

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.



SENATE BILL 25-045

BY SENATOR(S) Marchman, Amabile, Ball, Cutter, Daugherty, Exum, Gonzales J., Jodeh, Kipp, Michaelson Jenet, Weissman, Winter F., Coleman;
also REPRESENTATIVE(S) McCormick and Boesenecker, Bacon, Brown, Froelich, Hamrick, Joseph, Lindsay, Mabrey, Paschal, Sirota, Story, Titone, Velasco, Willford, Woodrow, Zokaie.

CONCERNING THE ANALYSIS OF A STATEWIDE UNIVERSAL HEALTH-CARE
PAYMENT SYSTEM.

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

SECTION 1. In Colorado Revised Statutes, **add** 23-20-146 as follows:

23-20-146. Universal health-care payment system - research and selection of draft model legislation - analysis - legislative declaration - report - definitions - repeal. (1) **Legislative declaration.** THE GENERAL ASSEMBLY FINDS AND DECLARES THAT:

(a) THE FINAL REPORT OF THE BLUE RIBBON COMMISSION FOR HEALTH CARE REFORM, CREATED IN SECTION 10-16-131 BEFORE ITS REPEAL,

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.

ISSUED IN JANUARY 2008 AND THE REPORT OF THE HEALTH CARE COST ANALYSIS TASK FORCE, CREATED IN SECTION 25.5-11-103 BEFORE ITS REPEAL, ISSUED ON SEPTEMBER 1, 2021, BOTH CLEARLY SHOWED THAT A SINGLE, NONPROFIT SYSTEM FOR HEALTH CARE CAN SAVE MONEY, COVER EVERYONE IN THE STATE, AND SUPPORT BETTER HEALTH CARE;

(b) TO ACHIEVE BETTER, MORE AFFORDABLE, AND FAIRER HEALTH CARE, THE PEOPLE OF COLORADO NEED ANSWERS TO VERY IMPORTANT QUESTIONS REGARDING UNIVERSAL HEALTH CARE; AND

(c) AN ANALYSIS OF DRAFT MODEL LEGISLATION FOR A UNIVERSAL HEALTH-CARE SYSTEM IS IMPORTANT IN ORDER TO DETERMINE WHETHER SUCH A SYSTEM WOULD ACHIEVE THE GOALS OF BETTER, MORE AFFORDABLE, AND FAIRER HEALTH CARE FOR ALL COLORADANS.

(2) **Definitions.** AS USED IN THIS SECTION:

(a) "FEDERAL ACT" MEANS THE FEDERAL "PATIENT PROTECTION AND AFFORDABLE CARE ACT", PUB.L. 111-148, AS AMENDED BY THE FEDERAL "HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010", PUB.L. 111-152.

(b) (I) "HEALTH-CARE PROVIDER" OR "PROVIDER" MEANS A PERSON THAT IS LICENSED, CERTIFIED, REGISTERED, OR OTHERWISE PERMITTED BY STATE LAW TO ADMINISTER HEALTH CARE IN THE ORDINARY COURSE OF BUSINESS OR IN THE PRACTICE OF A PROFESSION.

(II) "HEALTH-CARE PROVIDER" OR "PROVIDER" INCLUDES A PROFESSIONAL SERVICE CORPORATION, LIMITED LIABILITY COMPANY, OR REGISTERED LIMITED LIABILITY PARTNERSHIP ORGANIZED PURSUANT TO STATE LAW FOR THE PRACTICE OF A HEALTH-CARE PROFESSION.

(c) "MEDICAID" MEANS THE MEDICAL ASSISTANCE PROGRAMS ESTABLISHED PURSUANT TO THE "COLORADO MEDICAL ASSISTANCE ACT", ARTICLES 4 TO 6 OF TITLE 25.5.

(d) "MEDICARE" MEANS FEDERAL INSURANCE OR ASSISTANCE PROVIDED BY THE "HEALTH INSURANCE FOR THE AGED ACT", TITLE XVIII OF THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395 ET SEQ.

