



The Bell Policy Center

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Success from the session

Health bills increase access for underserved areas and populations

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Expanded resources for underserved areas

Many of Colorado's rural areas experience tremendous difficulties in recruiting and retaining health care providers, and some urban areas have a hard time recruiting internal medicine, pediatric and family medicine doctors. Of Colorado's 64 counties, 54 have a shortage of health professionals, and unless there is change, many Coloradoans face barriers to accessing needed health care.

When **HB 1111** is signed by Gov. Bill Ritter tomorrow, Colorado will take a major step toward increasing health resources in rural and underserved areas. This bill establishes a permanent Primary Care Office to provide oversight for the Colorado student loan repayment program and the Colorado J-1 Visa Waiver and National Interest Waiver program. The J-1 program allows professionals of exceptional ability to remain in Colorado to work full-time in primary care in an underserved area for five years.

Colorado's J-1 Visa Wavier program was implemented in 1997. A 2006 [evaluation](#) found that the state's program is, indeed, an effective means of providing care to underserved populations and of retaining physicians.

Legally present women, kids get coverage

Accessing health care is a problem for many women and children who are legal immigrants. **HB 1353**, signed by Gov. Ritter today, aligns Colorado's Medicaid

and State Children's Health Insurance Program (SCHIP) with the federal SCHIP reauthorization passed in February.

Prior to the reauthorization, legally present women and children eligible for Medicaid and SCHIP had to wait five years before receiving coverage. The reauthorization removed the waiting period.

Studies consistently show that health insurance, including Medicaid and SCHIP, is key to accessing preventative and primary care. For children and pregnant women, such care is especially important.

Currently, Colorado provides prenatal care for legally present pregnant women, but the program is funded solely with state dollars. Under HB 1353, the state has an opportunity to draw down a federal match to provide services for this population, which will save the state money.

This legislation will take effect July 1, 2010.