

MEMORANDUM

TO: Barbara Burgess
Andrew French, MD
Dave Friedenson, MD
Kevin McGarvey, MD

FROM: Suzanne Hamilton
DATE: July 19, 2017
RE: Final Legislative Report for 2017

The deadline has passed for the Governor to take final action on all bills. Here is the final status on all bills of interest in the 2017 session. If you would like to see the actual bill language, they are on the Legislature's website. To find:

1. Go to Leg.colorado.gov in your internet browser.
2. At the top, click on 'bills'
3. In the box at the top, enter HB17-or SB 17-[and then the number of the bill you would like to see].
4. If necessary, click on the title of the bill.
4. Scroll down the page to the orange box that says 'View Recent Bill Text'.
5. Voila - there it is.

Happy summer, everyone!

HOUSE BILLS

Bill: [HB17-1011](#)

Title: Statute Of Limitation Discipline Mental Health Professional

Status: Governor Signed (03/16/2017)

Senate Sponsors: [J. Tate](#) (R)

House Sponsors: [J. Melton](#) (D)

Official
Summary

The bill requires that any complaint filed with the division of professions and occupations in the department of regulatory agencies against a mental health professional alleging a maintenance-of-records violation must be commenced within 7 years after the alleged act or failure to act giving rise to the complaint. Mental health professionals must give notice to former clients that a client's records may not be retained after the 7-year period. Complaints subject to the 7-year filing period must be resolved by the agency within 2 years after the date the complaint was filed.

Position: Monitor

Comment

Bill: [HB17-1027](#)

Title: Remove Fund Repeal & Clarify Organ Donor Process

Status: Governor Signed (06/05/2017)

Senate Sponsors: [L. Garcia](#) (D)
[R. Gardner](#) (R)

House Sponsors: [J. Becker](#) (R)
[J. Buckner](#) (D)

Official Summary: **Section 1** of the bill clarifies that designation as an organ and tissue donor (donor) by an applicant for a driver's license, instruction permit, or license renewal remains in effect until revoked by the applicant. Section 1 also removes the repeal date of the Emily Maureen Ellen Keyes organ and tissue donation awareness fund (fund). **Section 2** of the bill continues the option that allows applicants for a driver's license, instruction permit, or license renewal to donate to the fund and, if not already a donor, to volunteer to become a donor. **Section 3** of the bill requires the state auditor to conduct an audit of the fund every 10 years beginning on July 1, 2018, and submit the report to the legislative audit committee.

Position: Monitor

Comment:

Bill: [HB17-1032](#)

Title: First Responder Peer Support Testimony Privilege

Status: Governor Signed (03/16/2017)

Senate Sponsors: [J. Cooke](#) (R)

House Sponsors: [J. Arndt](#) (D)

Official Summary: Under current law, peer support team members for certain first responders and a first responder may not be required to testify about communications made during the peer support process without the first responder's consent. The bill clarifies that the communication need not be during an individual peer support meeting. Under current law, there is an exception to the privilege if the information provided to the peer support team member indicates certain actual or suspected crimes. The bill adds crimes against at-risk persons to the list of crimes.

Position: Support

Comment:

Bill: [HB17-1044](#)

Title: Autocycle Characteristics & Safety Requirements

Status: Governor Signed (03/23/2017)

Senate Sponsors: [N. Todd](#) (D)

House Sponsors: [D. Mitsch Bush](#) (D)

Official
Summary

Transportation Legislation Review Committee. The bill amends the definition of autocycle to explicitly exclude motorcycles, clarify that the driver and each passenger in an autocycle ride in either a fully or a partly enclosed seating area, and eliminate the requirements that an autocycle be equipped with air bags and a hardtop enclosure that protects occupants from the elements and can support the weight of the vehicle without harming occupants when the vehicle is resting on the enclosure. The bill also amends the definitions of motor vehicle used in the laws governing mandatory safety belt and child restraint system use to clarify that those laws apply to autocycles.

Position: Monitor

Comment

Bill: [HB17-1048](#)

Title: Prosecution Of Insurance Fraud

Status: Governor Signed (03/23/2017)

Senate Sponsors: [J. Smallwood](#) (R)

House Sponsors: [M. Foote](#) (D)

Official
Summary

The bill amends language describing the criminal offense of insurance fraud. The bill states that, for criminal offenses relating to insurance fraud, the period within which a prosecution must be commenced begins to run upon discovery of the criminal or delinquent act. The bill adds insurance fraud to the definition of racketeering activity for purposes of the Colorado Organized Crime Control Act.

Position: Monitor

Comment

Bill: [HB17-1057](#)

Title: Interstate Physical Therapy Licensure Compact

Status Governor Signed (05/10/2017)

Senate Sponsors [A. Kerr](#) (D)
[R. Gardner](#) (R)

House Sponsors [L. Liston](#) (R)
[F. Winter](#) (D)

Official Summary The bill enacts the Interstate Physical Therapy Licensure Compact Act that allows physical therapists and physical therapist assistants licensed or certified in a compact member state to obtain a license or certificate to practice physical therapy in Colorado. The bill authorizes the physical therapy board to obtain fingerprints from applicants for a license or certification for the purposes of a fingerprint-based criminal history record check. The compact requires that the physical therapy board participate in the compact's data system and notify the compact commission of any adverse action taken by the board. The board may charge a fee for licensure or certification pursuant to the compact. Physical therapists and physical therapy assistants are subject to the requirements of the Michael Skolnik Medical Transparency Act of 2010.

Position Monitor

Comment

Bill: [HB17-1085](#)

Title: Women's Health Protection Act

Status House Committee on Health, Insurance, & Environment Postpone Indefinitely (02/09/2017)

Senate Sponsors

House Sponsors [P. Neville](#) (R)

Official Summary The bill requires all abortion clinics to file an annual registration with the attorney general. The attorney general shall create and make available the registration form. While keeping identifying information of any women who sought an abortion private, the registration form must include the following information:

- The number of abortions performed at the clinic during the previous year, including the trimester in which the abortion was performed, based on appropriately maintained records kept by the clinic;
- A specific report for each abortion performed at or after 20 weeks' gestation;
- A description of the method or methods of abortion performed at the clinic;

- The name of each physician performing abortions at the clinic, along with the state of each physician's licensure, any board certifications or specialties maintained by the physician, and any disciplinary action taken against the physician in the last 5 years;
- The number of babies born alive at the clinic during the year, whether the babies were born prior to, during, or after the attempted completion of an abortion, whether or not these babies survived, whether or not they were viable, and whether or not they were transported to a hospital; and
- The number of patients, including women and born-alive infants, who were transported to a hospital from the clinic following a partially or fully completed abortion in the previous year.

The attorney general has 30 days to reject an inaccurate or incomplete registration form and 30 days from the date of discovery to reject a form that contains false or fraudulent information. Failure to file a registration form or operating without a registration form subjects an abortion clinic to a fine, a suspension, or closure. All registration forms and inspection or investigation forms are public records.

The attorney general has a duty to inspect, without notice, each registered abortion clinic at least annually. At a minimum, each inspection

must determine whether the abortion clinic is performing abortions at or after 20 weeks' gestation and whether it is operating with:

- Medically modern ultrasound equipment;
- Equipment to preserve the life of and to resuscitate born-alive infants;
- Legally approved methods of medical and hazardous waste disposal;
- Medically safe standards for sterilization of instruments and procedure areas and storage, medically safe policies for expired and opened medicines, and emergency exits sufficient to accommodate a stretcher or gurney; and
- Proper Health Insurance Portability and Accountability Act of 1996 policies.

If the attorney general finds an inspection violation, he or she may impose a fine up to \$5,000 or impose a suspension or closure of the abortion clinic.

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Position Monitor

Comment

Bill: [HB17-1086](#)

Title: Abortion Pill Reversal Information Act
Status: House Committee on Health, Insurance, & Environment Postpone Indefinitely (02/09/2017)
Senate Sponsors: [V. Marble](#) (R)
House Sponsors: [D. Nordberg](#) (R)
[J. Everett](#) (R)

Official Summary: The bill ensures that a woman is given information regarding the possibility of an abortion pill reversal so that she is fully informed and is given options to continue the pregnancy and preserve the mother-child relationship when she desires to do so. The department of public health and environment must publish a statement on its website regarding abortion pill reversal. The woman's doctor shall provide her with this statement at least 24 hours before providing the abortion pill.

Position: Monitor

Comment:

Bill: [HB17-1094](#)

Title: Telehealth Coverage Under Health Benefit Plans
Status: Governor Signed (03/16/2017)
Senate Sponsors: [L. Crowder](#) (R)
[K. Donovan](#) (D)
House Sponsors: [P. Buck](#) (R)
[D. Valdez](#) (D)

Official Summary: Under current law, health benefit plans are required to cover health care services delivered to a covered person by a provider via telehealth in the same manner that the plan covers health care services delivered by a provider in person. The bill clarifies that:

- A health plan cannot restrict or deny coverage of telehealth services based on the communication technology or application used to deliver the telehealth services;
- The availability of telehealth services does not change a carrier's obligation to contract with providers available in the community to provide in-person services who are willing to negotiate reasonable contract terms with the carrier;
- A covered person may receive telehealth services from a private residence, but the carrier is not required to pay for transmission costs the covered person incurs; and

- Telehealth includes health care services provided through audio-visual communication or the use of a HIPAA-compliant application via a cellular telephone but does not include voice-only telephone communication or text messaging.

Position Support

Comment

Bill: [HB17-1099](#)

Title: No Funding Trafficking Aborted Human Body Parts

Status House Committee on State, Veterans, & Military Affairs Postpone Indefinitely (02/15/2017)

Senate Sponsors

House Sponsors [T. Leonard](#) (R)

Official Summary Each higher education institution that receives funding from the state must file a verified report each December 1 with the joint budget committee stating whether or not the institution engaged, directly or indirectly, in the purchase or trafficking of aborted human body parts in the previous year. If a higher education institution files a report affirming that the institution engaged, directly or indirectly, in the purchase or trafficking of aborted human body parts, the general assembly shall not appropriate any state funding in the next fiscal year.

