

MEMORANDUM

TO: Don Stader, MD
Nate Hibbs, DO
Dave Ross, DO
Carla Murphy, MD
Barbara Burgess

FROM: Suzanne Hamilton

DATE: April 27, 2019

RE: Weekly Legislative Report

One new bill this week: HB 1333.

HOUSE BILLS

Bill: [HB19-1001](#)

Title: Hospital Transparency Measures To Analyze Efficacy

Status: Governor Signed (03/28/2019)

Senate Sponsors: [D. Moreno](#) (D)
[B. Rankin](#) (R)

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

The bill requires the department of health care policy and financing (department), in consultation with the Colorado healthcare affordability and sustainability enterprise board, to develop and prepare an annual report detailing uncompensated hospital costs and the different categories of expenditures made by hospitals in the state (hospital expenditure report). In compiling the hospital expenditure report, the department shall use publicly available data sources whenever possible. Each hospital in the state is required to make available to the department certain information, including:

Official Summary

- 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;
- The total amount of unreimbursed care;
- The gross patient service revenue;
- Any property, plant, equipment, and accumulated depreciation;
- All operating expenses;
- Staffing information;

- The total number of available beds and licensed beds;
- The total number of inpatient surgeries;
- The total number of births and newborn patient days;
- The total number of admissions from the emergency department; and
- Other gross charges categorized by primary care provider.

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

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

The department is required to submit the hospital expenditure report to the governor, specified committees of the general assembly, and the medical services board in the department. The department is also directed to post the hospital expenditure report on the department's website.

Position Support

Comment

Bill: [HB19-1004](#)

Title: Proposal For Affordable Health Coverage Option

Status House Considered Senate Amendments - Result was to Concur - Repass (04/22/2019)

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

House Sponsors [M. Catlin](#) (R)
[D. Roberts](#) (D)

Official Summary

The bill requires the department of health care policy and financing and the division of insurance in the department of regulatory agencies (departments) to develop and submit a proposal (proposal) to certain committees of the general assembly concerning the design, costs, benefits, and implementation of a state option for health care coverage. Additionally, the departments shall present a summary of the proposal at the annual joint hearings with the legislative committees of reference during the interim before the 2020 legislative session.

The proposal must contain a detailed analysis of a state option and must identify the most effective implementation of a state option based on affordability to consumers at different income levels, administrative and financial burden to the state, ease of implementation, and likelihood of success in meeting the objectives described in the bill. The proposal must also identify any necessary changes to state law to implement the proposal.

In developing the proposal, the departments shall engage in a

stakeholder process that includes public and private health insurance experts, consumers, consumer advocates, employers, providers, and carriers. Further, the departments shall review any information relating to a pilot program operated by the state personnel director as a result of legislation that may be enacted during the 2019 legislative session. The departments shall prepare and submit any necessary federal waivers or state plan amendments to implement the proposal, unless a bill is filed within the filing deadlines for the 2020 legislative session that substantially alters the federal authorization required for the proposal and the bill is not postponed indefinitely in the first committee.

Position Amend

Comment

Bill: [HB19-1009](#)

Title: Substance Use Disorders Recovery

Status House Second Reading Special Order - Passed with Amendments - Committee (04/26/2019)

Senate Sponsors [K. Priola](#) (R)
[B. Pettersen](#) (D)

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

Opioid and Other Substance Use Disorders Study Committee.

The bill:

- Expands the housing voucher program currently within the department of local affairs to include individuals with a substance use disorder and appropriates \$4.3 million each of the next 5 fiscal years to support the program (**section 1**);
- Requires each recovery residence operating in Colorado to be licensed by the department of public health and environment (**section 2**); and
- Creates the opioid crisis recovery fund for money the state receives as settlement or damage awards resulting from opioid-related litigation (**section 3**).

Official Summary

Position Support

Comment

Bill: [HB19-1010](#)

Title: Freestanding Emergency Departments Licensure

Status Senate Third Reading Passed - No Amendments (04/12/2019)

Senate Sponsors [B. Pettersen](#) (D)
[R. Gardner](#) (R)

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

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, 2022, to a health facility that offers emergency care, that may offer primary and urgent care services, and that is either:

- Owned or operated by, or affiliated with, a hospital or hospital system and located more than 250 yards from the main campus of the hospital; or
- Independent from and not operated by or affiliated with a hospital or hospital system and not attached to or situated within 250 yards of, or contained within, a hospital.

Official Summary

A facility licensed as a community clinic before July 1, 2010, and that serves a rural community or ski area is excluded from the definition of freestanding emergency department.

