Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 22-0815.01 Shelby Ross x4510 **HOUSE BILL 22-1302**

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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

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.

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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) 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
8 (b) The programs and services funded by the federal money in this
9 act are important government services and appropriate uses of the money
10 transferred to Colorado under ARPA.
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.
19 (2) THERE IS CREATED IN THE STATE DEPARTMENT THE PRIMARY
20 CARE AND BEHAVIORAL HEALTH STATEWIDE INTEGRATION GRANT
21 PROGRAM TO PROVIDE GRANTS TO PHYSICAL AND BEHAVIORAL HEALTH
22 CARE PROVIDERS FOR IMPLEMENTATION OF EVIDENCE-BASED CLINICAL
23 INTEGRATION CARE MODELS, AS DEFINED BY THE STATE DEPARTMENT, IN
24 COLLABORATION WITH THE BEHAVIORAL HEALTH ADMINISTRATION IN THE
25 DEPARTMENT OF HUMAN SERVICES.
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.
14 (b) ANY MONEY RECEIVED THROUGH THE GRANT PROGRAM MUST
15 SUPPLEMENT AND NOT SUPPLANT EXISTING HEALTH-CARE SERVICES.
16 GRANT RECIPIENTS SHALL NOT USE MONEY RECEIVED THROUGH THE
17 GRANT PROGRAM FOR:
18 (I) ONGOING OR EXISTING EXECUTIVE AND SENIOR STAFF
19 SALARIES;
20 (II) SERVICES ALREADY COVERED BY MEDICAID OR A CLIENT'S
21 INSURANCE; OR
22 (III) ONGOING OR EXISTING ELECTRONIC HEALTH RECORDS COSTS.
23 (c) (I) IF A GRANT RECIPIENT IS A HOSPITAL-OWNED OR
24 HOSPITAL-AFFILIATED PRACTICE THAT IS NOT PART OF A HOSPITAL SYSTEM
25 AND HAS LESS THAN TEN PERCENT TOTAL PROFIT AS MEASURED BY STATE
26 DEPARTMENT TRANSPARENCY REPORTING, THE GRANT RECIPIENT SHALL
27 PROVIDE A TWENTY-FIVE PERCENT MATCH FOR THE AWARDED AMOUNT.

1 THE GRANT RECIPIENT MAY USE COMMUNITY BENEFIT FUNDS, IN-KIND
2 PERSONNEL TIME, OR FEDERAL RELIEF FUNDING FOR THE TWENTY-FIVE
3 PERCENT MATCH REQUIRED PURSUANT TO THIS SUBSECTION (3)(c)(I).
4 (II) IF A GRANT RECIPIENT IS A HOSPITAL-OWNED OR
5 HOSPITAL-AFFILIATED PRACTICE THAT IS NOT PART OF A HOSPITAL SYSTEM
6 AND HAS TEN PERCENT OR MORE TOTAL PROFIT AS MEASURED BY STATE
7 DEPARTMENT TRANSPARENCY REPORTING, THE GRANT RECIPIENT SHALL
8 PROVIDE A FIFTY PERCENT MATCH FOR THE AWARDED AMOUNT. THE
9 GRANT RECIPIENT MAY USE COMMUNITY BENEFIT FUNDS, IN-KIND
10 PERSONNEL TIME, OR FEDERAL RELIEF FUNDING FOR THE FIFTY PERCENT
11 MATCH REQUIRED PURSUANT TO THIS SUBSECTION (3)(c)(II).
12 (d) THE STATE DEPARTMENT MAY PROVIDE FUNDING TO PHYSICAL
13 AND BEHAVIORAL HEALTH-CARE PROVIDERS THROUGH INFRASTRUCTURE
14 BUILDING AND POPULATION-BASED PAYMENT MECHANISMS.
15 (e) GRANT RECIPIENTS SHALL PARTICIPATE IN TECHNICAL
16 ASSISTANCE EDUCATION AND TRAINING AND RELATED WORKGROUPS AS
17 DETERMINED BY THE STATE DEPARTMENT.
18 (4) (a) THE STATE DEPARTMENT SHALL ADMINISTER THE GRANT
19 PROGRAM AND, SUBJECT TO AVAILABLE APPROPRIATIONS, SHALL AWARD
20 GRANTS AS PROVIDED IN THIS SECTION. SUBJECT TO AVAILABLE
21 APPROPRIATIONS, GRANTS SHALL BE PAID OUT OF THE BEHAVIORAL AND
22 MENTAL HEALTH CASH FUND CREATED IN SECTION 24-75-230.
23 (b) IN ORDER TO SUPPORT REAL-TIME TRANSFORMATION AND
24 ACCESS TO CARE, THE STATE DEPARTMENT SHALL ENSURE TIMELY
25 PAYMENT TO GRANT RECIPIENTS FOR SERVICES RELATED TO THE GRANT
26 PROGRAM.
27 (5) GRANT APPLICANTS SHALL DEMONSTRATE A COMMITMENT TO