Position Monitor

Comment

Bill: [HB17-1108](#)

Title: Protect Human Life At Conception

Status House Committee on Health, Insurance, & Environment Postpone Indefinitely (02/09/2017)

Senate Sponsors [T. Neville](#) (R)

House Sponsors [S. Humphrey](#) (R)
[K. Ransom](#) (R)

Official Summary The bill prohibits terminating the life of an unborn child and makes a violation a class 1 felony. The following are exceptions to the prohibition:

- A licensed physician performs a medical procedure designed or intended to prevent the death of a pregnant

mother, if the physician makes reasonable medical efforts under the circumstances to preserve both the life of the mother and the life of her unborn child in a manner consistent with conventional medical practice; and

- A licensed physician provides medical treatment, including chemotherapy and the removal of an ectopic pregnancy, to the mother that results in the accidental or unintentional injury to or death of the unborn child.

The pregnant mother upon whom termination of the life of an unborn child is performed or attempted is not subject to a criminal penalty. The sale and use of contraception is not prohibited by the bill.

A

conviction related to the prohibition of the termination of the life of an unborn child constitutes unprofessional conduct for purposes of physician licensing.

Position Monitor

Comment

Bill: [HB17-1112](#)

Title: Immunity Unauthorized Practice Of Profession

Status House Committee on Judiciary Postpone Indefinitely (02/21/2017)

Senate Sponsors

House Sponsors [K. Van Winkle](#) (R)

Official Summary The bill provides immunity from civil and administrative penalties for the unauthorized practice of a profession by an individual who meets certain requirements.

Position Monitor

Comment

Bill: [HB17-1115](#)

Title: Direct Primary Health Care Services

Status Governor Signed (04/24/2017)

Senate Sponsors [J. Kefalas](#) (D)
[J. Tate](#) (R)

House Sponsors [P. Buck](#) (R)
[J. Ginal](#) (D)

Official The bill establishes parameters under which a direct primary care

Summary agreement (agreement) may be implemented. An agreement may be entered into between a direct primary health care provider (provider) and a patient for the payment of a periodic fee and for a specified period of time. The provider must be a licensed, registered, or certified individual or entity authorized to provide primary care services. The bill establishes that the agreement is not the business of insurance or the practice of underwriting and does not fall under regulation of the division of insurance. The bill outlines the conditions under which a provider may discontinue care to a patient.

Position Monitor

Comment

Bill: [HB17-1121](#)

Title: Patient Safety Act

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (05/04/2017)

Senate Sponsors [N. Todd](#) (D)

House Sponsors [J. Buckner](#) (D)

The bill requires applicants for initial licensure or certification, as well as current licensees and certificate holders, to submit to a fingerprint-based criminal history record check for:

- Podiatrists (**sections 1 and 2**);
- Dentists and dental hygienists (**sections 3 and 4**);
- Medical doctors, physician assistants, and anesthesiologists (**sections 5 and 6**);
- Nurses (**sections 7 and 8**);
- Certified nurse aides (**sections 10 and 11**);
- Optometrists (**sections 13 through 15**); and
- Veterinarians (**sections 16 through 18**).

Official Summary

Section 9 of the bill eliminates the nurse alternative to discipline program.

Section 12 of the bill requires an employer of a certified nurse aide (CNA) to report whenever a CNA is terminated from employment or resigns in lieu of termination, within 30 days after the termination or resignation. The state board of nursing is authorized to fine an employer that fails to report the termination or resignation.

Section 19 amends the Medical Transparency Act of 2010 to include a person applying for nurse licensure under the Enhanced Nurse Licensure Compact within the definition of applicant.

Section 20 of the bill repeals the current Nurse Licensure Compact and adopts the Enhanced Nurse Licensure Compact.

Position Monitor

Comment

Bill: [HB17-1122](#)

Title: Gender Identification On Birth Certificates

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (03/27/2017)

Senate Sponsors [D. Moreno](#) (D)

House Sponsors [D. Esgar](#) (D)

Official
Summary

Under current law, a person born in Colorado who seeks a new birth certificate from the registrar of vital statistics (state registrar) to reflect a change in gender designation must obtain a court order indicating that the sex of the person has been changed by surgical procedure and ordering that the gender designation on the birth certificate

be amended, and the person must obtain a court order with a legal name change. The bill repeals that provision and creates new requirements for the issuance of birth certificates in cases of changes to gender designation.

Under the bill, known as the 2017 Birth Certificate Modernization Act, the state registrar shall issue a new birth certificate with a different gender designation to a person who was born in this state when the state registrar receives:

- A written request from the person or the person's legal representative requesting a new birth certificate with a gender designation that differs from the gender designated on the person's original birth certificate; and
- A statement from a medical or mental health care provider licensed in good standing stating that the person has undergone treatment appropriate for that person for the purpose of gender transition or stating that the person has an intersex condition, and that in the provider's professional opinion the person's gender designation should be changed accordingly.

The bill requires that the state registrar issue a new birth certificate rather than an amended birth certificate. The bill allows a person who has previously obtained an amended birth certificate under previous versions

of the law to apply to receive a new birth certificate.

A person is not required to obtain a court order for a legal name change in order to obtain a new birth certificate with a change in gender designation. The bill creates a process for a person to update the person's

name on a birth certificate at other times than the issuance of the new birth certificate.

The state registrar is prohibited from requesting additional medical information but is authorized to contact the medical or mental health provider to verify the provider's statement. The courts in this state are given jurisdiction to issue a decree to amend a birth certificate to reflect a change in gender designation for certain persons if the law in another state or foreign jurisdiction requires a court decree in order to amend a birth certificate to reflect a change in gender designation.

Position Monitor

Comment

Bill: [HB17-1126](#)

Title: Medicaid Appeal Review Legal Notice Requirements

Status Governor Signed (04/06/2017)

Senate Sponsors [L. Crowder](#) (R)

House Sponsors [J. Danielson](#) (D)
[D. Michaelson](#) (D)

Interim Study Committee on Communication Between the Department of Health Care Policy and Financing (HCPF) and Medicaid Clients. The bill requires the administrative law judge hearing

Medicaid appeals to review the legal sufficiency of the notice of action from which the recipient is appealing at the commencement of the appeal hearing if the notice of action concerns the termination or reduction of an

Official Summary

existing benefit. If the notice is legally insufficient, the judge shall advise the appellant that he or she may waive the defense of insufficient notice and proceed to a hearing on the merits or may ask the judge to decide the appeal based on the judge's finding of insufficiency. The judge shall advise the appellant that a legally sufficient notice may be issued in the future and that the state may recoup benefits from the appellant. The provisions of the bill apply to hearings conducted on and after a certain date.

Position Monitor

Comment

Bill: [HB17-1139](#)

Title: Medicaid Provider Compliance Billing Safety Rules

Status Signed into law.

Senate Sponsors [J. Kefalas](#) (D)
[B. Martinez Humenik](#) (R)

House Sponsors [L. Landgraf](#) (R)
[D. Michaelson](#) (D)

The bill subjects a provider of Medicaid services to a civil monetary penalty if the provider improperly bills or seeks collection from a Medicaid recipient or the estate of a Medicaid recipient. In addition, the bill allows the department of health care policy and financing (department) to require a corrective action plan from any provider who fails to comply with rules, manuals, or bulletins issued by the department, the medical services board, or the department's fiscal agent or from a provider whose activities endanger the health, safety, or welfare of a Medicaid recipient. Based on good cause, the department may suspend the enrollment of a Medicaid provider for a period of time set forth in the bill. The provider has the right to appeal the suspension administratively.

Position Monitor

Comment

Bill: [HB17-1146](#)

Title: Parents' Rights Related To Minors

Status House Committee on Health, Insurance, & Environment Postpone Indefinitely (02/23/2017)

Senate Sponsors

House Sponsors [P. Neville](#) (R)

The bill allows qualified, per school district policy, employees to dispense over-the-counter medications to a student if the student's parent or legal guardian provided the school district with written general authorization to dispense such over-the-counter medications during a specified academic year. The bill grants criminal and civil immunity to such school employees if they acted with written authorization from the student's parent or legal guardian. The same authority and immunity is granted to child care providers, including employees or relatives in nonlicensed facilities, provided the person dispensing the over-the-counter medication has written general authority for a specific time period from the child's parent or legal guardian. The bill allows a parent or legal guardian to opt out of the

collection and storage by a local education provider of any type of data related to his or her child.

Position Monitor

Comment

Bill: [HB17-1156](#)

Title: Prohibits Conversion Therapy Mental Health Provider

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (03/22/2017)

Senate Sponsors [S. Fenberg](#) (D)

House Sponsors [P. Rosenthal](#) (D)

Official
Summary

The bill prohibits a licensed physician specializing in psychiatry or a licensed or registered mental health care provider from engaging in conversion therapy with a patient under 18 years of age. A licensee who engages in these efforts is subject to disciplinary action by the appropriate licensing board. Conversion therapy means efforts that seek to change an individual's sexual orientation, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attraction or feelings toward individuals of the same sex.

Position Monitor

Comment

Bill: [HB17-1165](#)

Title: Department Of Regulatory Agencies Boards Disciplinary Action Resolution Process

Status Signed into law.