(e) (I) "REPRODUCTIVE HEALTH CARE" MEANS HEALTH CARE AND OTHER MEDICAL SERVICES RELATED TO THE REPRODUCTIVE PROCESSES, FUNCTIONS, AND SYSTEMS AT ALL STAGES OF LIFE.

(II) "REPRODUCTIVE HEALTH CARE" INCLUDES FAMILY PLANNING AND CONTRACEPTIVE CARE; ABORTION CARE; PRENATAL, POSTNATAL, AND DELIVERY CARE; FERTILITY CARE; STERILIZATION SERVICES; AND PREVENTION OF AND TREATMENTS FOR SEXUALLY TRANSMITTED INFECTIONS AND REPRODUCTIVE CANCERS.

(f) (I) "RESIDENT" MEANS AN INDIVIDUAL WHO IS LIVING, OTHER THAN TEMPORARILY, WITHIN THE STATE AND WHO INTENDS TO ESTABLISH COLORADO AS THE INDIVIDUAL'S PRIMARY STATE OF RESIDENCE.

(II) "RESIDENT" INCLUDES COLORADO RESIDENTS WHO ARE TEMPORARILY LIVING IN ANOTHER STATE OR WHO ARE TRAVELING OUT OF STATE.

(g) "UNIVERSAL HEALTH-CARE SYSTEM" MEANS A SINGLE-PAYER, NONPROFIT HEALTH-CARE PAYMENT SYSTEM THAT IS PUBLICLY FINANCED AND PRIVATELY DELIVERED, UNDER WHICH EVERY RESIDENT OF THE STATE HAS ACCESS TO ADEQUATE AND AFFORDABLE HEALTH CARE.

(3) (a) (I) NO LATER THAN JULY 1, 2025, THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL RESEARCH AND SELECT DRAFT MODEL LEGISLATION THAT PROPOSES A UNIVERSAL HEALTH-CARE SYSTEM FOR COLORADO THAT DIRECTLY COMPENSATES PROVIDERS.

(II) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL MAKE THE DRAFT MODEL LEGISLATION IT SELECTS PUBLICLY AVAILABLE ON ITS WEBSITE SO THAT INTERESTED PARTIES MAY EVALUATE AND REVIEW THE DRAFT MODEL LEGISLATION.

(b) THE DRAFT MODEL LEGISLATION SELECTED MUST BE CREATED BY A COLORADO NONPROFIT ORGANIZATION THAT PRIORITIZES A UNIVERSAL HEALTH-CARE SYSTEM THAT:

(I) PROVIDES COMPREHENSIVE BENEFITS FOR MEDICAL CARE, INCLUDING DENTAL, HEARING, VISION, AND MENTAL HEALTH;

(II) PROVIDES LONG-TERM CARE AND SUPPORT SERVICES TO ALL RESIDENTS AT LEAST AT THE LEVEL OF COVERAGE AVAILABLE TO THOSE RESIDENTS WHO ARE ELIGIBLE TO RECEIVE MEDICAL ASSISTANCE, AS DEFINED IN SECTION 25.5-4-103 (13);

(III) REQUIRES HEALTH-CARE DECISIONS TO BE MADE BY PATIENTS AND THE PATIENTS' HEALTH-CARE PROVIDERS;

(IV) ALLOWS PATIENTS TO CHOOSE AMONG ALL PROVIDERS THAT PARTICIPATE IN THE UNIVERSAL HEALTH-CARE SYSTEM;

(V) PROVIDES COMPREHENSIVE HEALTH-CARE BENEFITS TO ALL COLORADO RESIDENTS;

(VI) IS FUNDED BY PREMIUMS, WHICH PREMIUMS ARE IN AMOUNTS THAT ARE DETERMINED BASED ON AN INDIVIDUAL'S ABILITY TO PAY;

(VII) PROHIBITS DEDUCTIBLES AND COPAYMENTS;

