

**First Regular Session
Sixty-seventh General Assembly
STATE OF COLORADO**

INTRODUCED

LLS NO. 09-0413.02 Kristen Forrestal

HOUSE BILL 09-1273

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A BILL FOR AN ACT

101 **CONCERNING THE CREATION OF A HEALTH CARE AUTHORITY TO**
102 **DEVELOP A HEALTH CARE SYSTEM THAT SHALL BE THE**
103 **ADMINISTRATOR FOR HEALTH CARE SERVICES IN COLORADO.**

Bill Summary

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

Creates the Colorado health care authority (authority) as a body corporate and political subdivision of the state. Establishes the mission of the authority, which is to create a health care system in Colorado that is the administrator and payer for health care services.

Requires the authority to create a system to recommend to the general assembly that provides comprehensive medical benefits to

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.

1 CANNOT PAY;

2 (d) EXTENDING HEALTH CARE TO ALL COLORADANS WILL
3 ELIMINATE THE BURDEN OF UNCOMPENSATED CARE, REDUCE COSTS,
4 IMPROVE THE HEALTH OF COLORADANS, AND ESTABLISH THE PRINCIPLE OF
5 UNIVERSAL HEALTH CARE COVERAGE;

6 (e) THE INCREASING COSTS TO BUSINESSES OF PROVIDING
7 EMPLOYEE HEALTH CARE COVERAGE ARE NOT ECONOMICALLY
8 SUSTAINABLE UNDER THE CURRENT HEALTH CARE SYSTEM UNLESS AN
9 AFFORDABLE SOLUTION IS FOUND FOR ALL COLORADANS; AND

10 (f) AN EFFECTIVE MEANS TO ADDRESS THE PROBLEMS OF ACCESS,
11 COST, AND QUALITY IS A COMPREHENSIVE HEALTH CARE SYSTEM THAT
12 GUARANTEES COVERAGE THAT IS PUBLICLY FUNDED AND PRIVATELY
13 DELIVERED WITH INDIVIDUAL CHOICE OF PROVIDER AND SERVICES.

14 **25.5-9-103. Definitions.** AS USED IN THIS ARTICLE, UNLESS THE
15 CONTEXT OTHERWISE REQUIRES:

16 (1) "AUTHORITY" MEANS THE COLORADO HEALTH CARE
17 AUTHORITY CREATED IN SECTION 25.5-9-104.

18 (2) "BOARD" MEANS THE BOARD OF DIRECTORS OF THE
19 AUTHORITY.

20 (3) "EXECUTIVE DIRECTOR" MEANS THE EXECUTIVE DIRECTOR OF
21 THE AUTHORITY.

22 (4) "SYSTEM" MEANS THE HEALTH CARE SYSTEM CREATED BY THE
23 AUTHORITY.

24 **25.5-9-104. Colorado health care authority.** (1) THERE IS
25 HEREBY CREATED THE COLORADO HEALTH CARE AUTHORITY, THAT SHALL
26 BE A BODY CORPORATE AND A POLITICAL SUBDIVISION OF THE STATE, THAT
27 SHALL NOT BE AN AGENCY OF STATE GOVERNMENT, AND THAT SHALL NOT

1 BE SUBJECT TO ADMINISTRATIVE DIRECTION OR CONTROL BY ANY
2 DEPARTMENT, COMMISSION, BOARD, BUREAU, OR AGENCY OF THE STATE.

3 (2) THE AUTHORITY AND ITS CORPORATE EXISTENCE SHALL
4 CONTINUE UNTIL TERMINATED BY LAW; EXCEPT THAT NO SUCH LAW SHALL
5 TAKE EFFECT IF THE AUTHORITY HAS NOTES OR OTHER OBLIGATIONS
6 OUTSTANDING UNLESS ADEQUATE PROVISION HAS BEEN MADE FOR THE
7 PAYMENT THEREOF.

8 **25.5-9-105. Mission of the authority - create health care**
9 **system.** THE MISSION OF THE AUTHORITY SHALL BE TO CREATE A HEALTH
10 CARE SYSTEM IN COLORADO THAT SHALL BE THE BENEFITS
11 ADMINISTRATOR AND PAYER FOR HEALTH CARE SERVICES AS DEFINED BY
12 THE AUTHORITY. THE AUTHORITY SHALL CREATE A SYSTEM TO
13 RECOMMEND TO THE GENERAL ASSEMBLY THAT PROVIDES
14 COMPREHENSIVE MEDICAL BENEFITS TO ALL ELIGIBLE PARTICIPANTS IN
15 COLORADO.