Senate Sponsors [I. Aguilar](#) (D)

House Sponsors [S. Lebsock](#) (D)

Official
Summary

Section 2 of the bill directs the Colorado dental board to conduct a review of its disciplinary procedures, identify inefficiencies, devise improvements, and implement the improvements.
Section 3 defines health care prescriber board to mean the following boards in the department of regulatory agencies: The Colorado podiatry board; the Colorado dental board; the Colorado medical board; the state board of nursing; the state board of optometry; and the state board of veterinary medicine. Section 3 also adjusts the boards'

disciplinary procedures as follows:

- Within 15 days after receipt of a complaint, the board shall provide the complainant with a comprehensive, written summary of the procedures, timelines, and complainant and respondent rights that apply to the processing and resolution of complaints and the contact information for the person who will be coordinating the board's response to the complaint;
- Within 30 days after receiving or initiating a complaint, the board shall notify the licensee named in the complaint of the complaint and provide a copy of the notice to the complainant, if any. If patient records are potentially relevant to resolution of the complaint, the notice must state that the licensee shall provide the board with the records within 30 days after the board sent the notice.
- Within 30 days after the board sent the notice, the licensee named in the complaint is required to provide a written response to the complaint to the board and include all patient records specified in the notice. If the licensee fails to timely respond, the board is to send the licensee a second notice and include a statement that failure to respond within 30 days will result in license suspension.
- If the licensee fails to timely respond to a second notice of complaint, the board is to suspend the licensee's license unless good cause is shown;
- The board is to notify the complainant if it receives a response from the licensee or if it suspends the licensee for failure to respond to a second notice of complaint;
- If the complainant is a patient, the board must promptly notify the patient of the patient's right to receive a copy of the patient records; and
- If an investigation was initiated by a complaint and the board took formal action regarding the alleged misconduct, the board shall provide the complainant, within 30 days after the action, with written notice of any initial disposition or board action, the next steps in the investigation process, and the final disposition of the investigation or complaint, as applicable.

By December 31, 2017, each board shall adopt rules regarding the procedures, timelines, and complainant and respondent rights that apply to the processing and resolution of disciplinary actions. The boards are directed to use their best efforts to make an initial disposition of disciplinary actions within 6 months after initiation of an investigation or receipt of a complaint. An initial disposition includes a formal determination that more time is needed to resolve the action.

Section 1 requires health insurance companies to update their participating provider lists at least monthly, based on information on the department's health care prescriber boards' websites, to remove a provider whose license has been suspended or revoked.

Position Monitor

Comment

Bill: [HB17-1173](#)

Title: Health Care Providers And Carriers Contracts

Status Governor Signed (04/06/2017)

Senate Sponsors [T. Neville](#) (R)

House Sponsors [C. Hansen](#) (D)

Official
Summary

The bill requires a contract between a health insurance carrier (carrier) and a health provider (provider) to include a provision that prohibits a carrier from taking an adverse action against the provider due to a provider's disagreement with a carrier's decision on the provision of health care services. Current law requires the contract to state that the carrier cannot terminate the contract for these same reasons. The bill also requires the contract to contain provisions that prohibit a carrier from: Taking adverse actions for communicating with public officials on health care issues; filing complaints or reporting to public officials about conduct by a carrier that might negatively affect patient care; provides information in a forum concerning the required contract provisions; reporting alleged carrier violations; or participating in an investigation of an alleged violation.

Position Support

Comment

Bill: [HB17-1179](#)

Title: Immunity For Emergency Rescue From Locked Vehicle

Status Governor Signed (04/13/2017)

Senate Sponsors [L. Court](#) (D)
[V. Marble](#) (R)

House Sponsors [J. Ginal](#) (D)
[L. Saine](#) (R)

Official
Summary

The bill provides immunity from civil and criminal liability for a person who forcibly enters a locked vehicle for the purpose of rendering

assistance to an at-risk person or animal. To receive immunity, the person must:

- Have a good faith belief that the person or animal is in imminent danger of death or suffering great bodily injury;
- Verify the vehicle is locked;
- Make a reasonable effort to locate the owner or operator of the vehicle;
- Contact a law enforcement or other first responder agency prior to forcibly entering the vehicle and not interfere with the actions of any such responding law enforcement agency;
- Use no more force than reasonably necessary to enter the locked vehicle;
- Remain with the at-risk person or animal in a safe location close to the vehicle until law enforcement or other first responder arrives at the scene; except that, if the person rendering assistance has to leave the scene before the owner or operator of the vehicle returns, prior to leaving the scene, the person rendering assistance shall leave a notice on the vehicle with his or her name and contact information and the name and location, if any, of the facility to which he or she took the at-risk person or animal. Also prior to leaving the scene, the person rendering assistance shall contact law enforcement, animal control, or other first responder to provide them with the same information.

Position Monitor

Comment

Bill: [HB17-1183](#)

Title: Mental Health Professional Disclosures Repeal Effect Clause

Status Governor Signed (04/06/2017)

Senate Sponsors [R. Gardner](#) (R)

House Sponsors [M. Foote](#) (D)

Official
Summary

In 2016, the general assembly enacted House Bill 16-1063, which allows mental health professionals to disclose to school and school district personnel and law enforcement agencies communications with a client if the client makes statements or exhibits behaviors that create an articulable and significant threat against a school or its occupants. The effect of the legislation was contingent on receipt from the secretary of the federal department of health and human services (HHS) of an

exception to the privacy rule under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). The state received notice from HHS that the legislation is not contrary to the HIPAA privacy rule and therefore does not qualify for an exception. Accordingly, the bill repeals the contingency provision.

Position Monitor

Comment

Bill: [HB17-1185](#)

Title: Reports Of Suspected Child Abuse Or Neglect

Status Governor Signed (05/03/2017)

Senate Sponsors [J. Smallwood](#) (R)

House Sponsors [J. Singer](#) (D)

Official
Summary

Under current law, certain identified persons are mandated to report if they know or suspect that a child has been subject to abuse or neglect (mandatory reporters). If a mandatory reporter continues to be involved with a child who was the subject of the report, he or she is entitled to access to records and reports of the abuse or neglect. The bill adds to the list of mandatory reporters officials and employees of county departments of health, human services, or social services. Current law requires the county department of human or social services to report certain information to a mandatory reporter within 30 days after the filing of a report. The bill extends the period to 60 days.

Position Monitor

Comment

Bill: [HB17-1186](#)

Title: Health Coverage Prescription Contraceptives Supply

Status Signed into law.

Senate Sponsors [D. Coram](#) (R)

House Sponsors [B. Pettersen](#) (D)
[L. Landgraf](#) (R)

Official
Summary

The bill requires individual and group sickness and accident policies, contracts, or plans that are required under current law to provide contraception coverage to reimburse participating providers or in-network dispensing entities for:

- Dispensing prescription contraceptives in a 3-month supply for the first dispensing to the insured person and for a 12-month supply for subsequent dispensings of the same prescription contraceptive to the insured person; or
- Dispensing to the insured person a prescribed vaginal contraceptive ring intended to last for 3 months.

Prescription contraceptive is defined as a medically acceptable oral drug or contraceptive patch that is used to prevent pregnancy and that requires a prescription.

Position Monitor

Comment

Bill: [HB17-1215](#)

Title: Mental Health Support For Peace Officers

Status Governor Signed (04/24/2017)

Senate Sponsors [R. Gardner](#) (R)
[D. Kagan](#) (D)

House Sponsors [J. Coleman](#) (D)

The bill encourages each sheriff's office and each municipal police department to adopt a policy whereby mental health professionals, to the extent practicable, provide:

- On-scene response services to support officers' handling of persons with mental health disorders; and
- Counseling services to officers.

The bill creates the peace officers mental health support grant program (grant program) in the department of local affairs (department) to provide grants of money to county sheriffs' offices and municipal police departments to help them engage mental health professionals.

Official Summary

Each sheriff's office and each municipal police department is encouraged to apply annually for a grant from the grant program.

The bill creates the peace officers mental health support fund (fund), which consists of gifts, grants, and donations and any other money

that the general assembly may appropriate or transfer to the fund. The executive director of the department, or his or her designee, may expend money from the fund for the purposes of the grant program.

The grant program repeals September 1, 2027.

Position Monitor

Comment

Bill: [HB17-1224](#)

Title: Misbranded Adulterated Counterfeit Drugs Penalty

Status Signed into law.

Senate Sponsors [R. Gardner](#) (R)

House Sponsors [T. Kraft-Tharp](#) (D)

The bill amends the pharmacy practice law to specify that it is unlawful to:

- Sell, compound, dispense, give, receive, or possess any drug or device unless done so in accordance with specific provisions of the pharmacy practice laws of the state and with the Federal Food, Drug, and Cosmetic Act; or
- Possess, sell, dispense, give, receive, or administer an adulterated or misbranded drug or device or a counterfeit drug.

A person who engages in an unlawful act is subject to a civil fine of between \$1,000 and \$10,000.

Position Monitor

Comment

Bill: [HB17-1235](#)

Title: Financial Relief Defray Individual Health Plan Cost

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (04/24/2017)

Senate Sponsors [D. Coram](#) (R)
[L. Crowder](#) (R)

House Sponsors [M. Hamner](#) (D)
[D. Mitsch Bush](#) (D)

The bill creates a financial relief program, available from July 1, 2017, through December 31, 2018, to provide financial assistance to individuals and their families who spend more than 15% of their household income on individual health insurance premiums. The Colorado health benefit exchange (exchange) is to oversee the program, and counties may elect to administer the program in their counties. For any county that opts not to administer the program, the exchange is to administer the program in that county.

Financial relief is available to individuals and families determined eligible based on the following:

- The individual or family enrolled in and paid premiums for a bronze, silver, or gold level individual health benefit plan

purchased through the exchange;

- The individual or family has a household income of more than 400%, but not more than 500%, of the federal poverty line;

- The individual or family does not have access to a government-sponsored program, such as Medicaid or Medicare, or an affordable employer-sponsored plan; and

- The individual or family pays more than 15% of the household income on premiums for the plan.

The exchange is to certify that an individual or family has enrolled in one of the specified health benefit plans, the premium amount of the plan, the household income of the individual or family, and that the individual or family does not have access to a government-sponsored program or employer-sponsored plan.

The amount of financial relief is calculated based on the cost of the premium for the lowest-cost bronze health benefit plan available to the individual or family through the exchange, minus an amount equal to 15% of the individual's or family's household income. The general assembly is to appropriate money from the general fund to provide financial assistance to individuals who qualify under the program.

A carrier offering individual health benefit plans on the exchange must permit an individual to purchase an individual health benefit plan on

the exchange during a special enrollment period that begins June 1, 2017,

and ends August 1, 2017, for plans effective through December 31, 2017.

