

**Second Regular Session
Sixty-fifth General Assembly
STATE OF COLORADO**

LLS NO. 06-0134.01 Leg Server

SENATE BILL 06-100

SENATE SPONSORSHIP

Beye, K, Feder, E, Gilbert, D, Habgood, C,

HOUSE SPONSORSHIP

Mulhaney, M

Senate Committees
Health and Human Services

House Committees
Health and Human Services

A BILL FOR AN ACT

101 **CONCERNING “FAIR SHARE HEALTH INSURANCE COVERAGE”.**

Bill Summary

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

The intent of this law is to ensure that all residents of the State of Colorado fully and fairly participate in the health care insurance system and further to ensure that all residents of the State of Colorado have access a basic health plan.

Creates over a five-year period in the State of Colorado a requirement that all Colorado residents maintain proof of health insurance from a qualified health insurance plan.

Creates the Community Insurance Pool to establish a risk pool and offer a basic, low-cost health insurance policy.

Establishes principles of premium payment scales.

Establishes penalties for non-compliance.

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

2 **SECTION 1.** Title 10 , Colorado Revised Statutes, is amended
3 BY THE ADDITION OF A NEW ARTICLE 22 to read:

4 **10-22-101. SHORT TITLE.** THIS ARTICLE SHALL BE KNOWN AND
5 MAY BE CITED AS THE "COLORADO FAIR SHARE HEALTH INSURANCE
6 ACT".

7 **10-22-102. LEGISLATIVE DECLARATION.** THE GENERAL
8 ASSEMBLY FINDS AND DECLARES THAT THE LACK OF A FULLY INSURED
9 POPULATION UNDER HEALTH CARE INSURANCE CREATES UNEQUAL ACCESS
10 TO HEALTH, DENIAL OF ACCESS TO HEALTH CARE PROVIDERS, AND
11 RESULTS IN ECONOMIC DISTORTIONS IN THE HEALTH CARE INDUSTRY
12 THROUGH COST SHIFTING. THE GENERAL ASSEMBLY FURTHER FINDS THAT
13 A SIGNIFICANT PORTION OF THE POPULATION WITHOUT HEALTH CARE
14 INSURANCE IS DAMAGING TO THE WORKFORCE AND THE COMPETITIVENESS
15 OF THE STATE OF COLORADO.

16 **10-22-103. DEFINITIONS.**(1) "BASIC BENEFITS PLAN" MEANS A
17 POLICY OR CONTRACT OF INSURANCE COVERAGE PROVIDING THE BENEFITS
18 SET FORTH IN SECTION 10-16-105(7.2), C.R.S.

19 (2) "COLORADO INSURANCE POOL TRUST" MEANS ANY ENTITY,
20 CONTRACT OR REINSURANCE, OR OTHER ARRANGEMENT ENTERED INTO BY
21 THE COLORADO FAIR SHARE HEALTH COMMISSION.

22 (3) "COLORADO FAIR SHARE HEALTH COMMISSION" MEANS THE
23 COMMISSION CREATED BY PART 3 OF ARTICLE 1 OF TITLE 10, COLORADO
24 REVISED STATUTES.

25 (4) "EVIDENCE OF COVERAGE" MEANS ANY CERTIFICATE,
26 AGREEMENT, OR CONTRACT ISSUED TO AN ENROLLEE BY A PLAN OF

1 INSURANCE, HEALTH MAINTENANCE ORGANIZATION, GOVERNMENTAL
2 ENTITY, TAXING AUTHORITY, OR EMPLOYER DEMONSTRATING HEALTH
3 CARE INSURANCE COVERAGE NO LESS THAN THE BASIC BENEFITS PLAN.

4 (5) "HEALTH CARE COVERAGE CERTIFICATE" MEANS A DOCUMENT,
5 THE FORM OF WHICH SHALL BE PRESCRIBED BY THE DIVISION OF
6 INSURANCE, WHICH PROVIDES EVIDENCE OF COVERAGE BY A
7 GOVERNMENT PLAN OR HEALTH BENEFIT PLAN.