The bill allows the department to waive the licensure requirements for a facility that is licensed as a community clinic or that is seeking community clinic licensure and serves an underserved population in the state.

The state board of health is to adopt rules regarding the new license, including rules to set licensure requirements and fees and safety and care standards.

Position Support

Comment

Bill: [HB19-1027](#)

Title: Clean Syringe Exchange Environmental Impact Report

Status House Committee on Public Health Care & Human Services Postpone Indefinitely (01/23/2019)

Senate Sponsors

House Sponsors [S. Beckman](#) (R)

The bill requires an agency or nonprofit organization operating a clean syringe exchange program to submit an annual environmental impact mitigation plan (plan) to its county or district board of health detailing:

Official Summary

- The number of syringes received from clean syringe exchange program participants in the previous calendar year;
- The number of syringes given to clean syringe exchange

program participants in the previous calendar year;

- The agency's or nonprofit organization's plan to minimize the number of syringes near the clean syringe exchange program location that have not been disposed of safely; and
- The agency's or nonprofit organization's plan to minimize the environmental impacts of unsafe or improper syringe disposal.

The county or district must forward the plan to the department of public health and environment (department). The department must compile the information received from all county and district boards of health and report the information to the general assembly during the department's State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act hearing.

Position Monitor

Comment

Bill: [HB19-1028](#)

Title: Medical Marijuana Condition Autism

Status Governor Signed (04/02/2019)

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

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

Official Summary The bill adds autism spectrum disorders to the list of disabling medical conditions that authorize a person to use medical marijuana for his or her condition. Under current law, a child under 18 years of age who wants to be added to the medical marijuana registry for a disabling medical condition must be diagnosed as having a disabling medical condition by 2 physicians, one of whom must be a board-certified pediatrician, a board-certified family physician, or a board-certified child and adolescent psychiatrist who attests that he or she is part of the patient's primary care provider team. The bill removes the additional requirements on specific physicians to align with the constitutional provisions for a debilitating medical condition.

The bill encourages the state board of health when awarding marijuana study grants to prioritize grants to gather objective scientific research regarding the efficacy and the safety of administering medical marijuana for pediatric conditions, including but not limited to autism spectrum disorder.

Position Monitor

Comment

Bill: [HB19-1031](#)

Title: Child Patient More Than One Primary Caregiver
Status: House Considered Senate Amendments - Result was to Concur - Repass (04/22/2019)
Senate Sponsors: [J. Gonzales](#) (D)
House Sponsors: [M. Gray](#) (D)

Official Summary: Under current law, a medical marijuana patient is limited to having one primary caregiver at a time. The bill makes an exception for a patient who is under 18 years of age and allows each parent or guardian to serve as a primary caregiver.

Position: Monitor

Comment:

Bill: [HB19-1033](#)

Title: Local Governments May Regulate Nicotine Products
Status: Governor Signed (03/28/2019)
Senate Sponsors: [K. Priola](#) (R)
[R. Fields](#) (D)
House Sponsors: [C. Kennedy](#) (D)
[K. Tipper](#) (D)

Official Summary: **Sections 1 through 3** of the bill authorize a county to enact a resolution or ordinance that prohibits a minor from possessing or purchasing cigarettes, tobacco products, or nicotine products. Sections 1 and 2 also authorize a county to impose regulations on cigarettes, tobacco products, or nicotine products that are more stringent than statewide regulations, including prohibiting sales to a person under 21 years of age, and section 3 expressly authorizes a county to enact a resolution or ordinance regulating the sale of cigarettes, tobacco products, or nicotine products.
From state income tax money, the state currently apportions an amount equal to 27% of state cigarette tax revenues to cities, towns, and counties in proportion to the amount of state sales tax revenues collected within their boundaries. In order to receive their allocation of this money, cities, towns, and counties are prohibited from imposing their own fees, licenses, or taxes on cigarette sales or from attempting to impose a tax on cigarettes. **Section 4** removes this prohibition, thus allowing cities, towns, and counties to impose fees, licenses, or taxes on cigarette sales without losing their apportioned state cigarette tax revenues.
Section 5 authorizes a county, if approved by a vote of the people within the county, to impose a special sales tax on the sale of cigarettes,

tobacco products, or nicotine products and provides a mechanism by which a county's special sales tax applies to a municipality within the boundary of the county unless the municipality, if approved by a vote of the people within the municipality, enacts its own such special sales tax; however, the county and municipality may then enter into an intergovernmental agreement authorizing the county to continue to levy, collect, and enforce its special sales tax within the corporate limits of the municipality.

