This proposed initiative will amend the following section of the Colorado Revised Statutes:		Formatted: Font: Bold	
	_	Formatted: Font: Bold	
25.5-4-401.5. Review of provider rates - advisory committee - recommendations — repeal	_	Formatted: Space After: 0 pt	
Text to be added:		Formatted: Space After: 0 pt	
25.5-4-401.5.(1)(d)			
In Colorado Revised Statutes, 25.5-4-401.5, add (1)(d) as follows:			
Be it Enacted by the People of the State of Colorado. THE MINIMUM REIMBURSEMENT FEE FOR		Formatted: Font: 12 pt	
A COVERED MEDICAID DENTAL PROCEDURE PERFORMED BY MEDICAID PROVIDERS IN COLORADO		Formatted: Font: 12 pt	$\overline{}$
MUST BE SET EQUAL TO OR GREATER THAN THE LOWEST TENTH PERCENTILE OF FEES NATIONALLY		romancar romana pr	
ACCORDING TO THE MOST RECENT AMERICAN DENTAL ASSOCIATION "SURVEY OF DENTAL FEES."		Formatted	
ANY REIMBURSEMENT FEES THAT FAIL THIS TEST TO MEET OR EXCEED THE LOWEST TENTH PERCENTILE		Formatted	
OF FEES NATIONALLY ACCORDING TO THE MOST RECENT AMERICAN DENTAL ASSOCIATION "SURVEY OF	//		()
<u>DENTAL FEES"</u> MUST BE UPDATED TO COMPLY WITHIN ONE WEEK			
OF AN UPDATED PUBLICATION OF THE "SURVEY OF DENTAL FEES" BY THE AMERICAN DENTAL		Formatted	
ASSOCIATION. THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING WILL BE RESPONSIBLE TO		Formatted	
OBTAIN A COPY OF THE MOST RECENT AMERICAN DENTAL -ASSOCIATION "SURVEY OF DENTAL FEES"	///		
FROM THE AMERICAN DENTAL ASSOCIATION OR FROM AN AMERICAN DENTAL ASSOCIATION MEMBER	//		
DENTIST WHO IS A STATE EMPLOYEE OR FROM A MEDICAID PROVIDER WITHIN FIVE DAYS OF AN			
UPDATED PUBLICATION OF THE "SURVEY OF DENTAL FEES" BY THE AMERICAN DENTAL ASSOCIATION.	/		
THIS INITIATIVE WILL BE EFFECTIVE IMMEDIATELY UPON PASSAGE.>			
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