1 MAINTAINING MODELS AND PROGRAMS THAT, AT A MINIMUM:
2 (a) MEASURABLY INCREASE ACCESS TO BEHAVIORAL HEALTH
3 SCREENING, REFERRAL, TREATMENT, AND RECOVERY CARE;
4 (b) IMPLEMENT OR EXPAND EVIDENCE-BASED MODELS FOR
5 INTEGRATION;
6 (c) LEVERAGE MULTIDISCIPLINARY TREATMENT TEAMS;
7 (d) SERVE PUBLICLY FUNDED CLIENTS;
8 (e) MAINTAIN A PLAN FOR HOW TO ADDRESS A CLIENT WITH
9 EMERGENCY NEEDS;
10 (f) MAINTAIN A PLAN FOR HOW TECHNOLOGY WILL BE LEVERAGED
11 FOR WHOLE-PERSON CARE, WHICH MAY INCLUDE PLANS FOR DATA
12 SECURITY, ELECTRONIC HEALTH RECORDS REFORMS, AND TELEHEALTH
13 IMPLEMENTATION OR EXPANSION; AND
14 (g) IMPLEMENT OR ENGAGE IN STATE-DEPARTMENT-SPECIFIED
15 TOOLS AND SHARED LEARNING AND RESOURCES, INCLUDING BUT NOT
16 LIMITED TO:
17 (I) PEER LEARNING COLLABORATIVES TO DEVELOP SUSTAINABLE
18 POPULATION-BASED PAYMENT MODELS LED BY THE STATE DEPARTMENT;
19 (II) USE OF ELECTRONIC TOOLS FOR SCREENING AND REFERRALS;
20 AND
21 (III) DATA-SHARING BEST PRACTICES.
22 (6) IN SELECTING GRANT RECIPIENTS, THE STATE DEPARTMENT
23 SHALL PRIORITIZE APPLICANTS THAT MEET AS MANY OF THE FOLLOWING
24 CRITERIA AS POSSIBLE:
25 (a) SERVE INDIVIDUALS WITH CO-OCCURRING AND COMPLEX CARE
26 NEEDS;
27 (b) SERVE CHILDREN AND YOUTH IN A PEDIATRIC PRACTICE;