Position Support

Comment

Bill: [HB19-1038](#)

Title: Dental Services For Pregnant Women On Children's Basic Health Plan Plus

Status Governor Signed (04/16/2019)

Senate Sponsors [J. Ginal](#) (D)
[T. Story](#) (D)

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

Official Summary Current law requires the medical services board to include dental services for eligible children enrolled in a children's basic health plan. The bill requires the board to include dental services to all eligible enrollees, which includes children and pregnant women.

Position Monitor

Comment

Bill: [HB19-1039](#)

Title: Identity Documents For Transgender Persons

Status House Considered Senate Amendments - Result was to Concur - Repass (04/22/2019)

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

or for an intersex individual.

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 gives the courts in this state jurisdiction to issue a decree to amend a birth certificate to reflect a change in gender designation for persons born in another state or foreign jurisdiction if the law of such other state or foreign jurisdiction requires a court decree in order to amend a birth certificate to reflect a change in gender designation.

The bill exempts transgender persons from having to submit a public notice of name change.

Position Monitor

Comment

Bill: [HB19-1041](#)

Title: Require Surgical Smoke Protection Policies

Status Governor Signed (03/28/2019)

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

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

Official Summary

The bill requires each hospital with surgical services and each ambulatory surgical center to adopt and implement on or before May 1, 2021, a policy that requires the elimination of surgical smoke via the use of a surgical smoke evacuation system during any surgical procedure that is likely to generate surgical smoke. Surgical smoke is a gaseous by-product produced by energy-generating surgical medical devices.

Position Monitor

Comment

Bill: [HB19-1044](#)

Title: Advance Behavioral Health Orders Treatment

Status Governor Signed (03/28/2019)

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

[D. Coram](#) (R)

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

[L. Landgraf](#) (R)

Under current law, an adult may establish advance medical orders for scope of treatment, allowing an adult to establish directives for the administration of medical treatment in the event the adult later lacks decisional capacity to provide informed consent to, withdraw from, or refuse medical treatment.

The bill creates a similar order for behavioral health orders for scope of treatment so that an adult may communicate his or her behavioral health history, decisions, and preferences.

The bill:

- Official Summary
- Lists the requirements for a behavioral health orders for scope of treatment form;
 - Details the duties and immunities of emergency medical services personnel, health care providers, and health care facilities with respect to treating an adult with behavioral health orders for scope of treatment;
 - Details how a behavioral health orders for scope of treatment form is executed, amended, or revoked; and
 - Prohibits an effect on a health insurance contract, life insurance contract, or annuity, by executing or failing to execute a behavioral health orders for scope of treatment.

Position Support

Comment

Bill: [HB19-1049](#)

Title: Concealed Handguns On School Grounds

Status House Committee on State, Veterans, & Military Affairs Postpone Indefinitely (01/24/2019)

Senate Sponsors

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

Official Summary With certain exceptions, current law limits the authority of a person who holds a valid permit to carry a concealed handgun by prohibiting a permit holder from carrying a concealed handgun on public elementary, middle, junior high, or high school grounds. The bill removes this limitation.

Position Monitor

Comment

Bill: [HB19-1065](#)

Title: Public Hospital Boards Of Trustees

Status Governor Signed (04/10/2019)

Senate Sponsors

House Sponsors [D. Roberts](#) (D)
[M. Soper](#) (R)

Under current law, not more than 4 of the 7 trustees of a public hospital board of trustees (hospital board) may be residents of the city or town in which the associated hospital is located. The bill removes this restriction.

Official Summary Current law states that a hospital board may acquire real and personal property by lease only with the approval of the board of county commissioners. The bill clarifies this requirement and creates an exception to it; that is, a hospital board that has designated its public hospital as an enterprise for purposes of section 20 of article X of the state constitution is not required to obtain such approval.

Position Monitor

Comment

Bill: [HB19-1070](#)

Title: Colorado Department Of Public Health And Environment Cancer Drug Testing

Status Governor Signed (03/11/2019)

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

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

Official Summary **Statutory Revision Committee.** The bill repeals language requiring the department of public health and environment to test substances that any individual, person, firm, association, or other entity has held out to have value in the diagnosis, treatment, alleviation, or cure of cancer.