(VIII) ENSURES FAIR DRUG AND HOSPITAL PRICES, AS WELL AS FAIR PAYMENT TO PROVIDERS;

(IX) IS DELIVERED THROUGH A PUBLICLY ADMINISTERED NONPROFIT ENTERPRISE THAT IS THE SOLE AGENCY PAYING FOR HEALTH-CARE COSTS IN THE STATE; AND

(X) IS DESIGNED TO PRIORITIZE BENEFITS AND ACCESS TO CARE FOR PATIENTS WHILE PREVENTING BARRIERS TO CARE THAT ARE IMPOSED FOR THE PURPOSE OF INCREASING PROFITS.

(4) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL ANALYZE THE DRAFT MODEL LEGISLATION SELECTED PURSUANT TO SUBSECTION (3) OF THIS SECTION. THE ANALYSIS MAY:

(a) INCLUDE AN ESTIMATE OF THE FIRST-, SECOND-, FIFTH-, AND TENTH-YEAR COSTS FOR OPERATING A UNIVERSAL HEALTH-CARE SYSTEM;

(b) IDENTIFY REIMBURSEMENT RATES FOR HEALTH-CARE PROVIDERS AT LEVELS THAT RESULT IN NET INCOME THAT WILL ATTRACT AND RETAIN NECESSARY HEALTH-CARE PROVIDERS;

(c) CONSIDER A PROGRAM TO COVER HEALTH-CARE BENEFITS AT ONE HUNDRED TWENTY PERCENT OF MEDICARE RATES FOR RESIDENTS AND AT OTHER REIMBURSEMENT LEVELS AS DETERMINED APPROPRIATE BY THE COLORADO SCHOOL OF PUBLIC HEALTH;

(d) CONSIDER WHETHER THE BENEFITS OUTLINED IN THE DRAFT MODEL LEGISLATION ARE THE SAME AS THE BENEFITS REQUIRED BY THE FEDERAL ACT AND BY STATE LAW;

(e) IDENTIFY HEALTH-CARE EXPENDITURES BY PAYER;

(f) IDENTIFY COSTS BASED ON AN INDIVIDUAL'S ABILITY TO PAY;

(g) DESCRIBE INCENTIVES AND FINANCIAL IMPLICATIONS FOR HOSPITALS FROM A GLOBAL-BUDGETING-BASED REIMBURSEMENT SYSTEM COMPARED TO A FEE-FOR-SERVICE-BASED REIMBURSEMENT SYSTEM;

(h) DESCRIBE HOW A UNIVERSAL HEALTH-CARE SYSTEM PROVIDES THE FOLLOWING:

(I) SERVICES REQUIRED BY THE FEDERAL ACT AND BY STATE LAW;

(II) SERVICES COVERED UNDER MEDICARE;

(III) MEDICAID SERVICES AND BENEFITS THAT MEET OR EXCEED CURRENT SERVICES AND BENEFITS WITH PROVIDER REIMBURSEMENT RATES THAT ARE EQUIVALENT TO OR HIGHER THAN CURRENT MEDICAID REIMBURSEMENT RATES;

(IV) MEDICAID SERVICES AND BENEFITS FOR INDIVIDUALS WITH DISABILITIES WHO DO NOT OTHERWISE QUALIFY FOR MEDICAID;

(V) COVERAGE FOR WOMEN'S HEALTH-CARE SERVICES AND COMPREHENSIVE REPRODUCTIVE HEALTH CARE TO THE EXTENT THAT THOSE SERVICES ARE ALLOWABLE BY STATE LAW;

(VI) VISION, HEARING, AND DENTAL SERVICES;

(VII) ACCESS TO PRIMARY AND SPECIALTY HEALTH-CARE SERVICES IN RURAL COLORADO AND OTHER UNDERSERVED AREAS OR POPULATIONS;

AND

(VIII) BEHAVIORAL HEALTH, MENTAL HEALTH, AND SUBSTANCE USE DISORDER SERVICES;