16 **25.5-9-106. Creation of system - required elements of system.**

17 (1) IN DESIGNING AND CREATING THE SYSTEM, THE BOARD SHALL
18 CONSIDER, IN COLLABORATION WITH AFFECTED PARTIES:

19 (a) THE ESTABLISHMENT, AS PART OF THE PLAN FOR THE SYSTEM,
20 OF REGIONAL SYSTEMS TO ADMINISTER AND PAY FOR COMPREHENSIVE
21 MEDICAL BENEFITS COVERAGE FOR ALL ELIGIBLE PARTICIPANTS;

22 (b) THE IMPACT OF INCORPORATING THE MEDICAL PORTIONS OF
23 STATE LIABILITY INSURANCE, WORKERS' COMPENSATION INSURANCE, AND
24 AUTOMOBILE INSURANCE INTO THE SYSTEM THROUGH AN ANALYSIS
25 COMPLETED BY THE BOARD;

26 (c) APPROPRIATE AND COST-EFFECTIVE BENEFIT DESIGN AND
27 ELIGIBILITY REQUIREMENTS, STANDARDS AND QUALIFICATIONS FOR

1 HEALTH CARE PROVIDERS, PROVIDER RATES, AND ANY OTHER PROVISIONS
2 THE BOARD FINDS NECESSARY TO CARRY OUT THE MISSION AND PURPOSES
3 OF THIS ARTICLE;

4 (d) THE CURRENT USE OF PUBLIC MONEYS SPENT ON HEALTH CARE
5 IN COLORADO AND HOW THE FUNDING SOURCES MAY BE STREAMLINED
6 AND USED IN A MORE EFFICIENT AND COST-EFFECTIVE MANNER;

7 (e) THE CREATION, AS PART OF THE PLAN FOR THE SYSTEM, OF THE
8 ALLOWANCE FOR PARTICIPANTS TO CHOOSE A LICENSED PERSONAL
9 PHYSICIAN TO MANAGE AND COORDINATE THE CONTINUAL CARE OF THE
10 PARTICIPANT;

11 (f) A PLAN FOR THE SHORT- AND LONG-TERM HEALTH CARE NEEDS
12 OF THE PARTICIPANTS;

13 (g) ESTABLISHING STANDARDS FOR CONFIDENTIAL, ELECTRONIC
14 PATIENT RECORDS SYSTEM TO MAINTAIN ACCURATE PATIENT RECORDS
15 AND TO SIMPLIFY THE BILLING PROCESS, THEREBY REDUCING MEDICAL
16 ERRORS AND ADMINISTRATIVE COSTS;

17 (h) ENABLING ELECTRONIC CLAIMS, BILLING, AND PAYMENT
18 THROUGHOUT THE SYSTEM;

19 (i) PROVIDING FOR THE STATEWIDE AND REGIONAL COLLECTION
20 AND ANALYSIS OF CLINICAL DATA INCLUDING UTILIZATION, QUALITY
21 MEASURES, OUTCOMES, AND ERRORS;

22 (j) IMPROVING THE HEALTH OF COLORADANS WITH COMMUNITY
23 HEALTH INITIATIVES; THE SUPPORT OF INNOVATIVE, EFFICIENT, AND
24 COORDINATED CARE; WELLNESS EDUCATION; AND END-OF-LIFE
25 EDUCATION;

26 (k) ESTABLISHING A CENTRAL PURCHASING AUTHORITY
27 RESPONSIBLE FOR NEGOTIATING FAVORABLE PRICES FOR PRESCRIPTION

1 DRUGS AND DURABLE MEDICAL EQUIPMENT;

2 (l) INCLUDING HEALTH CARE COVERAGE FOR ALL MEDICALLY
3 NECESSARY ORAL HEALTH CARE, MENTAL HEALTH CARE, AND SUBSTANCE
4 ABUSE TREATMENT ON THE SAME BASIS AS THE COVERAGE FOR OTHER
5 CONDITIONS;

6 (m) DEVELOPING A TRANSITION PLAN FOR RETRAINING AND JOB
7 PLACEMENT THAT INCLUDES EXTENDED UNEMPLOYMENT BENEFITS FOR
8 THOSE WHOSE JOBS HAVE BEEN IMPACTED DUE TO REDUCED
9 ADMINISTRATION AND GREATER EFFICIENCIES AND PLACE THE RETRAINED
10 PERSONNEL AS FIRST PRIORITY FOR EMPLOYMENT OFFERS WITHIN THE
11 SYSTEM;