Position Monitor

Comment

Bill: [HB19-1076](#)

Title: Clean Indoor Air Act Add E-cigarettes Remove Exceptions

Status Senate Second Reading Special Order - Passed with Amendments - Committee (04/26/2019)

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

House Sponsors [D. Michaelson Jenet](#) (D)
[C. Larson](#) (R)

The bill amends the Colorado Clean Indoor Air Act by:

- Adding a definition of electronic smoking device (ESD) to include e-cigarettes and similar devices within the scope of the act;
- Citing the results of recent research on ESD emissions and their effects on human health as part of the legislative declaration;

Official Summary

- Eliminating the existing exceptions for certain places of business in which smoking may be permitted, such as airport smoking concessions, businesses with 3 or fewer employees, designated smoking rooms in hotels, and designated smoking areas in assisted living facilities; and
- Repealing the ability of property owners and managers to designate smoking and nonsmoking areas through the posting of signs.

Position Support

Comment

Bill: [HB19-1077](#)

Title: Pharmacist Dispense Drug Without Prescription In Emergency

Status Governor Signed (03/21/2019)

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

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

The bill allows a pharmacist to dispense an emergency supply of a chronic maintenance drug to a patient without a prescription if:

- The pharmacist is unable to obtain authorization to refill the prescription from a health care provider;
- The pharmacist has a record of a prescription in the name of the patient who is requesting the emergency supply of the chronic maintenance drug or, in the pharmacist's professional judgment, the refusal to dispense an emergency supply will endanger the health of the patient;

Official Summary

- The amount of the chronic maintenance drug dispensed does not exceed the amount of the most recent prescription or the standard quantity or unit of use package dispensed of the drug; and
- The pharmacist has not dispensed an emergency supply of the chronic maintenance drug to the same patient in the previous 12-month period.

The bill requires the state board of pharmacy to promulgate rules to establish standard procedures for dispensing chronic maintenance drugs. A pharmacist, the pharmacist's employer, and the original

prescriber of the drug are not civilly liable for dispensing a chronic maintenance drug unless there is negligence, recklessness, or willful or wanton misconduct.

Position Monitor

Comment

Bill: [HB19-1080](#)

Title: Benefits For First Responders With A Disability

Status Senate Third Reading Passed - No Amendments (04/10/2019)

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

House Sponsors [R. Bockenfeld](#) (R)

Official Summary The bill grants first responders with an occupational disability free lifetime small game hunting and fishing licenses and a free columbine annual pass for entrance into state parks. The bill also allows first responders with an occupational disability to be eligible to participate in a property tax work-off program established by a taxing entity.

Position Monitor

Comment

Bill: [HB19-1088](#)

Title: Modify Income Tax Credit Health Care Preceptors

Status Senate Third Reading Passed - No Amendments (04/25/2019)

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

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

Official Summary The bill makes the following modifications to the existing income tax credit for health care preceptors working in health care professional shortage areas:

- Clarifies the definition of preceptorship to specify that the period of time for which the period of personalized instruction, training, and supervision must be provided to be eligible to claim the tax credit is not less than 4 working weeks or 20 business days per calendar year; and
- Extends the existing sunset date under which the tax credit would expire to tax years commencing prior to January 1, 2025.

Position Monitor

Comment

Bill: [HB19-1089](#)

Title: Exemption From Garnishment For Medical Debt

Status: House Committee on Finance Postpone Indefinitely (02/04/2019)

Senate Sponsors: [D. Moreno](#) (D)
[B. Pettersen](#) (D)

House Sponsors: [A. Valdez](#) (D)
[K. Tipper](#) (D)

Official Summary: The bill exempts a person's earnings from garnishment if the person's family income does not exceed 400% of current federal poverty guidelines and the judgment is for medical debt. A writ of continuing garnishment must include notice that a person's earnings may be exempt if those criteria are met, notice of the judgment debtor's right to object and have a hearing on that objection, and a statement that, to the best of the judgment creditor's knowledge, the judgment debtor's earnings are not exempt.
The bill takes effect on January 1, 2020, and applies to judgments entered on or after that date.

Position: Monitor

Comment

Bill: [HB19-1095](#)

Title: Physician Assistants Supervision And Liability

Status: House Considered Senate Amendments - Result was to Concur - Repass (04/22/2019)

Senate Sponsors: [R. Fields](#) (D)

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

Official Summary: The bill establishes supervisory requirements for physician assistants who:

- Have practiced for less than 3 years;
- Have practiced for 3 years or more; or
- Have practiced for at least 12 months and are making a substantive change in their scope of practice or practice area.

Current law states that a licensed physician may be responsible for the direction and supervision of up to 4 physician assistants at any one time and may be responsible for the direction and supervision of more than 4 physician assistants upon receiving specific approval from the Colorado medical board (board). The bill eliminates this restriction.

