



COLORADO

GENERAL ASSEMBLY

Legislative Council
Research Publication No. 373

**Joint Review Committee
for the Medically
Indigent**

November 1992

RECOMMENDATIONS FOR 1993

**JOINT REVIEW COMMITTEE
FOR THE MEDICALLY INDIGENT**

**Report to the
Colorado General Assembly**

**Research Publication No. 373
November 1992**

JOINT REVIEW COMMITTEE FOR THE MEDICALLY INDIGENT

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November 13, 1992

To Members of the Fifty-Ninth Colorado General Assembly:

Submitted herewith is the final report for the Joint Review Committee for the Medically Indigent. The committee was appointed by the Speaker of the House and president of the Senate pursuant to Article 15 of Title 26, C.R.S. The purpose of the committee is to give guidance and direction to the University of Colorado Health Sciences Center in the development of the program for the medically indigent and to provide legislative overview of and advice concerning the development of the program.

At its meeting on August 19, the committee acted to recommend the proposed bill which is detailed herein. This bill was submitted to and approved by the Legislative Council at its meeting on October 15.

Respectfully submitted,

/s/ Representative Bill Martin
Chairman, Joint Review Committee
for the Medically Indigent

BM/eg

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JOINT REVIEW COMMITTEE FOR THE MEDICALLY INDIGENT

Statutory Authority And Responsibility

The Joint Review Committee for the Medically Indigent was established in 1983 by the "Reform Act for the Provision of Health Care for the Medically Indigent" (Article 15 of Title 26, C.R.S.). The act states that the committee is to give guidance and direction to the University of Colorado Health Sciences Center in the development of the program for the medically indigent and to provide legislative oversight for the program. The Medically Indigent Program serves a vital role in preventing deterioration of the health conditions among the medically indigent citizens of Colorado.

The Joint Review Committee for the Medically Indigent recognizes that accessing needed health care is a problem that affects the low-income population. The health status of low-income families is a result of many factors associated with poverty, including inadequate nutrition, environmental exposure, poor health habits, and limited access to health care. Low-income families often encounter many difficulties in obtaining preventive and immunization services for their children, as well as care for acute illness and chronic disease. Low-income families are more likely to use public clinics and hospitals for regular care, less likely to have health insurance, and more likely to postpone care for financial reasons. In addition, children from low-income families, the sector of the population at highest risk of medical indigence, are less likely to see a physician when sick.

Committee Recommendation

The committee recommends the following bill for consideration during the 1993 legislative session:

Concerning Continuation of the Children's Health Plan — Bill 1

Bill 1 continues the Children's Health Plan which was due for repeal on July 1, 1993. The plan was originally established in 1990 to promote access to appropriate primary health care for children. The purpose of the law is to provide access to basic medical services to children up to age nine living in families with incomes less than 150 percent of the federal poverty level who are not eligible for Medicaid. The services to

be covered are primary, specialty, and outpatient services, including preventive care for acute illness, injury and chronic illness. Children are covered for outpatient services such as immunizations, well child checkups, visits for acute and chronic illnesses and injury, ongoing care for chronic illness, and outpatient surgical services.

Health care services to low-income children are provided through managed health care systems. Eligible persons are required to pay an enrollment fee of \$25 per child that is not to exceed \$150 per family in order to participate.

The Child Health Plan is funded by federal Medicaid funds paid to University Hospital, private donations, and enrollment fees. By statute, the University of Colorado Health Sciences Center administers the Child Health Plan and must report annually to the General Assembly on the status of the program.

Materials Available

The materials listed below are available upon request from the Legislative Council Staff.

- 1) Staff Summary of the Joint Review Committee for the Medically Indigent, August 19, 1992.
- 2) University of Colorado Health Sciences Center, memorandum, The Colorado Child Health Plan.

BY SENATOR Hopper;
also REPRESENTATIVE Dyer.

A BILL FOR AN ACT

101 CONCERNING CONTINUATION OF THE CHILDREN'S HEALTH PLAN.

Bill Summary

(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments which may be subsequently adopted.)

Continues the children's health plan which provides primary health care to eligible children.

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

2 **SECTION 1.** 26-17-115, Colorado Revised Statutes, 1989 Repl.
3 Vol., as amended, is amended to read:

4 **26-17-115. Repeal of article.** This article is repealed,
5 effective July 1, ~~1993~~ 1998.

6 **SECTION 2. Safety clause.** The general assembly hereby
7 finds, determines, and declares that this act is necessary for the
8 immediate preservation of the public peace, health, and safety.