12 (n) PROVIDING SUPPORT FOR HEALTH CARE PROVIDER EDUCATION
13 AND TRAINING THAT EFFECTIVELY ADDRESSES PRIMARY CARE, NURSING,
14 AND OTHER PROVIDER SHORTAGES PRIMARILY IN RURAL AND
15 UNDERSERVED AREAS OF THE STATE;

16 (o) ESTABLISHING A SYSTEM FOR FILING AND ARBITRATING ALL
17 GRIEVANCES REGARDING DELAY, DENIAL, OR MODIFICATION OF HEALTH
18 CARE SERVICES;

19 (p) CREATING A COLORADO HEALTH CARE QUALITY AND DISPUTE
20 RESOLUTION SYSTEM TO MEASURE QUALITY, INVESTIGATE REPORTS OF
21 POOR QUALITY, AND DEVELOP AN EFFICIENT AND FAIR DISPUTE
22 RESOLUTION SYSTEM;

23 (q) COLLABORATING WITH LOCAL GOVERNMENTS, SPECIAL
24 DISTRICTS, CRITICAL ACCESS HOSPITALS, PRIVATE SECTOR FOUNDATIONS,
25 AND REPRESENTATIVES OF SPECIAL POPULATIONS TO ADDRESS SPECIAL
26 HEALTH CARE NEEDS AND ESTABLISH EDUCATION AND OUTREACH
27 PROGRAMS, RESEARCH STUDIES, GRANTS, AND FINANCIAL INCENTIVES TO

1 MEET THE HEALTH CARE NEEDS OF LOCALITIES AND SPECIAL POPULATIONS;

2 (r) RECOMMENDING A FINANCING SYSTEM TO CARRY OUT THE
3 MISSION OF THE AUTHORITY AND THE PURPOSES OF THIS ARTICLE. IN ITS
4 ANALYSIS, THE BOARD SHALL CONSIDER:

5 (I) COLLECTING FEES OR PREMIUMS FROM ALL RESIDENTS OF
6 COLORADO WHO ARE ELIGIBLE TO PARTICIPATE IN THE SYSTEM;

7 (II) DETERMINING THE FEE OR PREMIUM STRUCTURE AND
8 APPROVAL PROCESS, INCLUDING A MEANS-BASED FEE OR PREMIUM THAT
9 ENSURES ALL INCOME EARNERS AND EMPLOYERS ARE CONTRIBUTING AN
10 AMOUNT THAT IS AFFORDABLE, FAIR, AND CONSISTENT WITH CURRENT
11 FUNDING SOURCES FOR HEALTH CARE IN COLORADO;

12 (III) COORDINATING WITH EXISTING, ONGOING FUNDING SOURCES
13 FROM FEDERAL AND STATE PROGRAMS;

14 (IV) BEING CONSISTENT WITH STATE AND FEDERAL REQUIREMENTS
15 GOVERNING FINANCIAL CONTRIBUTIONS FOR PERSONS ELIGIBLE FOR PUBLIC
16 PROGRAMS; AND

17 (V) COMPLYING WITH FEDERAL REQUIREMENTS.

18 (s) AN ANALYSIS OF HOW TO FINANCE AND ADDRESS HEALTH CARE
19 SERVICES FOR VISITORS, NONRESIDENT STUDENTS, REFUGEES, AND OTHER
20 INELIGIBLE PERSONS IN COLORADO.

21 (2) IN ADDITION TO THE DUTIES DESCRIBED IN SUBSECTION (1) OF
22 THIS SECTION, THE BOARD MAY ADDRESS OTHER ISSUES AND IMPLEMENT
23 OTHER MEASURES AS NECESSARY TO CREATE THE SYSTEM.

24 (3) THE SYSTEM SHALL NOT BE IMPLEMENTED UNLESS THE
25 REQUIREMENTS OF SECTION 25.5-9-111 (2) ARE MET.