8 (6) "HEALTH CARE SERVICES" MEANS SERVICES PROVIDED BY A
9 LICENSED HEALTH CARE PROVIDER THAT INDIVIDUALS MIGHT
10 REASONABLY REQUIRE IN ORDER TO MAINTAIN GOOD HEALTH, INCLUDING
11 AS A MINIMUM, EMERGENCY CARE, INPATIENT AND OUTPATIENT HOSPITAL
12 SERVICES, PHYSICIAN SERVICES, OUTPATIENT MEDICAL SERVICES, AND
13 LABORATORY AND X-RAY SERVICES.

14 (7) "LICENSED HEALTH CARE PROVIDER" MEANS ANY SERVICE
15 PROVIDER OF HEALTH CARE SERVICES IN THE STATE OF COLORADO WHO
16 IS REQUIRED TO BE LICENSED BY THE STATE OF COLORADO.

17 (8) "MEDICAL SERVICES BOARD" MEANS THE MEDICAL SERVICES
18 BOARD CREATED IN SECTION 25.5-1-301, C.R.S.

19 (9) "QUALIFYING MINIMUM INCOME" MEANS AN INCOME LEVEL OF
20 300% OF THE FEDERAL POVERTY LEVEL.

21 (10) "QUALIFIED ASSISTANCE PLAN PARTICIPANT" MEANS ANY
22 RESIDENT WHOSE INCOME IS BELOW THE QUALIFYING MINIMUM INCOME
23 AND WHO IS NOT ELIGIBLE FOR HEALTH CARE COVERAGE THROUGH AN
24 EMPLOYER-SPONSORED PLAN OFFERING HEALTH CARE INSURANCE
25 COVERAGE, ELIGIBLE FOR COVERAGE UNDER MEDICAID, ELIGIBLE FOR
26 COVERAGE UNDER MEDICARE, OR ELIGIBLE FOR COVERAGE UNDER ANY
27 GOVERNMENTAL HEALTH PLAN WITH BENEFITS NOT LESS THE BASIC

1 BENEFITS PLAN.

2 (11) "RESIDENT" MEANS A NATURAL PERSON, WITHOUT REGARD
3 TO CITIZENSHIP OR IMMIGRATION STATUS, WHO HAS RESIDED IN THE
4 STATE OF COLORADO CONTINUOUSLY FOR A PERIOD OF SIXTY (60) DAYS
5 AND HAS EXHIBITED AN INTENT TO ESTABLISH DOMICILE IN THE STATE OF
6 COLORADO THROUGH ANY OF THE FOLLOWING ACTS:

7 (A) ACCEPTING A CONTRACT OR POSITION OF EMPLOYMENT.

8 (B) PURCHASING OR LEASING REAL PROPERTY AS A PRIMARY
9 RESIDENCE.

10 (C) OBTAINING A COLORADO DRIVER'S LICENSE OR IDENTITY
11 CARD.

12 **10-22-104. REQUIREMENT OF HEALTH CARE COVERAGE.**

13 (1) AT THE TIME OF ANY OF THE FOLLOWING ACTS OR EVENTS, ALL
14 COLORADO RESIDENTS MUST PROVIDE PROOF OF HEALTHCARE COVERAGE
15 IN THE FORM OF A HEALTHCARE COVERAGE CERTIFICATE:

16 (A) AT THE TIME OF FILING OF A STATE INCOME TAX RETURN,

17 (B) AT THE TIME OF OBTAINING OR RENEWING A COLORADO DRIVER'S
18 LICENSE OR IDENTITY CARD.

19 (C) AT ANY TIME A RESIDENT SEEKS HEALTH CARE SERVICES.

20 **10-22-105. NOTICE OF NON-COMPLIANCE AND PENALTIES.**

21 (1) THE FAILURE OF ANY RESIDENT SEEKING HEALTH CARE SERVICES TO
22 PROVIDE PROOF OF HEALTH CARE COVERAGE WITHIN FIFTEEN (15) DAYS
23 OF ANY OF THE ACTS OR EVENTS DESCRIBED BY 10-22-104, C.R.S., SHALL
24 RESULT IN A PENALTY OF ONE-HUNDRED PERCENT (100%) OF THE
25 PREMIUM AS DETERMINED BY THE FAIR SHARE HEALTH CARE
26 COMMISSION OF THE BASIC BENEFITS PLAN FOR THE PERIOD DURING
27 WHICH THE PERSON FAILED TO PROVIDE EVIDENCE OF COVERAGE.

