECTION (3.5)(b) IS REPEALED, EFFECTIVE JULY 1,
4 2024.

5 **SECTION 4. Appropriation.** (1) For the 2022-23 state fiscal
6 year, \$32,000,000 is appropriated to the department of health care policy
7 and financing. This appropriation is from the behavioral and mental
8 health cash fund created in section 24-75-230, C.R.S. To implement this
9 act, the department may use this appropriation for the primary care and
10 behavioral health statewide integration grant program.

11 (2) For the 2022-23 fiscal year, \$250,000 is appropriated to the
12 department of higher education for use by the regents of the university of
13 Colorado. This appropriation is from the behavioral and mental health
14 cash fund created in section 24-75-230, C.R.S. To implement this act, the
15 regents may use this appropriation for allocation to the school of medicine
16 for the regional health connector workforce program.

17 **SECTION 5. Effective date.** This act takes effect upon passage;
18 except that section 3 of this act takes effect only if House Bill 22-1278
19 becomes law, in which case section 3 takes effect either upon the
20 effective date of this act or House Bill 22-1278, whichever is later.

21 **SECTION 6. Safety clause.** The general assembly hereby finds,
22 determines, and declares that this act is necessary for the immediate
23 preservation of the public peace, health, or safety.