1 (c) INCLUDE OPPORTUNITIES TO BUILD OUT COMMUNITY HEALTH
2 WORKER, BEHAVIORAL HEALTH AIDE, OR SIMILAR PROGRAMS, SUPPORTED
3 BY POPULATION-BASED PAYMENTS;
4 (d) SERVE PRIORITY POPULATIONS, INCLUDING, BUT NOT LIMITED
5 TO, HISTORICALLY MARGINALIZED, UNDERSERVED COMMUNITIES AND
6 OTHER POPULATIONS, AS DETERMINED BY THE STATE DEPARTMENT IN
7 COLLABORATION WITH THE BEHAVIORAL HEALTH ADMINISTRATION IN THE
8 DEPARTMENT OF HUMAN SERVICES;
9 (e) INCLUDE WORKFORCE CAPACITY-BUILDING COMPONENTS;
10 (f) INCLUDE HIGH-INTENSITY OUTPATIENT SERVICES;
11 (g) IMPROVE DATA EXCHANGE AND DATA INTEGRATION THAT
12 SUPPORTS WHOLE-PERSON CARE;
13 (h) UTILIZE TELEHEALTH;
14 (i) ALIGN WITH OR PARTICIPATE IN COMMERCIAL ALTERNATIVE
15 PAYMENT MODELS;
16 (j) DEMONSTRATE COMMUNITY PARTNERSHIPS; OR
17 (k) PARTICIPATE IN THE REGIONAL HEALTH CONNECTOR
18 WORKFORCE PROGRAM CREATED IN SECTION 23-21-901.
19 (7) (a) THE STATE DEPARTMENT SHALL ESTABLISH A SET OF
20 STATEWIDE RESOURCES TO SUPPORT GRANT RECIPIENTS. AT A MINIMUM,
21 THE RESOURCES MUST INCLUDE:
22 (I) A CLINICAL CONSULTATION AND PRACTICE TRANSFORMATION
23 TEAM; AND
24 (II) A SUSTAINABLE BILLING AND DATA PARTNERSHIP TEAM THAT
25 WILL TRAIN AND SUPPORT GRANT RECIPIENTS IN MEETING STANDARDS FOR
26 ALTERNATIVE PAYMENT MODELS AND CREATING AND IMPLEMENTING
27 DATA-SHARING PRACTICES AND POLICIES THAT SUPPORT MENTAL HEALTH

1 DISORDERS, SUBSTANCE USE DISORDERS, AND CO-OCCURRING DISORDERS.
2 (b) THE STATE DEPARTMENT MAY ENTER INTO INTERAGENCY
3 AGREEMENTS OR PROCURE CONTRACTS TO ESTABLISH THE RESOURCES
4 PURSUANT TO THIS SUBSECTION (7).
5 (8) THE STATE DEPARTMENT MAY PROCURE A GRANT APPLICATION
6 AND SUPPORT TEAM TO ASSIST THE STATE DEPARTMENT WITH DRAFTING
7 THE GRANT APPLICATION, REVIEWING APPLICATIONS, AND ADMINISTERING
8 AND PROCESSING GRANT AWARDS.
9 (9) A GRANT RECIPIENT SHALL SPEND OR OBLIGATE ANY MONEY
10 RECEIVED PURSUANT TO THIS SECTION NO LATER THAN DECEMBER 31,
11 2024. ANY MONEY A GRANT RECIPIENT OBLIGATES MUST BE EXPENDED NO
12 LATER THAN DECEMBER 31, 2026.
13 (10) (a) THE STATE DEPARTMENT SHALL ESTABLISH A STEERING
14 COMMITTEE TO:
15 (I) PROVIDE CONTINUOUS INPUT INTO GRANT APPLICATION
16 REQUIREMENTS;
17 (II) PROVIDE FEEDBACK AND DIRECTION ON DATA COLLECTION
18 STANDARDS AND REVIEW; AND
19 (III) ENGAGE WITH COMMUNITY PARTNERS WHO WILL HELP
20 SUPPORT THE INTEGRATED CARE PRACTICES THROUGH REFERRALS AND
21 TRUSTED COMMUNICATIONS.
22 (b) THE STATE DEPARTMENT SHALL SELECT A STATE DEPARTMENT
23 EMPLOYEE TO CHAIR THE STEERING COMMITTEE, STAFF THE STEERING
24 COMMITTEE, AND REIMBURSE ANY PARTICIPANT WHO IS NOT A STATE
25 EMPLOYEE FOR REASONABLE TRAVEL EXPENSES.
26 (11) THE STATE DEPARTMENT SHALL, IN COLLABORATION WITH
27 THE BEHAVIORAL HEALTH ADMINISTRATION AND THE DIVISION OF