1 (2) NOTICE OF NON-COMPLIANCE SHALL BE PROVIDED BY THE
2 DEPARTMENT OF REVENUE FOR EVENTS OR ACTS DESCRIBED IN SECTIONS
3 10-22-104(1)(A) AND (B) OR BY A LICENSED HEALTH CARE PROVIDER UPON
4 FAILURE OF ANY RESIDENT SEEKING SERVICES TO PROVIDE EVIDENCE OF
5 HEALTH CARE COVERAGE WITHIN FIFTEEN (15) DAYS OF THE DATE OF
6 SEEKING SERVICES.

7 (4) FAILURE OF ANY LICENSED HEALTH CARE PROVIDER TO PROVIDE
8 NOTICE AS PRESCRIBED IN SECTION (1) ABOVE, SHALL GIVE RISE TO AN
9 AFFIRMATIVE DEFENSE BARRING AN ACTION FOR COLLECTION OF SAID
10 AMOUNTS AGAINST THE PERSON RECEIVING SERVICES UNLESS THE
11 LICENSED HEALTH CARE PROVIDER CAN DEMONSTRATE GOOD FAITH
12 EFFORTS TO COMPLY WITH THE NOTICE PROVISIONS.

13 (5) THE NOTICE DESCRIBED IN SUBSECTION (1) ABOVE, SHALL BE
14 REPORTED TO THE COLORADO DEPARTMENT OF REVENUE.

15 (6) THE PENALTIES DESCRIBED IN SUBSECTION (1) ABOVE, IF UNPAID,
16 SHALL BE ASSESSED AS A LIABILITY ON THE ASSESSED PERSON'S
17 COLORADO STATE INCOME TAX AND NO PERSON WHO HAS NOT PAID THE
18 PENALTY IN FULL SHALL BE ENTITLED TO A REFUND .

19 (7) NOTHING IN THIS SECTION MAY BE USED TO GIVE RISE TO A CRIMINAL
20 LIABILITY OR PENALTY UNDER THE LAWS OF THE STATE OF COLORADO,
21 OTHER STATES, OR THE UNITED STATES.

22 **10-22-106. COLORADO INSURANCE POOL TRUST CREATED.**

23 (1) A FUND TO BE KNOWN AS THE COLORADO INSURANCE POOL TRUST IS
24 HEREBY CREATED AND ESTABLISHED IN THE STATE TREASURY. ALL
25 MONEYS DEPOSITED IN THE TRUST AND ALL INTEREST EARNED ON MONEYS
26 IN THE TRUST SHALL REMAIN IN THE TRUST FOR THE PURPOSES SET FORTH
27 IN THIS ARTICLE, AND NO PART THEREOF SHALL BE EXPENDED OR

1 APPROPRIATED FOR ANY OTHER PURPOSE.

2 (2) THE COLORADO INSURANCE POOL TRUST AND THE COLORADO FAIR
3 SHARE HEALTH COMMISSION, CREATED IN SECTION 10-22-108 C.R.S.,
4 SHALL CONSTITUTE AN ENTERPRISE FOR THE PURPOSES OF SECTION 20 OF
5 ARTICLE X OF THE STATE CONSTITUTION, SO LONG AS THE COMMISSION
6 RETAINS THE AUTHORITY TO ISSUE REVENUE BONDS AND THE TRUST
7 RECEIVES LESS THAN TEN PERCENT OF ITS TOTAL ANNUAL REVENUES IN
8 GRANTS FROM ALL COLORADO STATE AND LOCAL GOVERNMENTS
9 COMBINED. SO LONG AS IT CONSTITUTES AN ENTERPRISE PURSUANT TO
10 THIS SECTION, THE COLORADO INSURANCE POOL TRUST AND THE
11 COLORADO FAIR SHARE HEALTH COMMISSION SHALL NOT BE SUBJECT TO
12 ANY OF THE PROVISIONS OF SECTION 20 OF ARTICLE X OF THE STATE
13 CONSTITUTION.

14 (3) ALL OR A PORTION OF THE MONEYS IN THE TRUST SHALL BE USED FOR
15 THE PURPOSES OF THIS ARTICLE AND SHALL NOT BE TRANSFERRED TO OR
16 REVERT TO THE GENERAL FUND OF THE STATE AT THE END OF ANY FISCAL
17 YEAR.