For the 2018 plan year, individuals are subject to the standard open enrollment period specified in law.

The program repeals on July 1, 2019, unless congress enacts and the president signs legislation repealing the advance premium tax credit authorized under federal law, in which case the program repeals upon the

date of the repeal of said tax credit.

Position Monitor

Comment

Bill: [HB17-1236](#)

Title: Health Care Policy And Financing Annual Report On Hospital Expenditures

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (04/24/2017)

Senate Sponsors [D. Coram](#) (R)

[J. Smallwood](#) (R)

House Sponsors [C. Kennedy](#) (D)

The department of health care policy and financing (department), in consultation with the hospital provider fee oversight and advisory board, shall prepare an annual report detailing uncompensated hospital costs and the different categories of expenditures made by general hospitals in the state (hospital expenditure report). In compiling the hospital expenditure report on expenses by hospitals in the state, the department shall use publicly available data sources whenever possible. Each general hospital in the state is required to submit certain specified information to the department, including:

- Hospital cost reports submitted to the federal centers for Medicare and Medicaid services;
- Annual audited financial statements; except that, if a hospital is part of a consolidated or combined group, the hospital may submit a consolidated or combined financial statement if the group's statement separately identifies the information for each of the group's licensed hospitals.
- Utilization and staffing information and standard units of measure.

Official
Summary

The bill directs the department to consult with the hospital provider fee oversight and advisory board on the development of the hospital expenditure report.

The hospital expenditure report shall include, but not be limited to:

- A description of the analysis methods and definitions of report components;
- Uncompensated care costs; and
- The percentage that different categories of expenses contribute to overall expenses of hospitals.

The department is required to submit each hospital expenditure report to the governor; the joint budget committee; the public health care and human services committee of the house of representatives, or any successor committee; the health and human services committee of the senate, or any successor committee; and the medical services board in the department. The department is also directed to place the hospital expenditure reports on the department's website.

Position Monitor

Comment

Bill: [HB17-1246](#)

Title: ST-elevation Myocardial Infarction Task Force Recommendations Heart Attack Care

Status Governor Signed (05/18/2017)

Senate Sponsors [J. Tate](#) (R)
[L. Garcia](#) (D)

House Sponsors [T. Kraft-Tharp](#) (D)

Official
Summary

In 2013, the general assembly enacted SB 13-225, which established a task force in the department of public health and environment (department) to study and make recommendations for developing a statewide plan to improve quality of care to STEMI heart attack patients. (STEMI is an acronym for ST-elevation myocardial infarctions.) The study was to explore, among other things, the creation of a database for collecting data on STEMI care and access to aggregated STEMI data from the database for purposes of improving STEMI heart attack care.

The bill implements the following recommendations of the task force, with some modifications:

- Requires a hospital that is accredited as a STEMI receiving center to report to a specified national heart attack database data that is consistent with nationally recognized guidelines on individuals with confirmed heart attacks within the state;
- Within 30 days after receiving quarterly reports from the heart attack database, requires hospitals to submit those reports to the department;
- Specifies that information obtained by the department is privileged and strictly confidential, is not subject to subpoena or discovery, and is not admissible in a civil, criminal, or administrative proceeding; and
- Requires the department to sign a letter of commitment with the American College of Cardiology to ensure compliance with the confidentiality requirements and to request national reporting measures and metrics for benchmarking data.

Position Monitor

Comment

Bill: [HB17-1247](#)

Title: Patient Choice Health Care Provider

Status House Committee on Health, Insurance, & Environment Postpone Indefinitely (04/13/2017)

Senate Sponsors [J. Sonnenberg](#) (R)

House Sponsors [J. Becker](#) (R)
[J. Danielson](#) (D)

The bill prohibits a health benefit plan or third-party administrator plan covering services by licensed chiropractors, optometrists, or pharmacists (providers) from:

- Limiting or restricting a covered person's ability to select a provider of the covered person's choice if certain conditions are met;
- Imposing a copayment, fee, or other cost-sharing requirement for selecting a provider of the covered person's choosing;
- Imposing other conditions on a covered person or provider that limit or restrict a covered person's ability to use a pharmacy of the covered person's choosing; or
- Denying a provider the right to participate in any of its network contracts in this state or as a contracting provider in this state, so long as the provider agrees to specified conditions.

Position Monitor

Comment

Bill: [HB17-1253](#)

Title: Protect Seniors From Financial Abuse

Status Governor Signed (06/02/2017)

Senate Sponsors [L. Crowder](#) (R)

House Sponsors [J. Danielson](#) (D)

If specified, if licensed securities professionals (qualified individuals), while acting within the scope of their employment, reasonably suspect that an elderly or at-risk person is the subject of financial exploitation, the bill requires the broker-dealer or investment adviser to report to the commissioner of securities (commissioner). The commissioner is required to forward the report to local law enforcement and to the department of human services. The commissioner has access to records to conduct an investigation, but the records are not subject to an open records request.

The bill also authorizes the qualified individual to notify any third party designated by or associated with the elderly or at-risk person of any suspected financial exploitation. It also authorizes the broker-dealer or investment adviser to delay disbursement of a transaction that might result in financial exploitation.

The bill provides immunity to qualified individuals,

broker-dealers, and investment advisers making reports, disclosures, or delaying disbursements under the bill.

For qualified individuals who are also required to report mistreatment of an elderly or at-risk person pursuant to the Colorado Criminal Code (code), the bill clarifies that, if the individual makes a report pursuant to the code, the individual does not have to submit a report with the commissioner, and that filing a report with the commissioner does not satisfy the individual's obligation pursuant to the code.

Position Monitor

Comment

Bill: [HB17-1254](#)

Title: Noneconomic Damages Cap Wrongful Death Of Child

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (05/03/2017)

Senate Sponsors [D. Kagan](#) (D)

House Sponsors [J. Salazar](#) (D)
[K. Becker](#) (D)

Official
Summary

Position Monitor

Comment

Bill: [HB17-1286](#)

Title: State Employee Health Carrier Requirements

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (05/03/2017)

Senate Sponsors [L. Crowder](#) (R)

House Sponsors [D. Esgar](#) (D)

Official
Summary

The bill requires health insurance carriers that contract with the state to provide group benefit plans to state employees to:

- Participate in the individual market through the health insurance exchange;
- Provide plans to 2 counties in a geographic rating area with the highest premiums; and
- Participate in Medicaid, the children's basic health plan, and specific grant programs.

Position Monitor

Comment

Bill: [HB17-1318](#)

Title: Division Of Insurance Annual Report Pharmaceutical Costs Data

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (05/03/2017)

Senate Sponsors [J. Kefalas](#) (D)
[D. Coram](#) (R)

House Sponsors [J. Ginal](#) (D)

By March 31, 2018, and by each March 31 thereafter through March 31, 2020, the bill requires health insurers to submit to the commissioner of insurance (commissioner) information regarding pharmaceuticals covered under individual and group health insurance plans in prior years. Carriers are to report the following information, separately stated with regard to individual and group market segments:

- The total pharmaceutical costs, including cost-sharing amounts paid by insured persons, and the net pharmaceuticals costs, after negotiated rebates and discounts;
- The net cost of pharmaceuticals, expressed as a percentage of total medical costs; and
- A list of the drug classes of the 10 pharmaceuticals that were most dispensed and had the highest aggregate cost.

The bill also requires carriers providing or administering state group benefit plans for state employees to report the pharmaceutical cost data.

The commissioner is directed to aggregate and analyze the data and submit an annual report to the governor and specified legislative committees on trends in pharmaceutical costs in the insurance market, including most-prescribed and highest-cost pharmaceuticals.

The commissioner is authorized to adopt rules as necessary to implement the requirements of the bill. The reporting requirements are repealed on January 31, 2021.

Official
Summary

Position Monitor

Comment

Bill: [HB17-1320](#)

Title: Age Of Consent Outpatient Psychotherapy For Minors

Status Senate Committee on State, Veterans, & Military Affairs Postpone

Indefinitely (05/01/2017)

Senate Sponsors [D. Coram](#) (R)
[S. Fenberg](#) (D)

House Sponsors [L. Landgraf](#) (R)
[D. Michaelson](#) (D)

Official
Summary

Position Monitor

Comment

Bill: [HB17-1322](#)

Title: Domestic Violence Reports By Medical Professionals

Status Signed into law.

Senate Sponsors [K. Donovan](#) (D)
[K. Lundberg](#) (R)

House Sponsors [D. Esgar](#) (D)
[L. Landgraf](#) (R)

Official
Summary

Current law requires any licensed physician, physician assistant, or anesthesiologist assistant (licensee) who attends or treats any of certain injuries, including injuries resulting from domestic violence, to report the injury at once to the police of the city, town, or city and county or the sheriff of the county in which the licensee is located. The bill states that a licensee shall not report an injury that the licensee has reason to believe involves an act of domestic violence if:

- The victim of the injury is at least 18 years of age and indicates his or her preference that the injury not be reported;
- The injury is not an injury that the licensee is otherwise required to report;
- The licensee has no reason to believe that the injury involves a criminal act other than domestic violence; and
- The licensee has referred the victim to a victim's advocate.

The licensee shall document the victim's request in the victim's medical record.

Under current law, any licensee who, in good faith, makes such a report of an injury is immune from any liability, civil or criminal, that might otherwise be incurred or imposed with respect to the making of the report. The bill states that a licensee who does not make a report under

the new conditions described in the bill is also immune to such liability.

Position Monitor

Comment

Bill: [HB17-1350](#)

Title: Pharmacist Partial Fill Opioid Prescription

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (05/04/2017)

Senate Sponsors [J. Smallwood](#) (R)
[C. Jahn](#) (D)

House Sponsors [B. Pettersen](#) (D)
[L. Liston](#) (R)

Official Summary

The bill:

- Allows a pharmacist to dispense a schedule II opioid in a lesser amount than the prescribed amount if certain circumstances are met;
- Limits the time that the remaining portions of a partially filled prescription for a schedule II opioid drug may be filled; and
- Directs a pharmacist partially filling a prescription for a schedule II opioid to retain the original prescription at the pharmacy, report the partial fill to the prescription drug monitoring program, and notify the prescribing health care provider that the prescription was partially filled.