The bill adds 2 more physician assistants as members of the board, for a total of 3 physician assistant members. Current law requires the president of the board to establish a licensing panel consisting of 3 members of the board. The bill adds a fourth member to the licensing panel; that is, a person who is a physician assistant member of the board. The bill states that a physician assistant who has practiced for at least 3 years may be liable for damages resulting from negligence in providing care to a patient; except that a physician assistant is not liable for any such damages that occur as a result of the physician assistant following a direct order from a supervising physician. Current law requires that when persons licensed to practice medicine form professional service corporations for the practice of medicine, the articles of incorporation of such corporations must state that one or more licensed physician assistants may be a shareholder of the corporation as long as the physician shareholders maintain majority ownership of the corporation. The bill removes this requirement.

Position Amend

Comment

Bill: [HB19-1103](#)

Title: Protect Human Life At Conception

Status House Committee on Health & Insurance Postpone Indefinitely (02/13/2019)

Senate Sponsors

House Sponsors [S. Humphrey](#) (R)
[L. Saine](#) (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 or 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: [HB19-1105](#)

Title: Nurse Practitioner Workers' Compensation

Status Governor Signed (04/04/2019)

Senate Sponsors [V. Marble](#) (R)
[F. Winter](#) (D)

House Sponsors [L. Saine](#) (R)
[K. Mullica](#) (D)

Official Summary The bill allows an advanced practice nurse with prescriptive authority to obtain level I accreditation under the Workers' Compensation Act of Colorado.

Position Monitor

Comment

Bill: [HB19-1109](#)

Title: Convalescent Centers As Pharmacies

Status Governor Signed (03/07/2019)

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

House Sponsors [E. Hooton](#) (D)
[C. Larson](#) (R)

Official Summary The bill allows licensed convalescent centers to procure, store, order, dispense, and administer prescription medications.

Position Monitor

Comment

Bill: [HB19-1117](#)

Title: Regulation Of Professions And Occupations Reform

Status House Committee on Business Affairs & Labor Postpone Indefinitely
(02/13/2019)

Senate Sponsors

House Sponsors [S. Sandridge](#) (R)

Official Summary Current law requires the department of regulatory agencies to analyze whether to begin or continue the regulation of a profession or occupation based on several factors. The bill elaborates on these factors and requires the department to find a present, significant, and substantiated harm to consumers before recommending regulation. The bill further requires the department to recommend only the least restrictive regulation necessary to address the harm and sets guidelines for recommended regulation.

Position Monitor

Comment

Bill: [HB19-1120](#)

Title: Youth Mental Health Education And Suicide Prevention

Status Senate Committee on Appropriations Refer Unamended to Senate Committee of the Whole (04/24/2019)

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

House Sponsors [D. Michaelson Jenet](#) (D)
[D. Roberts](#) (D)

Official Summary The bill allows a minor 12 years of age or older to seek and obtain psychotherapy services with or without the consent of the minor's parent or guardian. A registered psychotherapist or licensed social worker providing psychotherapy services to a minor may, with the consent of the minor, advise the minor's parent or legal guardian of the psychotherapy services provided.

The bill requires the department of education, in consultation with the office of suicide prevention (office), the youth advisory council, and the suicide prevention commission, to create and maintain a mental health education literacy resource bank. The resource bank is available to the public free of charge.

The bill requires the state board of education to adopt standards related to mental health, including suicide prevention.

Position Monitor

Comment

Bill: [HB19-1122](#)

Title: Colorado Department Of Public Health And Environment Maternal Mortality Review Committee

Status Senate Third Reading Passed - No Amendments (04/25/2019)

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

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

Official Summary The bill creates the Colorado maternal mortality review committee (committee), which is required to review maternal deaths, identify the causes of maternal mortality, and develop recommendations to address preventable maternal deaths, including legislation, policies, rules, and best practices that will support the health and safety of the pregnant and postpartum population in Colorado and prevent maternal deaths. The chief medical officer of the department of public health and environment (department) is directed to appoint at least 11 members to serve on the committee.

The bill requires certain health care providers and law enforcement officials to provide medical records to the department concerning each maternal death for access by the members of the committee. The records, notes, information, and activities of the committee are confidential.