26 **25.5-9-107. Board of directors.** (1) THE AUTHORITY SHALL BE
27 GOVERNED BY A BOARD OF DIRECTORS, CONSISTING OF TWENTY-THREE

1 MEMBERS, WHO SHALL BE APPOINTED AS FOLLOWS:

2 (a) THE PRESIDENT OF THE SENATE SHALL APPOINT THE
3 FOLLOWING MEMBERS:

4 (I) ONE LICENSED PRIMARY CARE PHYSICIAN;

5 (II) ONE LICENSED DENTIST;

6 (III) ONE HEALTH CARE CONSUMER;

7 (IV) ONE REPRESENTATIVE OF ORGANIZED LABOR; AND

8 (V) ONE REPRESENTATIVE OF A FEDERALLY QUALIFIED HEALTH
9 CARE CENTER.

10 (b) THE MINORITY LEADER OF THE SENATE SHALL APPOINT THE
11 FOLLOWING MEMBERS:

12 (I) ONE LICENSED PHYSICIAN WITH EXPERIENCE IN PUBLIC HEALTH
13 OR EPIDEMIOLOGY;

14 (II) ONE LICENSED PHARMACIST;

15 (III) ONE HEALTH CARE CONSUMER WHO IS EITHER A MEMBER OF
16 THE DISABLED COMMUNITY OR IS A CARE GIVER OF MEMBERS OF THE
17 DISABLED COMMUNITY;

18 (IV) ONE REPRESENTATIVE OF SMALL BUSINESSES;

19 (V) ONE REPRESENTATIVE OF HOSPITALS.

20 (c) THE SPEAKER OF THE HOUSE OF REPRESENTATIVES SHALL
21 APPOINT THE FOLLOWING MEMBERS:

22 (I) ONE LICENSED MENTAL HEALTH CARE PROVIDER;

23 (II) ONE LICENSED PROFESSIONAL NURSE;

24 (III) ONE HEALTH CARE CONSUMER WHO IS AT LEAST SIXTY-FIVE
25 YEARS OF AGE AND HAS SERVED AS AN ADVOCATE FOR SENIOR CITIZENS;

26 (IV) ONE REPRESENTATIVE OF LARGE BUSINESSES; AND

27 (V) ONE REPRESENTATIVE OF THE INSURANCE INDUSTRY.

1 (d) THE MINORITY LEADER OF THE HOUSE OF REPRESENTATIVES
2 SHALL APPOINT THE FOLLOWING MEMBERS:

3 (I) ONE REPRESENTATIVE WHO IS AN ACTUARY AND WHO HAS
4 EXPERIENCE WITH THE INSURANCE INDUSTRY;

5 (II) ONE REPRESENTATIVE OF AMBULATORY SURGICAL CENTERS;

6 (III) ONE REPRESENTATIVE OF AN INTEGRATED HEALTH CARE
7 DELIVERY SYSTEM;

8 (IV) ONE REPRESENTATIVE OF RURAL COMMUNITIES WHO IS
9 FAMILIAR WITH CONSUMER HEALTH CARE ISSUES; AND

10 (V) ONE ADVANCED PRACTICE NURSE.

11 (e) THE GOVERNOR SHALL APPOINT THE FOLLOWING MEMBERS:

12 (I) ONE REPRESENTATIVE WHO HAS EXPERTISE IN HOSPITAL AND
13 PHYSICIAN COSTS, BILLING, AND FEES;

14 (II) ONE CONSUMER; AND

15 (III) ONE REPRESENTATIVE FROM THE LONG-TERM CARE
16 INDUSTRY.

17 (2) EACH MEMBER SHALL SERVE A TERM OF FOUR YEARS; EXCEPT
18 THAT ELEVEN OF THE MEMBERS SHALL SERVE AN INITIAL TERM OF TWO
19 YEARS. EACH MEMBER OF THE BOARD SHALL HOLD OFFICE FOR SUCH
20 MEMBER'S TERM AND UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIED.
21 ANY MEMBER SHALL BE ELIGIBLE FOR REAPPOINTMENT, BUT MEMBERS
22 SHALL NOT BE ELIGIBLE TO SERVE MORE THAN TWO CONSECUTIVE FULL
23 TERMS.