Position Monitor

Comment

Bill: [HB17-1351](#)

Title: Study Inpatient Substance Use Disorder Treatment

Status Governor Signed (06/02/2017)

Senate Sponsors [C. Jahn](#) (D)
[L. Crowder](#) (R)

House Sponsors [B. Pettersen](#) (D)
[B. Rankin](#) (R)

Official Summary

The bill requires the department of health care policy and financing, in collaboration with the department of human services (departments), to prepare a written report for committees of the general assembly relating to residential and inpatient substance use disorder

treatment options under the Medicaid program, the cost of treatment, and the potential impact on other state and county programs and services if residential and inpatient substance use disorder treatment options were effective. The departments' report shall also include recommendations relating to the implementation of residential and inpatient substance use disorder treatment, better coordination of substance use disorder services among state agencies, and necessary changes to state law to implement treatment.

Position Monitor

Comment

Bill: [HB17-1353](#)

Title: Implement Medicaid Delivery & Payment Initiatives

Status Governor Signed (05/23/2017)

Senate Sponsors [K. Lundberg](#) (R)

House Sponsors [D. Young](#) (D)

Joint Budget Committee. The bill authorizes the department of health care policy and financing (department) to continue its implementation of the Medicaid care delivery system, referred to as the accountable care collaborative (ACC). The bill defines the goals of the ACC and the department's implementation of the ACC, including, in part, establishing primary care medical homes for Medicaid clients, providing regional coordination and accountability, and integrating physical and behavioral health care delivery. The medical services board is required to promulgate rules implementing the ACC.

Official Summary The bill requires the department to submit an annual report concerning the implementation of the ACC to the joint budget committee and to the health care committees of the house of representatives and of the senate that oversee the Medicaid program. Among other information listed in the bill, the report must include information on the number of Medicaid clients participating in the ACC, performance results, and fiscal impacts of the ACC. The bill authorizes the department of health care policy and financing (department) to implement performance-based payments for Medicaid providers. Prior to implementing performance-based payments,

the department shall report to the joint budget committee concerning the performance-based payments, including whether the payments require a budget request, the amount of the payments compared to total reimbursements for the affected service, and a description of the stakeholder process and the department's response to stakeholder feedback. After implementation of performance-based payments, the department shall report to the joint budget committee and the health care committees of the house of representatives and the senate that oversee the Medicaid program concerning the design of the performance-based payments, the stakeholder engagement process with respect to the payments, and other information regarding the implementation of the performance-based payments described in the bill.

Position Monitor

Comment

Bill: [HB17-1368](#)

Title: End-of-life Death Certificate Signature

Status House Committee on Health, Insurance, & Environment Postpone Indefinitely (05/04/2017)

Senate Sponsors [L. Court](#) (D)

House Sponsors [J. Ginal](#) (D)

Official Summary Currently, the Colorado End-of-life Options Act requires an attending physician or hospice medical director to sign the death certificate of an individual who obtained and self-administered aid-in-dying medication. The bill removes this requirement.

Position Monitor

Comment

Bill: [HB17-1371](#)

Title: Distribution Of Medications To Certain Outlets

Status Governor Signed (06/02/2017)

Senate Sponsors [J. Cooke](#) (R)

House Sponsors [P. Lee](#) (D)

Official Summary Current law allows an accredited hospital, a prescription drug outlet operated by a health maintenance organization, and the state department of corrections to distribute compounded and prepackaged medications, without limitation, to pharmacies under common

ownership of the entity. The bill allows these entities to distribute such medications to other outlets under common ownership of each entity as well.

Position Monitor

Comment

SENATE BILLS

Bill: [SB17-003](#)

Title: Repeal Colorado Health Benefit Exchange

Status Senate Second Reading Laid Over to 05/11/2017 - No Amendments (05/08/2017)

Senate Sponsors [J. Smallwood](#) (R)

House Sponsors [P. Neville](#) (R)

Official Summary In 2010, pursuant to the enactment of federal law that allowed each state to establish a health benefit exchange option through state law or opt to participate in a national exchange, the general assembly enacted the Colorado Health Benefit Exchange Act (act). The act created the state exchange, a board of directors (board) to implement the exchange, and a legislative health benefits exchange implementation review committee to make recommendations to the board. The bill repeals the act, effective January 1, 2018, and allows the exchange to continue for one year for the purpose of winding up its affairs. The bill also requires the board, on the last day of the wind-up period, to transfer any unencumbered money that remains in the exchange to the state treasurer, who shall transfer the money to the general fund.

Position Monitor

Comment

Bill: [SB17-004](#)

Title: Access To Providers For Medicaid Recipients

Status House Committee on State, Veterans, & Military Affairs Postpone Indefinitely (04/19/2017)

Senate Sponsors [J. Tate](#) (R)

House Sponsors [C. Wist](#) (R)

Official Summary Under current law, recipients of services under the Colorado medical assistance program (Medicaid) are not responsible for the cost

of services by a medical provider or the cost remaining after payment by Medicaid or another private insurer, regardless of whether the medical provider is enrolled in the Medicaid program, unless the medical services provided are nonreimbursable by Medicaid. The bill amends the statute so that the prohibition on charging Medicaid recipients for medical services applies only if the medical provider is enrolled in Medicaid. Prior to providing medical services to a Medicaid recipient, a nonenrolled provider must enter into a written agreement with the recipient as specified in the bill. If the requirements are met, the Medicaid recipient would be responsible for the cost of the medical services.

Position Monitor

Comment

Bill: [SB17-009](#)

Title: Business Personal Property Tax Exemption

Status House Committee on State, Veterans, & Military Affairs Postpone Indefinitely (05/03/2017)

Senate Sponsors [L. Crowder](#) (R)

House Sponsors [T. Leonard](#) (R)

Official Summary There is an exemption from property tax for business personal property that would otherwise be listed on a single personal property schedule that is equal to \$7,300 for the current property tax year cycle. The bill triples the exemption to \$21,900 for the next 2 property tax years and adjusts it for inflation for subsequent property tax cycles.

Position Monitor

Comment

Bill: [SB17-032](#)

Title: Prescription Drug Monitoring Program Access

Status Senate Committee on Judiciary Postpone Indefinitely (02/01/2017)

Senate Sponsors [M. Merrifield](#) (D)

House Sponsors

Official Summary Current law gives law enforcement officials and state regulatory boards access to the prescription drug monitoring program with a

request
that is accompanied by an official court order or subpoena. The bill
changes this requirement to an official court order or warrant issued
upon
a showing of probable cause.

Position Monitor

Comment

Bill: [SB17-033](#)

Title: Delegate Dispensing Over-the-counter Medications

Status Governor Signed (03/30/2017)

Senate Sponsors [I. Aguilar](#) (D)

House Sponsors [P. Lawrence](#) (R)

Official
Summary The bill allows a professional nurse to delegate to another person,
after appropriate training, the dispensing authority of an over-the-
counter
medication to a minor with the signed consent of the minor's parent or
guardian.

Position Monitor

Comment

Bill: [SB17-057](#)

Title: Colorado Healthcare Affordability & Sustainability Enterprise

Status Senate Committee on Finance Postpone Indefinitely (03/21/2017)

Senate Sponsors [L. Guzman](#) (D)

House Sponsors

Official
Summary The bill creates the Colorado healthcare affordability and
sustainability enterprise (enterprise) as a **type 2** agency and
government-owned business within the department of health care policy
and financing (HCPF) for the purpose of participating in the
implementation and administration of a state Colorado healthcare
affordability and sustainability program (program) on and after July 1,
2017, and creates a board consisting of 13 members appointed by the
governor with the advice and consent of the senate to govern the
enterprise. The business purpose of the enterprise is, in exchange for the
payment of a new healthcare affordability and sustainability fee (fee) by
hospitals to the enterprise, to administer the program and thereby
support

hospitals that provide uncompensated medical services to uninsured patients and participate in publicly funded health insurance programs by:

- Participating in a federal program that provides additional matching money to states;
- Using fee revenue, which must be credited to a newly created healthcare affordability and sustainability fee fund and used solely for purposes of the program, and federal matching money to:
 - Reduce the amount of uncompensated care that hospitals provide by increasing the number of individuals covered by publicly funded health insurance; and
 - Increase publicly funded insurance reimbursement rates to hospitals; and
 - Providing or contracting for or arranging advisory and consulting services to hospitals and coordinating services to hospitals to help them more effectively and efficiently participate in publicly funded insurance programs.

The bill does not take effect if the federal centers for Medicare and Medicaid services determine that it does not comply with federal law. The enterprise is designated as an enterprise for purposes of the taxpayer's bill of rights (TABOR) so long as it meets TABOR requirements. The primary powers and duties of the enterprise are to:

- Charge and collect the fee from hospitals;
- Leverage fee revenue collected to obtain federal matching money;
- Utilize and deploy both fee revenue and federal matching money in furtherance of the business purpose of the enterprise;
- Issue revenue bonds payable from its revenues;
- Enter into agreements with HCPF as necessary to collect and expend fee revenue;
- Engage the services of private persons or entities serving as contractors, consultants, and legal counsel for professional and technical assistance and advice and to supply other services related to the conduct of the affairs of the enterprise, including the provision of additional business services to hospitals; and
- Adopt and amend or repeal policies for the regulation of its affairs and the conduct of its business.

The existing hospital provider fee program is repealed and the existing hospital provider fee oversight and advisory board is abolished, effective July 1, 2017.

The bill specifies that so long as the enterprise qualifies as a TABOR-exempt enterprise, fee revenue does not count against either

the TABOR state fiscal year spending limit or the referendum C cap, the higher statutory state fiscal year spending limit established after the voters of the state approved referendum C in 2005. The bill clarifies that the creation of the new enterprise to charge and collect the fee is the creation of a new government-owned business that provides business services to hospitals as an enterprise for purposes of TABOR and related statutes and does not constitute the qualification of an existing government-owned business as a new enterprise that would require or authorize downward adjustment of the TABOR state fiscal year spending limit or the referendum C cap.