(i) CONSIDER OTHER COLLATERAL COSTS AS DETERMINED BY THE COLORADO SCHOOL OF PUBLIC HEALTH;

(j) PROVIDE A GENERAL COST ESTIMATE AND SUGGEST POTENTIAL ADDITIONAL REVENUE SOURCES TO COVER LONG-TERM CARE AND SUPPORT SERVICES FOR ALL RESIDENTS;

(k) ESTIMATE THE IMPACT OF IMPLEMENTING A UNIVERSAL HEALTH-CARE SYSTEM ON VARIOUS SOCIOECONOMIC GROUPS, INCLUDING A RACIAL EQUITY IMPACT ASSESSMENT;

(l) ESTIMATE THE IMPACT OF IMPLEMENTING A UNIVERSAL HEALTH-CARE SYSTEM ON HEALTH-CARE FACILITIES, PRIVATE HEALTH INSURANCE COMPANIES, AND THE COLORADO OPTION HEALTH INSURANCE PLAN;

(m) ESTIMATE THE IMPACT OF IMPLEMENTING A UNIVERSAL HEALTH-CARE SYSTEM ON HEALTH PLANS THAT ARE REGULATED BY THE FEDERAL "EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974", 29 U.S.C. SEC. 1001 ET SEQ., INCLUDING MULTIEMPLOYER TAFT-HARTLEY HEALTH-CARE TRUST FUNDS;

(n) EVALUATE THE FEASIBILITY OF IMPLEMENTING A UNIVERSAL HEALTH-CARE SYSTEM BY EXPANDING OR MODIFYING THE COLORADO OPTION HEALTH INSURANCE PLAN;

(o) ESTIMATE THE IMPACT OF A UNIVERSAL HEALTH-CARE SYSTEM ON THE COST AND DEVELOPMENT OF SPECIALTY PHARMACEUTICALS AND TREATMENT FOR RARE DISEASES;

(p) ESTIMATE THE IMPACT OF A UNIVERSAL HEALTH-CARE SYSTEM ON THE PRICE OF PHARMACEUTICALS; AND

(q) PROVIDE ANY ADDITIONAL INFORMATION THE COLORADO SCHOOL OF PUBLIC HEALTH FINDS RELEVANT.

(5) THE COLORADO SCHOOL OF PUBLIC HEALTH MAY UTILIZE AN ACTUARIAL CONSULTANT IN CONDUCTING THE ANALYSIS PURSUANT TO SUBSECTION (4) OF THIS SECTION.

(6) ON OR BEFORE DECEMBER 31, 2026, THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL SUBMIT A REPORT DETAILING ITS FINDINGS FROM THE ANALYSIS COMPLETED PURSUANT TO SUBSECTION (4) OF THIS SECTION TO THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES.

(7)(a) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL SUBMIT AN APPLICATION TO THE ALL-PAYER HEALTH CLAIMS DATABASE SCHOLARSHIP GRANT PROGRAM, ESTABLISHED IN SECTION 25.5-1-204.5, TO ACQUIRE FUNDING TO COVER ANY DATA OR SOFTWARE COSTS THAT MAY BE INCURRED BY THE COLORADO SCHOOL OF PUBLIC HEALTH IN CONDUCTING THE ANALYSIS REQUIRED PURSUANT TO SUBSECTION (4) OF THIS SECTION.

(b) THE COLORADO SCHOOL OF PUBLIC HEALTH MAY SEEK, ACCEPT, AND EXPEND GIFTS, GRANTS, AND DONATIONS FROM PRIVATE AND PUBLIC SOURCES TO ACCESS THE ALL-PAYER CLAIMS DATABASE.

(8) (a) THE COLORADO SCHOOL OF PUBLIC HEALTH MAY SEEK, ACCEPT, AND EXPEND GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR PUBLIC SOURCES FOR THE PURPOSE OF CONDUCTING THE REQUIRED RESEARCH AND ANALYSIS.