Position Monitor

Comment

Bill: [HB19-1125](#)

Title: Mental Health Professional Access To Dismissed Complaint

Status House Committee on Public Health Care & Human Services Postpone Indefinitely (03/08/2019)

Senate Sponsors

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

Official Summary Under current law, when a complaint against a mental health professional is dismissed, information contained in the records of the board that licenses, registers, or certifies the mental health professional (board) is exempt from the disclosure requirements of the state's open records law. The bill allows a mental health professional who is a respondent to a dismissed complaint (respondent) to access information in the files of the board and in the files of the division of professions and occupations in the department of regulatory agencies (division). Before allowing the access, the board and the division shall redact from the information the names of the respondent's clients or other recipients of service and any other information that would identify an individual person, including the complainant or a witness.

Position Monitor

Comment

Bill: [HB19-1129](#)

Title: Prohibit Conversion Therapy for A Minor
Status: House Considered Senate Amendments - Result was to Concur - Repass (04/05/2019)
Senate Sponsors: [S. Fenberg](#) (D)
House Sponsors: [D. Esgar](#) (D)
[D. Michaelson Jenet](#) (D)

Official Summary: The bill prohibits a licensed physician specializing in psychiatry or a licensed, certified, 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 practices is subject to disciplinary action by the appropriate licensing board. The bill also makes the advertising or practice of conversion therapy by a physician or mental health care provider a deceptive trade practice under the Colorado Consumer Protection Act. Conversion therapy means efforts 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: [HB19-1140](#)

Title: Live And Let Live Act
Status: House Committee on State, Veterans, & Military Affairs Postpone Indefinitely (02/12/2019)
Senate Sponsors: [V. Marble](#) (R)
House Sponsors: [S. Humphrey](#) (R)

Official Summary: The bill establishes the Live and Let Live Act in Colorado.

Position: Monitor

Comment

Bill: [HB19-1145](#)

Title: Primary Residence Exempt Liens For Medical Debt
Status: House Committee on Finance Postpone Indefinitely (03/11/2019)
Senate Sponsors:
House Sponsors: [K. Tipper](#) (D)
[S. Jaquez Lewis](#) (D)

Official Summary The bill exempts a person's primary residence from attachment or execution of a lien as the result of a judgment for medical debt. A person recording a transcript of judgment must record an affidavit with the transcript stating that the signer is an authorized agent of the judgment creditor and whether the judgment is for medical debt. A judgment debtor may record an affidavit with the county stating the debtor's name, a description of the debtor's interest in the property, and that the property is the debtor's primary residence. A primary residence is defined as a person's dwelling place and includes the dwelling, the lot or lots on which the dwelling is situated, including a farm of any number of acres, and any appurtenances.
The bill takes effect on January 1, 2020, and applies to judgments entered on or after that date.

Position Oppose

Comment

Bill: [HB19-1147](#)

Title: Revise Traumatic Brain Injury Program

Status Senate Third Reading Passed - No Amendments (04/24/2019)

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

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

Official Summary The bill makes revisions to the Colorado traumatic brain injury program (program), including:

- Renaming the program, the trust fund board, and the trust fund to remove traumatic from the titles and making conforming amendments in other statutes to reflect the new names;
- Defining brain injury and removing the definition of traumatic brain injury;
- Removing obsolete dates relating to trust fund board appointments;
- Removing the specific statutory listing of potential services under the program and clarifying that all persons served by the program receive service coordination and skills training and may receive other services as determined by the trust fund board;
- Allowing the trust fund board to prioritize services and eligibility for services;
- Removing a restriction on the use of general fund money for the program trust fund;
- Removing general provisions relating to the administration of the program; and

- Removing the fee collected by municipalities for speeding traffic offenses and increasing fees currently collected for other offenses for the benefit of the trust fund.

Position Monitor
Comment

Bill: [HB19-1154](#)

Title: Patient Choice Of Pharmacy
Status House Committee on Health & Insurance Postpone Indefinitely (02/13/2019)

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

House Sponsors [M. Catlin](#) (R)
[K. Mullica](#) (D)

Official Summary The bill prohibits a carrier that offers or issues a health benefit plan that covers pharmaceutical services, including prescription drug coverage, or a pharmacy benefit management firm managing those benefits for a carrier, from:

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

Position Monitor
Comment

Bill: [HB19-1160](#)

Title: Mental Health Facility Pilot Program
Status House Considered Senate Amendments - Result was to Laid Over Daily (04/26/2019)

Senate Sponsors [P. Lee](#) (D)
[R. Gardner](#) (R)

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

Official Summary The bill creates a new 3-year mental health facility pilot program to provide residential care, treatment, and services to persons with both a mental health diagnosis and a physical health diagnosis. It contains requirements for applicants and directs the department of public health and environment to select one or 2 applicants for the pilot program.