Position Monitor

Comment

Bill: [SB17-064](#)

Title: License Freestanding Emergency Departments

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (02/08/2017)

Senate Sponsors [J. Kefalas](#) (D)

House Sponsors [S. Lontine](#) (D)

Official Summary

The bill creates a new license, referred to as a freestanding emergency department license, for the department of public health and environment to issue on or after July 1, 2019, to a health facility that provides emergency and urgent care and is either independent from and not affiliated with or located in a hospital or is operated by a hospital at a location off the hospital's main campus. The state board of health is to adopt rules regarding the new license, including rules to set licensure requirements and fees, safety and care standards, staffing requirements, fee transparency requirements, and other areas related to the operation of freestanding emergency departments. To qualify for a license, a facility must provide claims and billing data to health insurers and must be able to triage patients to determine the level of care they require. Starting on the date the bill takes effect through June 30, 2019, the department is prohibited from issuing a new license to a person to operate a freestanding health facility that provides emergency care, whether independent from or operated by a hospital, unless the facility will serve an area of the state that has limited access to emergency care.

Additionally, the bill requires a health facility that is operating as a freestanding emergency department under current law to:

- Submit data to insurers to enable reporting of claims and billing data from freestanding emergency departments;
- Differentiate in a patient's billing statement the facility fee, professional fee, and ancillary service charges; and
- Post on its website a current facility fee schedule that indicates the range of facility fees that a patient may be charged and a list of health benefit plans or products for which the facility and its health care providers are in-network or out-of-network.

Position Monitor

Comment

Bill: [SB17-065](#)

Title: Transparency In Direct Pay Health Care Prices

Status Governor Signed (04/06/2017)

Senate Sponsors [K. Lundberg](#) (R)

House Sponsors [S. Lontine](#) (D)

Official
Summary

The bill creates the Transparency in Health Care Prices Act, which requires health care professionals and health care facilities to make available to the public the health care prices they assess directly for common health care services they provide. Health care professionals and facilities are not required to submit their health care prices to any government agency for review or approval. Additionally, the act prohibits health insurers, government agencies, or other persons or entities from penalizing a health care recipient, provider, facility, employer, or other person or entity who pays directly for health care services or otherwise exercises rights under or complies with the act. The bill takes effect January 1, 2018.

Position Monitor

Comment

Bill: [SB17-074](#)

Title: Create Medication-assisted Treatment Pilot Program

Status Governor Signed (05/22/2017)

Senate Sponsors [L. Garcia](#) (D)

House Sponsors [D. Esgar](#) (D)

The bill creates the medication-assisted treatment (MAT) expansion pilot program, administered by the university of Colorado college of nursing, to expand access to medication-assisted treatment to opioid-dependent patients in Pueblo and Routt counties. The pilot program will provide grants to community- and office-based practices, behavioral health organizations, and substance abuse treatment organizations to:

Official
Summary

- Assist nurse practitioners and physician assistants working in those settings to obtain training and support required under the federal Comprehensive Addiction and Recovery Act of 2016 (CARA) to enable them to prescribe buprenorphine as part of providing MAT to opioid-dependent patients; and

- Provide behavioral therapies in conjunction with medication as part of the provision of MAT to opioid-dependent patients.

The general assembly is directed to appropriate \$500,000 per year for the 2017-18 and 2018-19 fiscal years from the marijuana tax cash fund to the university of Colorado board of regents, for allocation to the college of nursing to implement the pilot program.

Each grant recipient must submit a report to the college of nursing regarding the use of the grant, and the college of nursing must submit a summarized report to the governor and the health committees of the senate and house of representatives regarding the pilot program.

The pilot program is established and funded for 2 years and repeals on June 30, 2020.

Position Support

Comment

Bill: [SB17-082](#)

Title: Regulation Of Methadone Treatment Facilities

Status House Committee on State, Veterans, & Military Affairs Postpone Indefinitely (04/27/2017)

Senate Sponsors [K. Lambert](#) (R)

House Sponsors [P. Lundeen](#) (R)

Official
Summary

Current law requires the department of human services to establish standards for facilities that treat drug abusers or dispense controlled substances to drug abusers. This authority includes standards for methadone treatment facilities.

The bill defines methadone treatment facilities, removes regulatory authority over methadone treatment facilities from the department of human services, and authorizes regulatory authority of methadone treatment facilities by the department of public health and environment. The bill requires additional standards for methadone treatment facilities, including minimum distances for such facilities from schools, colleges, residential child care facilities, and public parks, and a disclosure of infractions by the owner of the facility, its holding company, and any other entity under the holding company. When infractions are disclosed, the department must determine whether the public interest requires denial of an application or other remedial action. The bill also specifies that a methadone treatment facility is not a medical clinic for zoning purposes.

Position Monitor

Comment

Bill: [SB17-084](#)

Title: Coverage For Drugs In A Health Coverage Plan

Status Senate Committee on Health & Human Services Postpone Indefinitely (02/09/2017)

Senate Sponsors [C. Jahn](#) (D)

House Sponsors [J. Singer](#) (D)
[D. Esgar](#) (D)

Official Summary The bill prohibits a health insurance carrier from excluding or limiting a drug for an enrollee in a health coverage plan if the drug was covered at the time the enrollee enrolled in the plan. A carrier may not raise the costs to the enrollee for the drug during the enrollee's plan year.

Position Monitor

Comment

Bill: [SB17-088](#)

Title: Participating Provider Network Selection Criteria

Status Governor Signed (04/18/2017)

Senate Sponsors [A. Williams](#) (D)
[C. Holbert](#) (R)

House Sponsors [K. Van Winkle](#) (R)
[E. Hooton](#) (D)

The bill requires a health insurer (carrier) to develop, use, and disclose to participating and prospective health care providers the standards the carrier uses for:

- Selecting participating providers for its network of providers;
- Tiering providers within the network; and
- Placing participating providers in a narrow or tiered provider network.

If a carrier markets a network as having quality or value, the carrier must include in the selection, narrowing, and tiering standards a quality component that:

- Equals or exceeds the weight of the other components of the standards; and
- Is based on specialty-appropriate, nationally recognized, evidence-based medical guidelines or nationally recognized, consensus-based guidelines.

A carrier must disclose its standards and any quality criteria to the commissioner of insurance for review and must make the standards available to providers and the public.

At least 45 days before implementing a decision to terminate, deny, restrict, limit, or otherwise condition a provider's participation in one or more provider networks, a carrier must notify the affected provider in writing and inform the provider of the right to request that the carrier reconsider its decision. The bill requires the carrier to develop procedures

for providers to request reconsideration and sets forth minimum requirements for, components of, and deadlines for the procedures.

At least annually, and within 30 days after adding or removing a network plan or product, a carrier must provide to providers participating

in at least one of its networks a complete list of all network plans and products it offers to consumers, indicating the participating provider's status within each network plan or product.

A carrier that violates a requirement of the bill engages in an unfair or deceptive act or practice in the business of insurance and is subject to penalties and damages authorized by law.

Official
Summary

Position Support

Comment Support is as amended.

Bill: [SB17-104](#)

Title: Catastrophic Plans In Geographic Rating Areas

Status Senate Committee on Business, Labor, & Technology Postpone

Indefinitely (02/15/2017)

Senate Sponsors [K. Donovan](#) (D)

House Sponsors

Official Summary The bill requires a health insurance carrier to offer and issue a catastrophic health insurance plan to eligible individuals who are under 30 years of age in certain geographic rating areas for a minimum of 3 years.

Position Monitor

Comment

Bill: [SB17-106](#)

Title: Sunset Registration Of Naturopathic Doctors

Status Sent to the Governor (05/18/2017)

Senate Sponsors [D. Coram](#) (R)
[I. Aguilar](#) (D)

House Sponsors [J. Singer](#) (D)

Sunset Process - Senate Health and Human Services Committee. The bill implements the recommendations of the department of regulatory agencies, as contained in the department's sunset review of naturopathic doctors, as follows:

- Continues the regulation of naturopathic doctors by the director of the division of professions and occupations for 5 years, until September 1, 2022 (**sections 1 and 2**);
- Requires insurance carriers to report to the director any malpractice judgments against or settlements entered into by a naturopathic doctor (**sections 4 and 5**);
- Adds naturopathic doctors to the list of persons required to report child abuse or neglect (**section 7**) and mistreatment of at-risk elders and at-risk adults with intellectual and developmental disabilities (**section 6**);
- Clarifies that the naturopathic formulary that lists the medicines naturopathic doctors may use in the practice of naturopathic medicine includes prescription substances and devices authorized under the Naturopathic Doctor Act (**section 3**); and
- Corrects the name of the homeopathic pharmacopoeia as it appears in the act (**section 3**).

Official Summary

Position Oppose

Comment Oppose expansion of scope of practice.

Bill: [SB17-108](#)

Title: Sunset Speech-language Pathology Practice Act

Status: Governor Signed (04/24/2017)

Senate Sponsors: [L. Crowder](#) (R)

House Sponsors: [J. Buckner](#) (D)

Sunset Process - Senate Health and Human Services Committee. The bill implements the recommendations of the sunset review and report on the certification of speech-language pathologists through the department of regulatory agencies by:

- Extending the automatic termination date of the Speech-language Pathology Practice Act to September 1, 2022, pursuant to the sunset law (**sections 1 and 2** of the bill); and
- Removing the American Speech-Language-Hearing Association (**sections 3 and 4** of the bill).