24 (3) IN MAKING APPOINTMENTS TO THE BOARD, THE APPOINTING
25 AUTHORITIES SHALL MAKE GOOD FAITH EFFORTS TO ASSURE THAT THEIR
26 APPOINTMENTS REFLECT, TO THE GREATEST EXTENT POSSIBLE, THE
27 SOCIAL, DEMOGRAPHIC, AND GEOGRAPHIC DIVERSITY OF THE STATE. THE

1 APPROPRIATE APPOINTING AUTHORITY SHALL FILL ANY VACANCY ON THE
2 BOARD WITHIN THIRTY DAYS AFTER THE VACANCY OCCURS.

3 (4) NO PART OF THE REVENUES OR ASSETS OF THE AUTHORITY
4 SHALL INURE TO THE BENEFIT OF, OR BE DISTRIBUTED TO, ITS BOARD OR
5 OFFICERS OR ANY OTHER PRIVATE PERSON OR ENTITY; EXCEPT THAT THE
6 AUTHORITY MAY MAKE REASONABLE PAYMENTS FOR EXPENSES INCURRED
7 ON ITS BEHALF RELATING TO ANY OF ITS LAWFUL PURPOSES, INCLUDING
8 FOR THE PROVISION OF HEALTH CARE SERVICES; AND THE AUTHORITY IS
9 AUTHORIZED AND EMPOWERED TO PAY REASONABLE COMPENSATION FOR
10 SERVICES RENDERED TO OR FOR ITS BENEFIT RELATING TO ANY OF ITS
11 LAWFUL PURPOSES, INCLUDING PAYMENT OF FIVE HUNDRED DOLLARS TO
12 EACH MEMBER FOR EACH MEETING ATTENDED.

13 (5) ANY MEMBER OF THE BOARD WHO HAS AN IMMEDIATE
14 PERSONAL OR FINANCIAL INTEREST IN ANY MATTER BEFORE THE BOARD
15 SHALL DISCLOSE THE FACT TO THE BOARD AND SHALL NOT VOTE UPON THE
16 MATTER.

17 (6) THE BOARD MAY EMPLOY AN EXECUTIVE DIRECTOR OF THE
18 AUTHORITY, A CHIEF FINANCIAL OFFICER, A CHIEF MEDICAL OFFICER, A
19 PATIENT ADVOCATE, A PATIENT SAFETY OFFICER, A PROVIDER ADVOCATE,
20 AND ANY OTHER OFFICERS THE BOARD FINDS NECESSARY TO CREATE AND
21 DEVELOP THE SYSTEM.

22 (7) THE BOARD MAY ENTER INTO SUCH CONTRACTS AS ARE
23 NECESSARY OR PROPER TO CARRY OUT THE PROVISIONS AND PURPOSES OF
24 THIS ARTICLE, INCLUDING CONTRACTS WITH APPROPRIATE
25 ADMINISTRATIVE STAFF, CONSULTANTS, AND LEGAL COUNSEL. NO
26 CONTRACT ENTERED INTO PURSUANT TO THIS SUBSECTION (7) SHALL BE
27 SUBJECT TO ARTICLE 103 OF TITLE 24, C.R.S.

1 (8) THE BOARD MAY APPOINT APPROPRIATE LEGAL, ACTUARIAL,
2 AND OTHER COMMITTEES AS NECESSARY TO PROVIDE TECHNICAL
3 ASSISTANCE AND OTHER EXPERTISE AND EXPERIENCE IN THE
4 DEVELOPMENT OF THE SYSTEM.

5 (9) ON OR BEFORE FEBRUARY 1 OF EACH YEAR, THE BOARD SHALL
6 REPORT TO THE HEALTH AND HUMAN SERVICES COMMITTEES OF THE
7 SENATE AND THE HOUSE OF REPRESENTATIVES OR THEIR SUCCESSOR
8 COMMITTEES AND THE GOVERNOR REGARDING THE PROGRESS OF THE
9 SYSTEM, ANY RECOMMENDED LEGISLATIVE CHANGES, AND THE FUTURE
10 GOALS AND PRIORITIES OF THE AUTHORITY.

11 **25.5-9-108. Required covered benefits.** (1) COVERED
12 COMPREHENSIVE MEDICAL BENEFITS UNDER THE SYSTEM PLAN SHALL
13 INCLUDE:

- 14 (a) PRIMARY AND PREVENTIVE CARE;
- 15 (b) INPATIENT CARE;
- 16 (c) OUTPATIENT CARE;
- 17 (d) EMERGENCY CARE;
- 18 (e) PRESCRIPTION DRUGS;
- 19 (f) DURABLE MEDICAL EQUIPMENT;
- 20 (g) LONG-TERM CARE;
- 21 (h) MENTAL HEALTH SERVICES;
- 22 (i) DENTAL SERVICES;
- 23 (j) SUBSTANCE ABUSE TREATMENT;
- 24 (k) CHIROPRACTIC SERVICES;
- 25 (l) VISION CARE AND CORRECTION; AND
- 26 (m) HEARING SERVICES AND HEARING AIDS.