Position Monitor
Comment

Bill: [HB19-1168](#)

Title: State Innovation Waiver Reinsurance Program

Status Senate Committee on Health & Human Services Refer Amended to Finance (04/25/2019)

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

House Sponsors [J. McCluskie](#) (D)
[J. Rich](#) (R)

Official Summary The bill authorizes the commissioner of insurance to apply to the secretary of the United States department of health and human services for a state innovation waiver, for federal funding, or both, to allow the state to implement and operate a reinsurance program to assist health insurers in paying high-cost insurance claims. The state cannot implement the program absent waiver or funding approval from the secretary. The program is established as an enterprise for purposes of section 20 of article X of the state constitution. The division of insurance is to include an update regarding the program in its annual SMART Act report, and the program is subject to sunset review and repeal in 5 years.

Position Amend
Comment

Bill: [HB19-1169](#)

Title: Mental Health Involuntary Transportation Holds

Status House Committee on Public Health Care & Human Services Postpone Indefinitely (03/01/2019)

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

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

Official Summary Current law allows specified intervening professionals to transport to a treatment facility any person who appears to be in need of an immediate evaluation for treatment of a mental health disorder to prevent physical or psychiatric harm to others or to himself or herself. The authority to involuntarily hold such a person in custody expires upon the delivery of the person to the facility. The bill adds language to clarify that the authority to hold the person remains in effect until the evaluation is completed and a determination is made concerning the need for continued emergency evaluation and treatment.

Position Support

Comment

Bill: [HB19-1172](#)

Title: Title 12 Recodification And Reorganization

Status Governor Signed (04/25/2019)

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

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

Committee on Legal Services. Title 12 of the Colorado Revised Statutes relates primarily to the regulation of professions and occupations. In 2016, the General Assembly enacted Senate Bill 16-163, which authorized a multi-year project to recodify title 12. In 2017 and 2018, the General Assembly enacted numerous bills to relocate to other titles all laws that do not relate to the regulation of professions and occupations. Title 12 now generally contains only laws administered by the department of regulatory agencies (DORA) that regulate a profession or occupation. **Section 1** (starting on page 4) of the bill recodifies title 12, as contemplated by Senate Bill 16-163, by:

Official Summary

- Reorganizing and renumbering articles and parts within the title, all of which are administered by the division of real estate, the division of conservation, or the division of professions and occupations (DPO) within DORA;
- Relocating into title 12 current statutes in article 34 of title 24 relating to the creation, powers, and duties of DPO in administering the laws regulating professions and occupations (practice acts);
- Creating common provisions that are generally applicable to all practice acts administered by DPO, except as otherwise specified, and modifying the various practice acts to eliminate redundancies with the common provisions; and
- Eliminating provisions in title 12 that are archaic or

obsolete.

Article 1 of the recodified title 12 (page 4) contains provisions that apply to the entire title. Article 10 (page 5) includes the laws governing real estate, including the division of real estate within DORA, while article 15 (page 181) includes laws governing conservation easements, including the division of conservation within DORA.

The remainder of the title relates to professions and occupations regulated by DPO within DORA. Article 20 (page 202) includes laws relocated from title 24 relating to the creation of DPO and DPO's powers and duties and consolidated common provisions derived from the practice acts that relate to procedures, immunity, disciplinary and enforcement authority, and judicial review of final orders of DPO and the regulatory boards within DPO. Article 30 (page 251) includes common provisions governing health care professions and occupations regulated by DPO, including the Michael Skolnik Medical Transparency Act of 2010, health care work force data collection requirements, and opioid prescribing limitations.

The bill organizes the practice acts as follows:

- Business professions and occupations:
 - Article 100, accountants (page 311);
 - Article 105, barbers and cosmetologists (page 358);
 - Article 110, combative sports (page 379);
 - Article 115, electricians (page 398);
 - Article 120, engineers, surveyors, and architects (page 445);
 - Article 125, fantasy contests (page 528);
 - Article 130, landscape architects (page 537);
 - Article 135, mortuaries and crematories (page 560);
 - Article 140, nontransplant tissue banks (page 597);
 - Article 145, outfitters and guides (page 603);
 - Article 150, passenger tramways (page 621) (this law was relocated from title 25);
 - Article 155, plumbers (page 638); and
 - Article 160, private investigators (page 679);
- Health care professions and occupations:
 - Article 200, acupuncturists (page 699);
 - Article 205, athletic trainers (page 722);
 - Article 210, audiologists (page 743);
 - Article 215, chiropractors (page 763);
 - Article 220, dentists and dental hygienists (page 808);
 - Article 225, direct-entry midwives (page 887);
 - Article 230, hearing aid providers (page 914);
 - Article 235, massage therapists (page 928);
 - Article 240, medical practice (page 953);
 - Article 245, mental health (page 1041);