Official Summary

Position: Monitor

Comment

Bill: [SB17-133](#)

Title: Insurance Commissioner Investigation Of Provider Complaints

Status: Senate Committee on Business, Labor, & Technology Postpone Indefinitely (04/12/2017)

Senate Sponsors: [J. Tate](#) (R)

House Sponsors: [D. Young](#) (D)

Official Summary

Currently, the commissioner of insurance may investigate complaints by health care providers regarding the improper handling or denial of benefits by a health insurance company. The bill requires the commissioner to investigate provider complaints and notify the provider of the results of the investigation. The commissioner is directed to include information on provider complaints in an existing annual report to the general assembly. The commissioner must determine if there is a pattern of misconduct by a health insurance company and, if there is a pattern, must impose an appropriate remedy or penalty as an unfair or deceptive practice.

Position: Support

Comment

Bill: [SB17-142](#)

Title: Breast Density Notification Required

Status: Governor Signed (04/06/2017)

Senate Sponsors: [A. Williams](#) (D)

House Sponsors: [J. Danielson](#) (D)

Official
Summary

The bill requires that each mammography report provided to a patient include information that identifies the patient's breast tissue classification based on the breast imaging reporting and data system established by the American college of radiology. If the health care facility that performed the mammography determines that a patient has dense breast tissue, the facility is required to notify the patient of the determination using specific language.

Position: Monitor

Comment

Bill: [SB17-146](#)

Title: Access To Prescription Drug Monitoring Program

Status: Governor Signed (04/06/2017)

Senate Sponsors: [C. Jahn](#) (D)

House Sponsors: [J. Ginal](#) (D)

Official
Summary

The bill modifies provisions relating to licensed health professionals' access to the electronic prescription drug monitoring program as follows:

- Allows a health care provider who has authority to prescribe controlled substances, or the provider's designee, to query the program regarding a current patient, regardless of whether the provider is prescribing or considering prescribing a controlled substance to that patient;
- Specifies that a veterinarian who is authorized to prescribe controlled substances may access the program to inquire about a current patient or client if the veterinarian suspects that the client has committed drug abuse or mistreated an animal; and
- Specifies that, in addition to accessing the program when dispensing or considering dispensing a controlled substance, a pharmacist or designee of the pharmacist may access the program regarding a current patient to whom the pharmacist is dispensing or considering dispensing a prescription drug.

Position Monitor

Comment

Bill: [SB17-151](#)

Title: Consumer Access To Health Care

Status Senate Committee on Business, Labor, & Technology Postpone Indefinitely (02/15/2017)

Senate Sponsors [L. Crowder](#) (R)

House Sponsors [J. Ginal](#) (D)

Official
Summary

The bill requires a health insurance carrier or an intermediary that conducts credentialing, utilization management, or utilization review to:

- Base health care coverage authorizations and medical necessity determinations on generally accepted and evidence-based standards and criteria of clinical practice;
- Disclose to a carrier's policyholders and providers the evidence-based standards and criteria of clinical practice and processes that the carrier uses for coverage authorizations and medical necessity determinations of health care services;
- Ensure that coverage authorizations and medical necessity determinations are performed by a health care provider;
- Categorize a condition as a new episode of care if the same provider has not treated the policyholder for the condition within the previous 30 days; and
- Ensure that tiered prior authorization criteria are based on generally accepted and evidence-based standards and criteria of clinical practice.

The bill prohibits:

- An intermediary from requiring coverage authorization or a medical necessity determination prior to the evaluation and management services provided by a health care provider to a policyholder during an initial health care visit; and
- A carrier from creating incentives to reduce or deny coverage authorizations or medical necessity determinations.

Position Monitor

Comment

Bill: [SB17-181](#)

Title: Collateral-Source Rule Evidence Of Insurance

Status House Committee on State, Veterans, & Military Affairs Postpone Indefinitely (04/19/2017)

Senate Sponsors [R. Gardner](#) (R)

House Sponsors [Y. Willett](#) (R)

The bill modifies the collateral-source rule, which generally states that in a civil action for damages the jury should not be told about insurance coverage or other sources from which the plaintiff has received

Official Summary

or may receive compensation (collateral sources). The bill allows evidence of collateral sources unless the plaintiff agrees to have the jury's award reduced by the lesser of:

- The amount paid or available to the plaintiff from collateral sources; or

- The amount of premiums or other contributions the plaintiff paid to those collateral sources.

The bill establishes the procedure for determining these amounts and the conditions under which the plaintiff may elect to invoke the collateral-source rule.

Position Monitor

Comment

Bill: [SB17-193](#)

Title: Research Center Prevention Substance Abuse Addiction

Status Signed into law.

Senate Sponsors [K. Lundberg](#) (R)
[C. Jahn](#) (D)

House Sponsors [B. Pettersen](#) (D)
[B. Rankin](#) (R)

The bill establishes the center for research into prevention strategies for, and treatment of, abuse of, and addiction to opioids, other controlled substances, and alcohol at the university of Colorado health sciences center.

Official Summary

The bill makes an appropriation.

Position Monitor

Comment

Bill: [SB17-198](#)

Title: Public Participate Review Acquire Control Insurer

Status Signed into law.

Senate Sponsors [K. Priola](#) (R)

House Sponsors [A. Garnett](#) (D)

Official Summary Current law requires an opportunity for public notice and a hearing for proposed transactions that would result in the acquisition of control of a domestic insurer, which is one that is incorporated or formed pursuant to Colorado law. **Section 1** of the bill expands the public notice for acquisition of a domestic insurer that offers health plans by requiring the commissioner of insurance to make the entire preacquisition notification available for public inspection promptly after filing. **Section 2** requires the commissioner to subject proposed transactions that would result in the acquisition of control of a foreign insurer that offers health plans to public participation requirements that are analogous to those that would be required for domestic insurers that offer health plans.

Position Support

Comment Support is as amended.

Bill: [SB17-203](#)

Title: Prohibit Carrier From Requiring Alternative Drug

Status Signed into law.

Senate Sponsors [N. Todd](#) (D)

House Sponsors [C. Kennedy](#) (D)
[P. Covarrubias](#) (R)

Official Summary The bill prohibits a carrier from requiring a covered person to undergo step therapy:

- When being treated for a terminal condition; or
- If the covered person has tried a step-therapy-required drug under a health benefit plan and the drug was discontinued by the manufacturer.

A carrier that requires step therapy must have an override process for health care providers. Step therapy is defined as a protocol that requires a covered person to use a prescription drug or sequence of prescription drugs, other than the drug that the covered person's health care provider recommends for the covered person's treatment, before the carrier provides coverage for the recommended drug.

Position Monitor

Comment

Bill: [SB17-206](#)

Title: Out-of-network Providers Payments Patient Notice

Status: Senate Committee on Business, Labor, & Technology Postpone Indefinitely (04/10/2017)

Senate Sponsors: [R. Gardner](#) (R)

House Sponsors: [J. Singer](#) (D)

Official
Summary

Under current law, when a health care provider who is not under a contract with a health insurer (out-of-network provider) renders health care services to a person covered under a health benefit plan at a facility that is part of the provider network under the plan (in-network facility), the health insurer is required to cover the services of the out-of-network provider at the in-network benefit level and at no greater cost to the covered person than if the services were provided by an in-network provider.

The bill outlines the method for a health insurer to use in determining the amount it must pay an out-of-network provider that rendered covered services to a covered person at an in-network facility and requires the health insurer to pay the out-of-network provider directly. The bill also establishes an independent dispute resolution process by which an out-of-network provider may obtain review of a payment from a health insurer.

Additionally, the bill requires an in-network facility where a covered person will receive a health care procedure or treatment, the health insurer, and an out-of-network provider who provides health care services to a covered person at an in-network facility to provide specified

disclosures to the covered person, explaining that:

- An out-of-network provider may provide health care services to the covered person as part of the procedure or treatment provided at the in-network facility;
- If the covered person's plan is governed by state law, the services rendered by an out-of-network provider are covered under the plan at the in-network benefit level;
- The out-of-network provider will submit a bill to the covered person's health insurer, and if the covered person receives a bill from the out-of-network provider, he or she should contact the health insurer's customer service to resolve the bill; and
- The covered person is only responsible for paying the applicable in-network cost-sharing amount, and the carrier is responsible for paying any remaining balance owed the out-of-network provider.

A health insurer that fails to reimburse out-of-network providers

as required by the bill and under current law or fails to provide the required notice to the covered person engages in an unfair or deceptive act or practice in the business of insurance and is subject to monetary penalties and other penalties authorized by law.

Position Monitor

Comment

Bill: [SB17-207](#)

Title: Strengthen Colorado Behavioral Health Crisis System

Status Signed into law.

Senate Sponsors [J. Cooke](#) (R)
[D. Kagan](#) (D)

House Sponsors [L. Sias](#) (R)
[J. Salazar](#) (D)

Official
Summary

The bill clarifies the intent of the general assembly for establishing a coordinated behavioral health crisis response system (crisis system). The crisis system is intended to be a comprehensive, appropriate, and preferred response to behavioral health crises in Colorado. By clarifying the role of the crisis system and making necessary enhancements, the bill puts systems in place to help Colorado end the use of jails and correctional facilities as placement options for individuals placed on emergency mental health holds if they have not also been charged with a crime and enhances the ability of emergency departments to serve individuals who are experiencing a behavioral health crisis. The crisis system is intended to provide an appropriate first line of response to individuals in need of an emergency 72-hour mental health hold. The statewide framework created by the crisis system strengthens community partnerships and ensures that first responders are equipped with a variety of options for addressing behavioral health crises that meet the needs of the individual in a clinically appropriate setting. The bill expands and strengthens the current crisis system in the following ways:

- Encourages crisis system contractors in each region to develop partnerships with the broad array of crisis intervention services in the region;
- Requires crisis system contractors to be responsible for community engagement, coordination, and system navigation for key partners in the crisis system. The goals of community coordination are to formalize key

relationships within contractually defined regions, pursue collaborative programming for behavioral health services, and coordinate interventions as necessary with behavioral health crises in the region.