(b) UNLESS THE COLORADO SCHOOL OF PUBLIC HEALTH RECEIVES AN AMOUNT OF APPROPRIATIONS, GIFTS, GRANTS, AND DONATIONS OR MONEY FROM THE GRANT PROGRAM PURSUANT TO SUBSECTION (7) OF THIS SECTION SUFFICIENT TO COVER THE COSTS OF THE RESEARCH AND ANALYSIS, AND THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING RECEIVES ENOUGH MONEY IN GIFTS, GRANTS, AND DONATIONS TO IMPLEMENT THE STATEWIDE HEALTH-CARE ANALYSIS COLLABORATIVE PURSUANT TO SECTION 25.5-1-135, THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL NOT IMPLEMENT THIS SECTION.

(9) THIS SECTION IS REPEALED, EFFECTIVE DECEMBER 1, 2027.

SECTION 2. In Colorado Revised Statutes, **add** 25.5-1-135 as

follows:

25.5-1-135. Statewide health-care analysis collaborative - creation - membership - duties - repeal. (1) (a) THERE IS CREATED IN THE STATE DEPARTMENT THE STATEWIDE HEALTH-CARE ANALYSIS COLLABORATIVE, REFERRED TO IN THIS SECTION AS THE "ANALYSIS COLLABORATIVE", FOR THE PURPOSE OF ADVISING THE COLORADO SCHOOL OF PUBLIC HEALTH IN COMPLETING THE ANALYSIS REQUIRED BY SECTION 23-20-146.

(b) THE ANALYSIS COLLABORATIVE IS MERELY ADVISORY AND THE COLORADO SCHOOL OF PUBLIC HEALTH IS THE ENTITY RESPONSIBLE FOR CONDUCTING THE ANALYSIS PURSUANT TO SECTION 23-20-146.

(2) (a) ON OR BEFORE AUGUST 1, 2025, THE EXECUTIVE DIRECTOR SHALL INVITE THE FOLLOWING REPRESENTATIVES TO PARTICIPATE IN THE ANALYSIS COLLABORATIVE:

(I) ONE MEMBER WHO REPRESENTS A STATEWIDE HOSPITAL ASSOCIATION;

(II) ONE MEMBER WHO REPRESENTS ORGANIZED LABOR;

(III) ONE MEMBER WHO REPRESENTS AN ORGANIZATION THAT ADVOCATES FOR COMMUNITIES WITH DISABILITIES;

(IV) ONE MEMBER WHO IS A REPRODUCTIVE HEALTH-CARE ADVOCATE;

(V) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION OF PHYSICIANS;

(VI) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION OF MENTAL HEALTH-CARE PROVIDERS;

(VII) ONE MEMBER WHO IS A STATE TAX EXPERT OR AN EXPERT ON SECTION 20 OF ARTICLE X OF THE STATE CONSTITUTION;

(VIII) ONE MEMBER WHO IS A RURAL HEALTH-CARE ADVOCATE;

(IX) ONE MEMBER WHO IS A REGISTERED NURSE REPRESENTING A STATEWIDE ASSOCIATION OF NURSES;

(X) ONE MEMBER WHO REPRESENTS A COLORADO ADVOCACY ORGANIZATION FOR PEOPLE EXPERIENCING HOMELESSNESS;

(XI) ONE MEMBER WHO REPRESENTS AN ADVOCACY ORGANIZATION FOR HEALTH-CARE CONSUMERS;

(XII) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION OF DENTISTS;

(XIII) ONE MEMBER WHO REPRESENTS AN ADVOCACY ORGANIZATION FOR HISTORICALLY MARGINALIZED COMMUNITIES;

(XIV) ONE MEMBER WHO REPRESENTS AN ADVOCACY ORGANIZATION FOR LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER COMMUNITIES;

(XV) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION OF PHARMACISTS;

(XVI) ONE MEMBER WHO REPRESENTS SMALL EMPLOYER INTERESTS;

(XVII) ONE MEMBER WHO REPRESENTS LARGE EMPLOYER INTERESTS;