27 (2) THE PLAN FOR THE SYSTEM SHALL INCLUDE COMPREHENSIVE

1 MEDICAL BENEFITS COVERAGE FOR ALL ELIGIBLE PARTICIPANTS IN
2 COLORADO.

3 **25.5-9-109. Health care authority fund established - fee -**
4 **federal moneys - gifts, grants, and donations.** (1) THERE IS HEREBY
5 ESTABLISHED IN THE STATE TREASURY THE HEALTH CARE AUTHORITY
6 FUND, REFERRED TO IN THIS SECTION AS THE "FUND", FOR THE PURPOSE OF
7 IMPLEMENTING AND ADMINISTERING THIS ARTICLE. THE MONEYS IN THE
8 FUND SHALL BE SUBJECT TO ANNUAL APPROPRIATION TO THE STATE
9 DEPARTMENT FOR ALLOCATION TO THE AUTHORITY. THE FUND SHALL
10 CONSIST OF ANY GENERAL FUND MONEYS APPROPRIATED BY THE GENERAL
11 ASSEMBLY AND ANY FEDERAL MONEYS RECEIVED FOR THE PURPOSE OF
12 IMPLEMENTING THIS ARTICLE. THE MONEYS IN THE FUND AND ANY
13 INTEREST EARNED ON MONEYS IN THE FUND SHALL REMAIN IN THE FUND
14 AND NOT REVERT TO ANY OTHER FUND AT THE END OF ANY FISCAL YEAR.

15 (2) THE BOARD IS AUTHORIZED TO SOLICIT AND COLLECT GIFTS,
16 GRANTS, AND DONATIONS FOR THE PURPOSES OF IMPLEMENTING THIS
17 ARTICLE.

18 (3) MONEYS RECEIVED PURSUANT TO SUBSECTION (2) OF THIS
19 SECTION SHALL BE TRANSFERRED DIRECTLY TO THE AUTHORITY FOR THE
20 PURPOSES OF THIS ARTICLE.

21 **25.5-9-110. Duty to seek waivers, exemptions, and agreements.**
22 THE EXECUTIVE DIRECTOR SHALL SEEK ALL NECESSARY WAIVERS,
23 EXEMPTIONS, AND AGREEMENTS FROM THE FEDERAL GOVERNMENT SO
24 THAT ALL CURRENT LEVELS OF FUNDING FROM THE FEDERAL GOVERNMENT
25 TO THE STATE, COUNTIES, OR LOCAL GOVERNMENTS FOR THE PROVISION
26 AND PAYMENT OF HEALTH CARE SERVICES MAY BE APPROPRIATED TO THE
27 AUTHORITY ONCE THE SYSTEM IS IMPLEMENTED BY BILL OF THE GENERAL

1 ASSEMBLY.

2 **25.5-9-111. Requirements for implementation of the system.**

3 (1) SECTIONS 25.5-9-106 AND 25.5-9-108 SHALL NOT TAKE EFFECT UNTIL
4 THE BOARD IDENTIFIES AND GUARANTEES THAT SUFFICIENT GIFTS,
5 GRANTS, AND DONATIONS HAVE BEEN RECEIVED TO PLAN AND DEVELOP
6 THE SYSTEM. IF SUFFICIENT GIFTS, GRANTS, OR DONATIONS ARE NOT
7 IDENTIFIED AND GUARANTEED ON OR BEFORE JULY 1, 2011, THIS ARTICLE
8 SHALL NOT TAKE EFFECT. NO MONEYS FROM THE GENERAL FUND SHALL
9 BE USED.

10 (2) ONCE THE PLAN FOR THE SYSTEM IS DEVELOPED AND CREATED,
11 THE SYSTEM SHALL NOT BE IMPLEMENTED UNTIL:

12 (a) ALL NECESSARY WAIVERS, EXEMPTIONS, AND AGREEMENTS
13 ARE IN PLACE;

14 (b) THE BOARD HAS CERTIFIED TO THE STATE CONTROLLER THAT
15 THE BOARD HAS RECEIVED SUFFICIENT FUNDING TO CARRY OUT THIS
16 ARTICLE; AND

17 (c) THE GENERAL ASSEMBLY APPROVES IMPLEMENTATION OF THE
18 SYSTEM BY BILL.

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