1 INSURANCE, PREPARE A REPORT THAT INCLUDES RECOMMENDATIONS ON
2 BEST PRACTICES FOR SUSTAINING INTEGRATED CARE MODELS. IN
3 PREPARING THE REPORT, THE STATE DEPARTMENT SHALL COLLECT DATA
4 FROM EACH GRANT RECIPIENT RELATED TO CLINICAL QUALITY
5 IMPROVEMENT AND ACCESS TO CARE. GRANT RECIPIENTS SHALL PROVIDE
6 DATA TO THE STATE DEPARTMENT IN A TIMELY MANNER, AS DETERMINED
7 BY THE STATE DEPARTMENT. THE STATE DEPARTMENT IS AUTHORIZED TO
8 RECOUP OR DISCONTINUE GRANT FUNDING FOR GRANT RECIPIENTS THAT
9 DO NOT COMPLY WITH THE DATA REPORTING REQUIREMENTS OR GRANT
10 STANDARDS SET BY THE STATE DEPARTMENT.
11 (12) THE STATE DEPARTMENT AND ANY PERSON WHO RECEIVES
12 MONEY FROM THE STATE DEPARTMENT PURSUANT TO THIS SECTION SHALL
13 COMPLY WITH THE COMPLIANCE, REPORTING, RECORD-KEEPING, AND
14 PROGRAM EVALUATION REQUIREMENTS ESTABLISHED BY THE OFFICE OF
15 STATE PLANNING AND BUDGETING AND THE STATE CONTROLLER IN
16 ACCORDANCE WITH SECTION 24-75-226 (5).
17 (13) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2027.
18 **SECTION 3.** In Colorado Revised Statutes, 25.5-5-402, **add** (3.5)
19 as follows:
20 **25.5-5-402. Statewide managed care system - rules - definition**
21 **- repeal.** (3.5) (a) NO LATER THAN JULY 1, 2023, THE STATE
22 DEPARTMENT, IN COLLABORATION WITH THE BEHAVIORAL HEALTH
23 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES AND OTHER
24 STATE AGENCIES, SHALL DEVELOP THE UNIVERSAL CONTRACT AS
25 DESCRIBED IN SECTION 27-50-203.
26 (b) (I) FOR THE 2022-23 STATE FISCAL YEAR, THE GENERAL
27 ASSEMBLY SHALL APPROPRIATE THREE MILLION DOLLARS FROM THE

1 BEHAVIORAL AND MENTAL HEALTH CASH FUND, CREATED IN SECTION
2 24-75-230, TO THE STATE DEPARTMENT FOR THE DEVELOPMENT,
3 IMPLEMENTATION, AND ADMINISTRATION OF THE UNIVERSAL CONTRACT.
4 (II) THIS SUBSECTION (3.5)(b) IS REPEALED, EFFECTIVE JULY 1,
5 2024.
6 **SECTION 4. Appropriation.** For the 2022-23 state fiscal year,
7 $32,000,000 is appropriated to the department of health care policy and
8 financing. This appropriation is from the behavioral and mental health
9 cash fund created in section 24-75-230, C.R.S. To implement this act, the
10 department may use this appropriation for the primary care and behavioral
11 health statewide integration grant program.
12 **SECTION 5. Effective date.** This act takes effect upon passage;
13 except that section 3 of this act takes effect only if House Bill 22-1278
14 becomes law, in which case section 3 takes effect either upon the
15 effective date of this act or House Bill 22-1278, whichever is later.
16 **SECTION 6. Safety clause.** The general assembly hereby finds,
17 determines, and declares that this act is necessary for the immediate
18 preservation of the public peace, health, or safety.