(XVIII) ONE MEMBER WHO REPRESENTS A PHARMACY BENEFIT MANAGEMENT FIRM, AS DEFINED IN SECTION 10-16-102 (49);

(XIX) ONE MEMBER WHO REPRESENTS A SELF-INSURED EMPLOYER THAT PROVIDES HEALTH INSURANCE TO ITS EMPLOYEES UNDER A HEALTH INSURANCE PLAN COVERED BY THE FEDERAL "EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974", 29 U.S.C. SEC. 1001 ET SEQ.; AND

(XX) ONE MEMBER WHO REPRESENTS MANAGEMENT OF ORGANIZED LABOR THAT PROVIDES HEALTH INSURANCE COVERAGE FOR INDIVIDUALS WHO ARE INSURED UNDER A HEALTH INSURANCE PLAN COVERED BY THE FEDERAL "EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974", 29 U.S.C. SEC. 1001 ET SEQ.

(b) IN INVITING REPRESENTATIVES TO PARTICIPATE IN THE ANALYSIS COLLABORATIVE PURSUANT TO SUBSECTION (3)(a) OF THIS SECTION, THE EXECUTIVE DIRECTOR SHALL ENSURE THAT THE INVITEES:

(I) HAVE DEMONSTRATED AN ABILITY TO REPRESENT THE INTERESTS OF ALL COLORADANS AND, REGARDLESS OF THE INVITEES' BACKGROUNDS OR AFFILIATIONS, ARE ABLE TO PRESENT OBJECTIVE, NONPARTISAN, FACTUAL, AND EVIDENCE-BASED IDEAS AND TO OBJECTIVELY ADVISE THE COLORADO SCHOOL OF PUBLIC HEALTH CONCERNING A SINGLE-PAYER, NONPROFIT, UNIVERSAL HEALTH-CARE SYSTEM, AS DEFINED IN SECTION 23-20-146 (2); AND

(II) REFLECT THE SOCIAL, DEMOGRAPHIC, AND GEOGRAPHIC DIVERSITY OF THE STATE, INCLUDING HISTORICALLY MARGINALIZED COMMUNITIES.

(c) IF A VACANCY OCCURS ON THE ANALYSIS COLLABORATIVE, THE EXECUTIVE DIRECTOR MAY INVITE A NEW REPRESENTATIVE TO FILL THE VACANCY.

(3) THE COMMISSIONER OF INSURANCE AND THE CHIEF EXECUTIVE OFFICER OF THE COLORADO HEALTH BENEFIT EXCHANGE CREATED IN ARTICLE 22 OF TITLE 10, OR THE DESIGNEE OF THE COMMISSIONER OR THE CHIEF EXECUTIVE OFFICER, SHALL SERVE ON THE ANALYSIS COLLABORATIVE.

(4) (a) THE CHIEF EXECUTIVE OFFICER OF THE COLORADO HEALTH BENEFIT EXCHANGE SHALL CALL THE FIRST MEETING OF THE ANALYSIS COLLABORATIVE.

(b) THE ANALYSIS COLLABORATIVE SHALL MEET AT LEAST TWO TIMES BEFORE OCTOBER 1, 2026, AND THE CHIEF EXECUTIVE OFFICER OF THE COLORADO HEALTH BENEFIT EXCHANGE MAY CONVENE ADDITIONAL MEETINGS OF THE ANALYSIS COLLABORATIVE AS DETERMINED BY CONSULTING WITH THE MEMBERS OF THE ANALYSIS COLLABORATIVE AND THE COLORADO SCHOOL OF PUBLIC HEALTH.

(c) ALL MEETINGS OF THE ANALYSIS COLLABORATIVE MUST BE OPEN TO THE PUBLIC, AND THE ANALYSIS COLLABORATIVE SHALL POST NOTICE OF A MEETING AT LEAST ONE WEEK IN ADVANCE OF THE MEETING ON THE COLORADO SCHOOL OF PUBLIC HEALTH'S WEBSITE AND THE STATE

DEPARTMENT'S WEBSITE.