- Increases the ability of all crisis services facilities, including walk-in centers, acute treatment units, and crisis stabilization units within the crisis system, regardless of facility licensure, to adequately care for an individual brought to the facility in need of an emergency 72-hour mental health hold;
- Expands the ability of mobile response units to be available within 2 hours, either face-to-face or using telehealth operations for mobile crisis evaluations;
- Recognizes the obligations of hospitals and hospital-based emergency departments under federal law to screen and stabilize every patient who comes to the hospital-based emergency department, including those patients experiencing a behavioral health crisis; and
- Requires that, on or before January 1, 2018, all walk-in centers throughout the state be appropriately designated, adequately prepared, and properly staffed to accept an individual in need of an emergency 72-hour mental health hold.

The department of human services (department) shall ensure consistent training for professionals who have regular contact with individuals who are experiencing a behavioral health crisis. The department shall conduct a needs and capacity assessment of the crisis system.

The office of behavioral health is required to submit a report on or before November 1, 2017, and on or before May 1, 2018, concerning the status of funding, the use of new and existing resources, and the implementation of additional behavioral health crisis services. This report is separate and in addition to the information the department is required to provide concerning the crisis system in its annual SMART report to the general assembly.

The bill removes language from statute that allows, at any time for any reason, an individual who is being held on an emergency 72-hour mental health hold to be detained or housed in a jail, lockup, or other place used for the confinement of persons charged with or convicted of criminal offenses. The effective date of this component of the bill is May 1, 2018.

An appropriation from the marijuana tax cash fund is authorized.

Position Monitor

Comment

Bill: [SB17-250](#)

Title: Student Exemption From Immunization Requirements

Status Senate Second Reading Lost with Amendments - Floor (04/19/2017)

Senate Sponsors [T. Neville](#) (R)
[V. Marble](#) (R)

House Sponsors [S. Lebsock](#) (D)
[P. Neville](#) (R)

Official Summary The bill clarifies that a certification or exemption letter required for exemption from a school immunization requirement may be from a licensed physician, physician assistant, or advanced practice nurse or a parent, guardian, emancipated student, or student 18 years of age or older.
A person submitting a letter is not required to use a specified form.

Position Monitor

Comment

Bill: [SB17-256](#)

Title: Hospital Reimbursement Rates

Status Governor Signed (05/08/2017)

Senate Sponsors [K. Lambert](#) (R)

House Sponsors [M. Hamner](#) (D)

Official Summary **Joint Budget Committee.** For the 2017-18 state fiscal year, if the amount of revenue collected from the hospital provider fee is insufficient to fully fund all of the statutory purposes for the fee, the bill requires any reduction to be taken from hospital reimbursements.
The bill reduces the cash funds appropriation from the hospital provider fee in the 2017 annual general appropriation act by \$264,100,000.

Position Monitor

Comment

Bill: [SB17-267](#)

Title: Sustainability Of Rural Colorado

Status Signed into law.

Senate Sponsors [L. Guzman](#) (D)
[J. Sonnenberg](#) (R)

House Sponsors [J. Becker](#) (R)
[K. Becker](#) (D)

Section 3 of the bill eliminates annual statutory transfers of general fund revenue to the highway users tax fund (HUTF) and the capital construction fund for state fiscal years 2017-18, 2018-19, and 2019-20. **Section 1** makes statutory general fund transfers to the state public school fund in amounts equal to the amounts of the eliminated statutory transfers to the HUTF for the sole purpose of reducing, proportionally to the extent feasible, the financial impacts of inconsistent funding of the state share of district total program on rural and small rural school districts.

Section 2 requires executive branch departments to submit 2018-19 budget requests to the office of state planning and budgeting (OSPB) that are at least 2% lower than their 2017-18 budgets. The OSPB must strongly consider the budget reduction proposals made by each department when preparing the annual executive budget proposals to the general assembly and shall seek to ensure that the executive budget proposal for each department is at least 2% lower than the department's actual budget for the 2017-18 fiscal year.

Section 5 authorizes the state to execute lease-purchase agreements for eligible state facilities to generate up to \$1.35 billion of net proceeds, with maximum annual lease payments of \$100 million for up to 20 years. Lease payments must be paid first from any legally available money under the control of the transportation commission and next from the general fund or any other legally available source of money.

\$1.2 billion of the net proceeds are credited to the HUTF and allocated to the state highway fund and \$150 million of the net proceeds are credited to the capital construction fund, with such amounts being reduced proportionally if the full \$1.35 billion of net proceeds is not received. As specified in **section 19**, the department of transportation (CDOT) may use the net proceeds only for qualified federal aid highway projects, with at least 25% of the money being used for projects that are located in counties with populations of 50,000 or less.

Section 6 creates the Colorado healthcare affordability and

Official
Summary

sustainability enterprise (enterprise) as a **type 2** agency and government-owned business within the department of health care policy and financing (HCPF) for the purpose of participating in the implementation and administration of a Colorado healthcare affordability

and sustainability program (program) on and after July 1, 2017, and creates a board consisting of 13 members appointed by the governor with

the advice and consent of the senate to govern the enterprise. The business purpose of the enterprise is, in exchange for the payment of a new healthcare affordability and sustainability fee (fee) by hospitals to the

enterprise, to administer the program and thereby support hospitals that provide uncompensated medical services to uninsured patients and participate in publicly funded health insurance programs by:

- Participating in a federal program that provides additional matching money to states;

- Using fee revenue, which must be credited to a newly created healthcare affordability and sustainability fee fund and used solely for purposes of the program, and federal matching money to:

- Reduce the amount of uncompensated care that hospitals provide by increasing the number of individuals covered by publicly funded health insurance; and

- Increase publicly funded insurance reimbursement rates to hospitals; and

- Providing or contracting for or arranging advisory and consulting services to hospitals and coordinating services to hospitals to help them more effectively and efficiently participate in publicly funded insurance programs.

The bill does not take effect if the federal centers for Medicare and Medicaid services determine that it does not comply with federal law.

The enterprise is designated as an enterprise for purposes of the taxpayer's bill of rights (TABOR) so long as it meets TABOR requirements. The primary powers and duties of the enterprise are to:

- Charge and collect the fee from hospitals;

- Leverage fee revenue collected to obtain federal matching money;

- Utilize and deploy both fee revenue and federal matching money in furtherance of the business purpose of the enterprise;

- Issue revenue bonds payable from its revenues;

- Enter into agreements with HCPF as necessary to collect and expend fee revenue;

- Engage the services of private persons or entities serving as

contractors, consultants, and legal counsel for professional and technical assistance and advice and to supply other services related to the conduct of the affairs of the enterprise, including the provision of additional business services to hospitals;

- Seek any federal waiver necessary to fund and, in cooperation with HCPF and hospitals, support the implementation, no earlier than October 1, 2019, of a health care delivery reform incentive payments program that will improve health care access and outcomes for individuals served by HCPF while efficiently utilizing available financial resources. The health care delivery reform incentive payments program must include, at a minimum, an initial planning phase to assess needs and develop achievable outcome-based metrics to be used to measure progress towards specified program goals and address specified focus areas.

- Adopt and amend or repeal policies for the regulation of its affairs and the conduct of its business.

The existing hospital provider fee program is repealed by **section 18** and the existing hospital provider fee oversight and advisory board is abolished, effective July 1, 2017.

So long as the enterprise qualifies as a TABOR-exempt enterprise, fee revenue does not count against either the TABOR state fiscal year spending limit or the referendum C cap, the higher statutory state fiscal year spending limit established after the voters of the state approved referendum C in 2005. The bill clarifies that the creation of the new enterprise to charge and collect the fee is the creation of a new government-owned business that provides business services to hospitals as an enterprise for purposes of TABOR and related statutes and does not

constitute the qualification of an existing government-owned business as a new enterprise that would require or authorize downward adjustment of

the TABOR state fiscal year spending limit or the referendum C cap.

Section 4 lowers the referendum C cap for the 2017-18 fiscal year and subsequent fiscal years. **Section 16** requires HCPF, within 120 days of the enactment of the federal Advancing Care of Exceptional Kids Act, to seek any federal waiver necessary to fund, in cooperation with hospitals that meet the specified requirements, the implementation of an enhanced pediatric health home for children with complex medical conditions.

Position

Monitor

Comment

Bill: [SB17-284](#)

Title: A Woman's Right To Accurate Health Care Information

Status: Senate Second Reading Lost with Amendments - Committee
(04/13/2017)

Senate Sponsors: [K. Lundberg](#) (R)
[V. Marble](#) (R)

House Sponsors: [L. Saine](#) (R)
[K. Ransom](#) (R)

Official Summary: The bill ensures that women are fully and accurately informed about their personal medical conditions regarding their pregnancies and health care options. Current medical procedures already use ultrasound technology to provide information regarding the gestational age of a child in utero. The bill ensures that a woman has the opportunity to see or forego seeing her ultrasound. The bill gives the woman a choice between an abdominal or vaginal ultrasound. The bill allows a woman the opportunity to find a provider of ultrasound technology that will provide the service free of charge. The bill requires that a woman be given full and accurate information regarding her abortion. The bill describes the information that the physician performing the abortion provides to the woman, and gives the woman an opportunity to sign or refuse to sign a receipt of information. The bill requires the abortion provider to provide certain information to the woman at least 24 hours prior to performing an abortion. The bill creates a civil right of action for noncompliance with the requirements, making a physician's noncompliance with the requirements unprofessional conduct and making a violation of the requirements a crime.

Position: Monitor

Comment:

Bill: [SB17-295](#)

Title: Revise Medicaid Fraud Reporting

Status: Signed into law.

Senate Sponsors: [K. Lundberg](#) (R)

House Sponsors: [D. Young](#) (D)

Official

Summary

Position Monitor

Comment

Bill: [SB17-300](#)

Title: High-risk Health Care Coverage Program

Status Signed into law.

Senate Sponsors [K. Lambert](#) (R)

House Sponsors [C. Kennedy](#) (D)

Official
Summary

The bill authorizes the commissioner of insurance to:

- Develop a high-risk health care coverage program to address access to coverage for individuals with high-cost medical conditions and to reduce health insurance premiums;
- Apply for a waiver under federal law to implement the program;
- Seek, accept, and expend public and private gifts, grants, and donations to implement the bill.

Position Monitor

Comment