18 (4) ALL MONIES COLLECTED PURSUANT TO SECTIONS 10-22-105, C.R.S.,
19 BEGINNING WITH THE EFFECTIVE DATE OF THIS ACT SHALL BE CREDITED
20 TO THE COLORADO INSURANCE POOL TRUST.

21 (5) THE TRUST SHALL FUND SHALL, TO THE EXTENT OF FUNDS COLLECTED,
22 OFFER OF A BASIC HEALTH BENEFIT PLAN AS DEFINED BY SECTION 10-16-
23 105(7.2) C.R.S.

24 **10-22-107. COLORADO FAIR SHARE BASIC HEALTH CARE BENEFIT**
25 **PLAN**

26 (1) THE COLORADO INSURANCE POOL TRUST SHALL CREATE AND OFFER
27 A BASIC HEALTH BENEFIT PLAN TO ALL QUALIFIED ASSISTANCE PLAN

1 PARTICIPANTS.

2 (2) THE BASIC HEALTH BENEFIT PLAN SHALL BE IMPLEMENTED TO
3 CONTAIN A LEVEL OF BENEFITS EQUIVALENT BUT NOT LESS THAN
4 BENEFITS AS THE BASIC HEALTH BENEFIT PLAN CONTAINED IN SECTION 10-
5 16-105(7.2).

6 (3) THE BASIC HEALTH BENEFIT PLAN MAY BE OFFERED BY ANY
7 HEALTHCARE INSURER REGULATED BY THE DIVISION OF INSURANCE
8 PURSUANT TO PART 1 OF TITLE 10, C.R.S.

9 (4) NOTHING IN THIS TITLE SHALL PROHIBIT THE COLORADO INSURANCE
10 POOL TRUST FROM OFFERING THE BASIC BENEFIT PLAN TO NON-QUALIFIED
11 ASSISTANCE PLAN PARTICIPANTS SO LONG AS SUCH OFFERING DOES NOT
12 REQUIRE THE USE OF ANY FUNDS DESIGNATED FOR THE BASIC HEALTH
13 BENEFIT PLAN.

14 (5) NOTHING IN THIS TITLE SHALL PROHIBIT THE COLORADO INSURANCE
15 POOL TRUST FROM OFFERING SUPPLEMENTAL BENEFIT PLANS SO LONG AS
16 SUCH OFFERINGS DO NOT REQUIRE THE USE OF ANY FUNDS DESIGNATED
17 FOR THE BASIC HEALTH BENEFIT PLAN

18 (6) THE DETERMINATION OF PREMIUM RATES FOR THE BASIC HEALTH
19 BENEFIT PLAN UNDER THIS TITLE SHALL BE ACCORDING TO THE
20 FOLLOWING CHARACTERISTICS:

21 (A) ON A STATEWIDE BASIS FOR CHILDREN WHO ARE DEPENDENTS, A
22 SINGLE BRACKET FROM NEWBORN TO NINETEEN YEARS OF AGE,
23 UNLESS THE CHILD IS A FULL-TIME STUDENT COVERED AS A
24 DEPENDENT, IN WHICH CASE THE BRACKET IS NEWBORN UP TO
25 TWENTY-FOUR YEARS OF AGE;

26 (B) ON A STATEWIDE BASIS ONE SINGLE AGE BRACKET FOR ADULTS
27 AND EMANCIPATED MINORS.

1 (7) THE BASIC BENEFIT PLAN SHALL NOT DISCRIMINATE BASED ON PRE-
2 EXISTING CONDITIONS, CLAIMS EXPERIENCE, CREDIT STATUS, OR HEALTH
3 STATUS.

4 (8) THE PREMIUM RATE DETERMINATION CHARACTERISTICS IN THIS
5 SECTION DO NOT APPLY TO SUPPLEMENTAL OR ADDITIONAL BENEFIT PLANS
6 OFFERED IN ADDITION OR AS A SUPPLEMENT TO THE BASIC BENEFIT PLAN.

7 (9) THE COLORADO INSURANCE POOL TRUST SHALL SEEK TO OFFER
8 INCENTIVES AND USE ALTERNATIVE REIMBURSEMENT SCHEDULES THAT
9 REWARD PREVENTION AND EDUCATION.

