First Regular Session **Seventy-first General Assembly** STATE OF COLORADO

REENGROSSED

This Version Includes All Amendments Adopted in the House of Introduction

LLS NO. 17-0141.01 Kate Meyer x4348

HOUSE BILL 17-1024

HOUSE SPONSORSHIP

Thurlow, Arndt

SENATE SPONSORSHIP

Moreno, Holbert, Kerr, Tate

House Committees

Senate Committees

Public Health Care & Human Services

A BILL FOR AN ACT

101 CONCERNING THE NONSUBSTANTIVE RELOCATION OF LAWS 102 PERTAINING TO THE COMMISSION ON FAMILY MEDICINE.

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/.)

Statutory Revision Committee. The commission on family medicine (commission) is an advisory body within the department of health care policy and financing (HCPF). Currently, the laws governing the commission are located within title 25, Colorado Revised Statutes. Sections 1 and 4 of the bill relocate those laws to title 25.5, Colorado Revised Statutes, (the "State Health Care Policy and Financing Act"),

1 Reading Unamended January 31, 2017

HOUSE

Reading Unamended January 30, 2017

which title generally pertains to HCPF. Sections 2 and 3 make conforming amendments.

1	Be it enacted by the General Assembly of the State of Colorado:
2	SECTION 1. In Colorado Revised Statutes, add with amended
3	and relocated provisions part 6 to article 1 of title 25.5 as follows:
4	PART 6
5	COMMISSION ON FAMILY MEDICINE
6	25.5-1-601. [Formerly 25-1-901] Legislative declaration.
7	(1) The general assembly hereby finds and declares that:
8	(a) Physicians engaged in family medicine are in critically short
9	supply in this state;
10	(b) Because of the distribution of such physicians, many rural and
11	urban areas of the state are underserved;
12	(b.1) (c) A significant portion of the state population is medically
13	underserved because of indigency;
14	(b.2) (d) Family physicians provide health care to all segments of
15	the population;
16	(e) The provision of more competent family physicians is a
17	public purpose of great importance; and
18	(d) (f) The creation of the commission on family medicine is a
19	desirable, necessary, and economic COST-EFFECTIVE means of addressing
20	the needs described in paragraphs (a) and (b) of this subsection (1).
21	25.5-1-602. [Formerly 25-1-902] Commission created -
22	composition - terms of office. (1) There is hereby created, in the
23	department of health care policy and financing, the commission on family
24	medicine, referred to in this part 9 PART 6 as the "commission". No more
25	than four members of the commission appointed by the governor pursuant

-2-

to paragraph (d) of this subsection (1) SUBSECTION (1)(d) OF THIS SECTION may be members of the same major political party. A vacancy on the commission occurs whenever any health care consumer member moves out of the congressional district from which he or she was appointed. A health care consumer member who moves out of the congressional district shall promptly notify the governor of the date of the move, but notice is not a condition precedent to the occurrence of the vacancy. The governor shall fill the vacancy by appointment for the unexpired term. The commission consists of the following members:

- (a) The deans of accredited allopathic and osteopathic schools of medicine in the state or their designated representatives;
- (b) The director of all family medicine programs in the state accredited by the accreditation council on graduate medical education of the American medical association or the American osteopathic association;
- (c) A representative of the Colorado academy of family physicians; and
- (d) A health care consumer to be appointed by the governor from each congressional district in the state.
- (2) The members appointed under paragraph (d) of subsection (1) SUBSECTION (1)(d) of this section shall serve THREE-YEAR TERMS. ALL MEMBERS SERVE at the pleasure of the governor. and shall serve for three-year terms.
- (3) The commission shall elect a chairman CHAIRPERSON and a vice-chairman VICE-CHAIRPERSON from among its members. Members of the commission shall serve without compensation, but members described in paragraphs (b), (c), and (d) of subsection (1) SUBSECTIONS (1)(b),

-3-

(1)(c), AND (1)(d) of this section shall be ARE entitled to their actual and necessary expenses incurred in the performance of their duties. The commission shall meet on call of the chairman CHAIRPERSON, but not less than once every three months. A majority of the members of the commission constitutes a quorum for the transaction of business. 25.5-1-603. [Formerly 25-1-903] Duties of commission -

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

reporting. (1) The commission shall:

- (a) Assure that family medicine residency program standards are equal to or more stringent than the standards established by the accreditation council on graduate medical education of the American medical association or the American osteopathic association for residency training in family medicine;
- (b) In cooperation with the dean of the school of medicine, approve and recommend allocation of any funds which are identified and appropriated in the general appropriation bill as a line item for any community family medicine residency training program;
- (c) Monitor the state's family medicine residency programs and recommend from time to time that the general assembly appropriate funds for said programs;
- (d) Locate specific areas of the state which are underserved by family physicians and determine the priority of need among such areas;
- (e) Offer to the general assembly alternative ideas on providing medical care to the medically indigent in the state; AND
- Support the development and maintenance of family medicine residency programs in rural and other underserved areas of the state for purposes of cultivating family medicine practitioners who are likely to continue practicing in rural and underserved areas of the state at

-4-1024

1 the conclusion of their residency programs. 2 (II) (Deleted by amendment, L. 2014.) 3 (III) On or before November 1, 2014, and on or before each 4 November 1, thereafter, the commission shall report to the office of state 5 planning and budgeting and to the department of health care policy and 6 financing concerning rural family medicine residency programs in the 7 state and the role of the commission with respect to supporting the 8 development and maintenance of those programs. In addition, 9 NOTWITHSTANDING SECTION 24-1-136(11), the commission shall present 10 the report to the joint budget committee as part of its annual presentation 11 to that committee. 12 (2) and (3) Repealed. 13 **SECTION 2.** In Colorado Revised Statutes, 24-1-135.1, amend 14 (1)(a) as follows: 15 24-1-135.1. Effect of congressional redistricting related to 2000 16 **federal decennial census - definition.** (1) (a) The appointing authority 17 of the boards, commissions, or committees established pursuant to 18 sections 13-91-104, 14-10-115, 21-2-101, 23-1-102, 23-21-503, 19 23-60-104, 24-32-706, 25-1-103, 25-1-902, 25.5-1-301, 25.5-1-602, 20 26-11-101, 33-11-105, and 35-65-401, C.R.S., which require members to 21 be appointed as residents of designated congressional districts, shall 22 determine whether the current appointments to such boards, commissions, 23 or committees adequately represent Colorado's new congressional 24 districts. Notwithstanding any provision of law to the contrary, such 25 appointing authority shall terminate the terms of current members and 26 appoint new members to replace such members on the boards, 27 commissions, or committees as is necessary to ensure proper

-5- 1024

1	representation from the new congressional districts; except that the term
2	of a member who continues to reside in the district that such member was
3	designated to represent shall not be terminated. Such changes shall be
4	made no later than January 1, 2003. If the current members adequately
5	represent the new congressional districts, the membership of the board,
6	commission, or committee shall remain unchanged. Any member who
7	continues to serve on a board, commission, or committee shall not be
8	required to be reappointed.
9	SECTION 3. In Colorado Revised Statutes, 25-1.5-504, amend
10	(2)(a) as follows:
11	25-1.5-504. Colorado health service corps advisory council -
12	creation - membership - duties - repeal. (2) The advisory council
13	consists of thirteen members appointed by the governor as provided in
14	this subsection (2). In appointing members of the advisory council, the
15	governor shall ensure that the advisory council includes at least one
16	representative from each of the following organizations:
17	(a) The commission on family medicine created pursuant to part
18	9 of article 1 of this title PART 6 OF ARTICLE 1 OF TITLE 25.5;
19	SECTION 4. Repeal of relocated provisions in this act. In
20	Colorado Revised Statutes, repeal part 9 of article 1 of title 25.
21	SECTION 5. Act subject to petition - effective date. This act
22	takes effect at 12:01 a.m. on the day following the expiration of the
23	ninety-day period after final adjournment of the general assembly (August
24	9, 2017, if adjournment sine die is on May 10, 2017); except that, if a
25	referendum petition is filed pursuant to section 1 (3) of article V of the
26	state constitution against this act or an item, section, or part of this act
27	within such period, then the act, item, section, or part will not take effect

-6- 1024

- 1 unless approved by the people at the general election to be held in
- November 2018 and, in such case, will take effect on the date of the
- 3 official declaration of the vote thereon by the governor.

-7- 1024