

**First Regular Session
Seventieth General Assembly
STATE OF COLORADO**

PREAMENDED

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

LLS NO. 15-0048.01 Brita Darling x2241

SENATE BILL 15-011

SENATE SPONSORSHIP

Todd,

HOUSE SPONSORSHIP

Primavera,

Senate Committees

Health & Human Services
Appropriations

House Committees

A BILL FOR AN ACT

101 **CONCERNING THE PILOT PROGRAM FOR PERSONS WITH SPINAL CORD**
102 **INJURIES RELATING TO THE USE OF COMPLEMENTARY AND**
103 **ALTERNATIVE MEDICINE, AND, IN CONNECTION THEREWITH,**
104 **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://www.leg.state.co.us/billsummaries>.)

The bill extends the repeal date for the pilot program providing complementary and alternative medicine to certain individuals with spinal cord injuries. The bill specifies that a minimum of 100 eligible persons

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

must be permitted to participate in the pilot program, and vacancies in enrollment may be filled at any point in the fiscal year. In addition, the bill extends the date for the independent evaluation of the pilot program.

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

2 **SECTION 1.** In Colorado Revised Statutes, **amend** 25.5-6-1301
3 as follows:

4 **25.5-6-1301. Legislative declaration.** (1) The general assembly
5 finds that:

6 (a) A person with a spinal cord injury could benefit from
7 complementary and alternative ~~therapies~~ MEDICINE such as chiropractic
8 care, massage therapy, or acupuncture; and

9 (b) Complementary and alternative ~~therapies~~ MEDICINE could
10 improve the quality of life and help reduce the need for continuous or
11 more expensive procedures, medications, and hospitalizations for a
12 person with a spinal cord injury and could allow a person with a spinal
13 cord injury to be employed.

14 **SECTION 2.** In Colorado Revised Statutes, 25.5-6-1302, **amend**
15 (1) and (3) as follows:

16 **25.5-6-1302. Definitions.** As used in this part 13, unless the
17 context otherwise requires:

18 (1) "Complementary or alternative ~~therapy~~ MEDICINE" means a
19 form of diverse health care ~~therapy~~ SERVICES not provided for under this
20 article or article 4 or 5 of this title prior to August 5, 2009, but authorized
21 by the rules of the state board adopted pursuant to section 25.5-6-1303
22 (4). The ~~therapy shall be~~ MEDICINE IS limited to chiropractic care,
23 massage therapy, and acupuncture performed by licensed or certified
24 providers.

1 (3) "Pilot program" means the pilot program authorized pursuant
2 to section 25.5-6-1303 to allow an eligible person with a disability to
3 receive complementary and alternative ~~therapies~~ MEDICINE.

4 **SECTION 3.** In Colorado Revised Statutes, 25.5-6-1303, **amend**
5 (1), (2) (a), (2) (b) (III), (5), and (7); and **repeal** (6) as follows:

6 **25.5-6-1303. Pilot program - complementary or alternative**
7 **medicine - rules.** (1) (a) The general assembly authorizes the state
8 department to implement a pilot program that would allow an eligible
9 person with a disability to receive complementary or alternative ~~therapies~~
10 MEDICINE to the extent authorized by federal waiver. The pilot program
11 ~~shall~~ MAY begin no later than January 1, 2012. The state department shall
12 design and implement the pilot program with input from an advisory
13 committee that ~~shall~~ MUST include, but need not be limited to, persons
14 with spinal cord injuries who are receiving complementary or alternative
15 ~~therapies~~ MEDICINE. THE STATE DEPARTMENT SHALL CONTINUE TO UTILIZE
16 A VOLUNTEER OUTREACH COORDINATOR THROUGHOUT THE DURATION OF
17 THE PILOT PROGRAM WHOSE DUTIES INCLUDE, BUT ARE NOT LIMITED TO,
18 FACILITATING PARTICIPANT AND PROVIDER ENROLLMENT AND ACTING AS
19 AN INFORMAL LIAISON BETWEEN THE STATE DEPARTMENT, PILOT PROGRAM
20 PARTICIPANTS, AND OTHER STAKEHOLDERS. The state department is
21 ~~authorized to~~ MAY seek any federal waivers that may be necessary to
22 implement this part 13.