10 (10) ALL LICENSED HEALTH CARE PROVIDERS IN THE STATE OF
11 COLORADO MUST PROVIDE SERVICES TO PATIENTS AND ACCEPT PAYMENT
12 UNDER THE BASIC BENEFIT PLAN AS A CONDITION OF CONTINUED
13 LICENSURE.

14 **10-22-108. COLORADO FAIR SHARE HEALTH CARE COMMISSION –**
15 **CREATION.**

16 (1) THERE IS HEREBY CREATED THE COLORADO FAIR SHARE HEALTH CARE
17 COMMISSION, REFERRED TO IN THIS PART 22 AS THE "COMMISSION", WHICH
18 SHALL CONSIST OF SEVEN MEMBERS APPOINTED FOR TERMS OF THREE
19 YEARS EACH AND UNTIL THEIR SUCCESSORS ARE APPOINTED.

20 (2) THE MEMBERS SHALL BE APPOINTED OR REAPPOINTED BY THE
21 GOVERNOR.

22 (3) NOT LESS THAN TWO MEMBERS OF THE COMMISSION SHALL BE
23 LICENSED HEALTH CARE PROVIDERS LICENSED BY THE STATE OF
24 COLORADO.

25 (4) THE TERMS OF TWO OF THE INITIAL MEMBERS OF THE COMMISSION
26 APPOINTED AFTER THE EFFECTIVE DATE OF THIS ACT SHALL BE AS
27 FOLLOWS:

1 (A) THREE MEMBERS SHALL BE APPOINTED FOR THE TERM OF ONE
2 YEAR, ONE EACH BY THE GENERAL ASSEMBLY AND THE
3 GOVERNOR.

4 (B) TWO ADDITIONAL MEMBERS SHALL BE APPOINTED FOR THE
5 INITIAL TERM OF TWO YEARS, ONE EACH BY THE GENERAL
6 ASSEMBLY AND THE GOVERNOR.

7 (C) TWO ADDITIONAL MEMBERS SHALL BE APPOINTED FOR THE
8 INITIAL TERM OF THREE YEARS ONE EACH BY THE GENERAL
9 ASSEMBLY AND THE GOVERNOR..

10 (D) THEREAFTER, THE APPOINTMENT OF MEMBERS TO SUCCEEDING
11 TERMS SHALL BE IN CONFORMANCE WITH SUBSECTION (2) OF
12 THIS SECTION.

13 (5) AT LEAST FOUR OF THE MEMBERS MUST BE INSURED BY THE BASIC
14 BENEFITS PACKAGE OFFERED BY THE COLORADO INSURANCE POOL TRUST.
15 ONE MEMBER SHALL BE DESIGNATED BY THE DIVISION OF INSURANCE. AT
16 LEAST ONE MEMBER SHALL BE A LICENSED HEALTH CARE PROVIDER OR AN
17 EMPLOYEE OF A LICENSED HEALTH CARE PROVIDER. TO THE EXTENT
18 POSSIBLE THE MEMBERSHIP OF THE COMMISSION SHALL ENTAIL REGIONAL
19 DIVERSITY REFLECTING THE GEOGRAPHICAL AREAS OF THE STATE OF
20 COLORADO.

21 **10-22-109. COMPENSATION - EXPENSES**

22 (1) THE MEMBERS OF THE COMMISSION SHALL RECEIVE A PER DIEM OF ONE-
23 HUNDRED DOLLARS FOR EACH DAY ACTUALLY SPENT IN THE TRANSACTION
24 OF OFFICIAL BUSINESS OF THE COMMISSION IN THE STATE OF COLORADO.
25 IN ADDITION THERETO, EACH MEMBER SHALL BE REIMBURSED FOR
26 EXPENSES INCURRED IN THE PERFORMANCE OF OFFICIAL DUTIES

27 **10-22-110. MEETINGS - ORGANIZATION**

1 (1) THE COMMISSIONERS SHALL MEET AT LEAST FOUR TIMES PER YEAR AND
2 SHALL ORGANIZE BY THE ELECTION OF A CHAIRMAN AND A SECRETARY
3 WHO SHALL HOLD OFFICE FOR A TERM OF ONE YEAR AND UNTIL A
4 SUCCESSOR IS ELECTED.