(d) ALL MEETINGS OF THE ANALYSIS COLLABORATIVE MUST BE HELD VIRTUALLY AND ALLOW FOR ATTENDANCE AND PARTICIPATION BY MEMBERS OF THE ANALYSIS COLLABORATIVE AND MEMBERS OF THE PUBLIC VIRTUALLY.

(e) THE ANALYSIS COLLABORATIVE MAY HOLD MEETINGS WITHOUT A QUORUM OF THE MEMBERS PRESENT.

(5) AT THE FIRST MEETING OF THE ANALYSIS COLLABORATIVE, A REPRESENTATIVE FROM THE ENTITY PROVIDING THE DRAFT MODEL LEGISLATION SELECTED BY THE COLORADO SCHOOL OF PUBLIC HEALTH PURSUANT TO SECTION 23-20-146 (3) SHALL PRESENT THE DRAFT MODEL LEGISLATION TO THE ANALYSIS COLLABORATIVE FOR FEEDBACK.

(6) NONLEGISLATIVE ANALYSIS COLLABORATIVE MEMBERS INVITED PURSUANT TO SUBSECTION (3)(a) OF THIS SECTION ARE NOT ENTITLED TO RECEIVE PER DIEM OR OTHER COMPENSATION FOR PERFORMANCE OF SERVICES FOR THE ANALYSIS COLLABORATIVE BUT MAY BE REIMBURSED FOR ACTUAL AND NECESSARY EXPENSES INCURRED IN THE PERFORMANCE OF OFFICIAL DUTIES OF THE ANALYSIS COLLABORATIVE. LEGISLATORS WHO SERVE ON THE ANALYSIS COLLABORATIVE ARE REIMBURSED PURSUANT TO SECTION 2-2-307 (3).

(7) (a) THE STATE DEPARTMENT MAY SEEK, ACCEPT, AND EXPEND GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR PUBLIC SOURCES FOR THE PURPOSE OF ESTABLISHING THE ANALYSIS COLLABORATIVE.

(b) UNLESS THE STATE DEPARTMENT RECEIVES AN AMOUNT OF APPROPRIATIONS, GIFTS, GRANTS, AND DONATIONS SUFFICIENT TO COVER THE COSTS OF ESTABLISHING THE ANALYSIS COLLABORATIVE, AND THE COLORADO SCHOOL OF PUBLIC HEALTH RECEIVES ENOUGH MONEY PURSUANT TO SECTION 23-20-146 (8) TO IMPLEMENT THE COSTS OF RESEARCH AND ANALYSIS TO IMPLEMENT SECTION 23-20-146, THE STATE DEPARTMENT SHALL NOT IMPLEMENT THIS SECTION.

(8) THIS SECTION IS REPEALED, EFFECTIVE DECEMBER 1, 2027.

SECTION 3. In Colorado Revised Statutes, 23-18-308, **add** (1)(o)

as follows:

23-18-308. Fee-for-service contracts - grants to local district colleges - limited purpose - repeal. (1) Subject to available appropriations, the department shall enter into fee-for-service contracts for the following purposes:

(o) (I) THE COLORADO SCHOOL OF PUBLIC HEALTH'S ANALYSIS OF MODEL LEGISLATION RELATED TO A STATEWIDE UNIVERSAL HEALTH-CARE SYSTEM CONDUCTED PURSUANT TO SECTION 23-20-146.

(II) THIS SUBSECTION (1)(o) IS REPEALED, EFFECTIVE DECEMBER 1, 2027.

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

the support and maintenance of the departments of the state and state institutions.

James Rashad Coleman, Sr.
PRESIDENT OF
THE SENATE

Julie McCluskie
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

Esther van Mourik
SECRETARY OF
THE SENATE

Vanessa Reilly
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

APPROVED _____
(Date and Time)

Jared S. Polis
GOVERNOR OF THE STATE OF COLORADO