23 (b) SUBJECT TO AVAILABLE FUNDS, IT IS THE INTENT OF THE
24 GENERAL ASSEMBLY THAT THE STATE DEPARTMENT ENROLL EVERY
25 ELIGIBLE PERSON THAT APPLIES FOR THE WAIVER AND THAT AN ELIGIBLE
26 PERSON IS NOT PLACED ON A WAITING LIST FOR SERVICES. ==

27 (2) (a) The purpose of the pilot program ~~shall be~~ IS to expand the

1 choice of therapies available to eligible persons with disabilities, to study
2 the success of complementary and alternative ~~therapies~~ MEDICINE, and to
3 produce an overall cost savings for the state compared to the estimated
4 expenditures that would have otherwise been spent for the same persons
5 with spinal cord injuries absent the pilot program.

6 (b) In order to qualify and to remain eligible for the pilot program
7 authorized by this section, a person shall:

8 (III) Demonstrate a current need, as further defined in rule by the
9 state board, for complementary or alternative ~~therapies~~ MEDICINE; and

10 (5) The state department shall cause to be conducted an
11 independent evaluation of the pilot program to be completed ~~by the end~~
12 ~~of the third year of the pilot program~~ NO LATER THAN JANUARY 1, 2020.

13 The state department shall provide a report of the evaluation to the health
14 and human services committees of the senate and the house of
15 representatives, or any successor committees. ~~by August 1, 2015.~~ The
16 report on the evaluation shall MUST include the following:

17 (a) The number of eligible persons with disabilities participating
18 in the pilot program;

19 (b) The cost-effectiveness of the pilot program;

20 (c) Feedback from consumers and the state department concerning
21 the progress and success of the pilot program;

22 (d) Any changes to the health status or health outcomes of the
23 persons participating in the pilot program;

24 (e) Other information relevant to the success and problems of the
25 pilot program; and

26 (f) Recommendations concerning the feasibility of continuing the
27 pilot program beyond the pilot stage and changes, if any, that are needed.

1 (6) ~~The state department is authorized to seek and accept gifts,~~
2 ~~grants, or donations from private or public sources for the purposes of this~~
3 ~~part 13; except that the state department shall not accept a gift, grant, or~~
4 ~~donation if it is subject to conditions that are inconsistent with this part~~
5 ~~13 or any other law of the state. The state department shall transmit all~~
6 ~~private and public moneys received through gifts, grants, or donations to~~
7 ~~the state treasurer, who shall credit the same to the department of health~~
8 ~~care policy and financing cash fund created pursuant to section~~
9 ~~25.5-1-109.~~

10 (7) Unless the state department receives sufficient moneys from
11 either the general fund or from gifts, grants, and donations made pursuant
12 to subsection (6) of this section APPROPRIATIONS, the state department
13 shall not be IS NOT required to seek federal approval or implement the
14 pilot program.

15 **SECTION 4.** In Colorado Revised Statutes, **amend** 25.5-6-1304
16 as follows:

17 **25.5-6-1304. Repeal of part.** This part 13 is repealed, effective
18 September 1, 2015 2020.

19 **SECTION 5. Appropriation.** (1) For the 2015-16 state fiscal
20 year, \$179,347 is appropriated to the department of health care policy and
21 financing. This appropriation is from the general fund. To implement this
22 act, the department may use this appropriation as follows:

23 (a) \$25,520 for personal services related to general administration,
24 which amount is based on an assumption that the department will require
25 an additional 0.8 FTE;

26 (b) \$3,032 for operating expenses related to general
27 administration;

1 (c) \$27,500 for general professional services and special projects;

2 and

3 (d) \$123,295 for medical services premiums, which is subject to
4 the "(M)" notation as defined in the general appropriation act for the same
5 fiscal year.

6 (2) For the 2015-16 state fiscal year, the general assembly
7 anticipates that the department of health care policy and financing will
8 receive \$183,302 in federal funds. The appropriation in subsection (1) of
9 this section is based on the assumption that the department will receive
10 this amount of federal funds to be used as follows:

11 (a) \$25,519 for personal services related to general administration;

12 (b) \$3,031 for operating expenses related to general
13 administration;

14 (c) \$27,500 for general professional services and special projects;

15 and

16 (d) \$127,252 for medical services premiums.

17 **SECTION 6. Safety clause.** The general assembly hereby finds,
18 determines, and declares that this act is necessary for the immediate
19 preservation of the public peace, health, and safety. _____