5 **10-22-111. DUTIES OF COMMISSIONERS**

6 (1) IT SHALL BE THE DUTIES OF THE COMMISSIONERS TO:

7 (A) FILE IN OFFICES OF THE COLORADO INSURANCE POOL TRUST,
8 AND SAFELY KEEP, ALL BOOKS AND RECORDS REQUIRED BY LAW
9 TO BE FILED THEREIN AND TO KEEP AND PRESERVE IN
10 PERMANENT FORM A FULL RECORD OF THE COMMISSIONER'S
11 PROCEEDINGS;

12 (B) ADMINISTER THE AFFAIRS, APPROVE CONTRACTS, AGREEMENTS,
13 AND ANNUAL BUDGETS OF THE COLORADO INSURANCE POOL
14 TRUST;

15 (C) APPOINT A DIRECTOR OF THE COLORADO INSURANCE POOL
16 TRUST TO SERVE AT THE DISCRETION OF THE COMMISSION,

17 (D) APPROVE A BASIC HEALTH BENEFIT PLAN TO BE SOLD BY THE
18 COLORADO INSURANCE POOL TRUST;

19 (E) ENSURE THAT THE COLORADO INSURANCE POOL TRUST BASIC
20 HEALTH BENEFIT PLAN COMPLIES WITH ALL APPLICABLE
21 REQUIREMENTS OF THE COLORADO DIVISION OF INSURANCE
22 REGARDING HEALTH CARE INSURANCE;

23 (F) TO ADOPT AND PROMULGATE, UNDER THE PROVISIONS OF
24 SECTION 24-4-103, C.R.S., RULES AND REGULATIONS TO
25 PROVIDE FOR THE LEAST COST ADMINISTRATION OF BENEFITS
26 PROVIDED UNDER THE BASIC BENEFIT PLAN;.AND

27 (G) TO ADOPT AND PROMULGATE, UNDER THE PROVISIONS OF

1 SECTION 24-4-103, C.R.S., SUCH RULES AND REGULATIONS AS
2 THE COMMISSION MAY DEEM NECESSARY OR PROPER TO CARRY
3 OUT THE PROVISIONS AND PURPOSES OF THIS ARTICLE WHICH
4 SHALL BE FAIR, IMPARTIAL, AND NONDISCRIMINATORY;

5 (H) TO REPORT AT LEAST ANNUALLY TO THE GENERAL ASSEMBLY
6 AND THE GOVERNOR ON THE AFFAIRS OF THE COMMISSION AND
7 THE STATE OF HEALTH INSURANCE COVERAGE IN THE STATE OF
8 COLORADO.

9 **10-22-112. COLORADO FAIR SHARE PREMIUM ASSISTANCE PROGRAM**

10 (1) EFFECTIVE FIVE YEARS AFTER THE EFFECTIVE DATE OF THIS COLORADO
11 FAIR SHARE HEALTH CARE ACT OR SOONER, IF DETERMINED BY THE
12 COMMISSION THAT THE COLORADO INSURANCE POOL TRUST CAN PROVIDE
13 PAYMENTS IN AN ACTUARIAL SOUND BASIS, THE COLORADO INSURANCE
14 POOL TRUST SHALL OFFER ASSISTANCE TO ALL QUALIFIED ASSISTANCE
15 PLAN PARTICIPANTS THROUGH A REDUCED-COST PREMIUM FOR THE BASIC
16 BENEFITS PLAN.

17 (2) THE PREMIUMS CHARGED TO QUALIFIED ASSISTANCE PLAN
18 PARTICIPANTS FOR THE BASIC BENEFIT PLAN SHALL BE NOT GREATER THAN
19 THE LESSER OF SIX PERCENT OF QUALIFYING MINIMUM INCOME OR SIX
20 PERCENT OF THE GROSS INCOME AS INDICATED ON FEDERAL INTERNAL
21 REVENUE SERVICE FORMS 1040, SCHEDULE C, F, OR SE, OR OTHER FORMS
22 RECOGNIZED BY THE FEDERAL INTERNAL REVENUE SERVICE FOR INCOME
23 REPORTING PURPOSES.

24 **10-22-113. ADMINISTRATION BY THE COLORADO DEPARTMENT OF**
25 **REVENUE**

26 (1) THE COLORADO DEPARTMENT OF REVENUE SHALL CONTRACT WITH
27 THE COMMISSION TO OPERATE AND ADMINISTER THE PROVISIONS OF THIS

1 ACT.