- Article 250, naturopathic doctors (page 1170);
- Article 255, nurses (page 1206);
- Article 260, nurse aides (page 1281);
- Article 265, nursing home administrators (page 1307);
- Article 270, occupational therapists and occupational therapy assistants (page 1334);
- Article 275, optometrists (page 1364);
- Article 280, pharmacists, pharmacy businesses, and pharmaceuticals (page 1407);
- Article 285, physical therapists and physical therapist assistants (page 1524);
- Article 290, podiatrists (page 1592);
- Article 295, psychiatric technicians (page 1639);
- Article 300, respiratory therapists (page 1653);
- Article 305, speech-language pathologists (page 1675);
- Article 310, surgical assistants and surgical technologists (page 1703); and
- Article 315, veterinarians (page 1720).

Section 2 (page 1763) relocates a law that prohibits the mandatory donation of services from title 12 to the Administrative Organization Act of 1968 in title 24. **Section 3** (page 1764) repeals relocated provisions from titles 24 and 25. To give agencies time to make necessary adjustments to their rules and forms, **section 265** (page 1925) delays the effective date of the bill until October 1, 2019.

Sections 4 through 264 (page 1764) contain conforming amendments that are necessitated by the recodification of title 12 to sections of the Colorado Revised Statutes that are codified in other titles. Comparative tables that show how all sections of the Colorado Revised Statutes that are in the bill have been relocated or repealed are attached as an addendum to the bill (page 1926).

Position Monitor

Comment

Bill: [HB19-1174](#)

Title: Out-of-network Health Care Services

Status Senate Committee on Appropriations Refer Amended to Senate Committee of the Whole (04/24/2019)

Senate Sponsors [B. Pettersen](#) (D)
[R. Gardner](#) (R)

House Sponsors [D. Esgar](#) (D)
[M. Catlin](#) (R)

Official Summary	<p>The bill:</p> <ul style="list-style-type: none"> • Requires health insurance carriers, health care providers, and health care facilities to provide patients covered by health benefit plans with information concerning the provision of services by out-of-network providers and in-network and out-of-network facilities; • Outlines the disclosure requirements and the claims and payment process for the provision of out-of-network services; • Requires the commissioner of insurance, the state board of health, and the director of the division of professions and occupations in the department of regulatory agencies to promulgate rules that specify the requirements for disclosures to consumers, including the timing, the format, and the contents and language in the disclosures; • Establishes the reimbursement amount for out-of-network providers that provide health care services to covered persons at an in-network facility and for out-of-network providers or facilities that provide emergency services to covered persons; and • Creates a penalty for failure to comply with the payment requirements for out-of-network health care services.
Position	Amend
Comment	
Bill:	HB19-1176
Title:	Health Care Cost Savings Act of 2019
Status	Senate Committee on Appropriations Refer Unamended to Senate Committee of the Whole (04/26/2019)
Senate Sponsors	M. Foote (D)
House Sponsors	E. Sirota (D) S. Jaquez Lewis (D)
Official Summary	<p>The bill creates the health care cost analysis task force (task force). The president of the senate, the minority leader of the senate, the speaker of the house of representatives, and the minority leader of the house of representatives shall each appoint 2 legislative members to the task force. The governor shall appoint 9 members to the task force. The executive directors of the departments of human services, public health and environment, and health care policy and financing, or their designees, also serve on the task force.</p> <p>The task force is required to issue a request for proposals and select an analyst to complete a health care cost analysis of 4 health care financing systems. The health care financing systems to be analyzed are:</p>

- The current health care financing system, in which residents receive health care coverage from private and public insurance carriers or are uninsured;
- A public option system in which health benefit plans are sold through, and revenues and premiums are received from, the Colorado health benefit exchange, with additional funding as necessary through the general fund;
- A multi-payer universal health care financing system, in which competing insurance carriers or health maintenance organizations receive payments from a public financing authority; and
- A publicly financed and privately delivered universal health care system that directly compensates providers.

The analyst is required to use the same specified criteria when conducting the analysis of each health care financing system. The task force is required to report the findings of the analyst to the general assembly.

The task force may seek, accept, and expend gifts, grants, and donations for the analysis. The general assembly may appropriate money to the health care cost analysis cash fund for the purposes of the task force, the analysis, and reporting requirements.

Position Monitor

Comment

Bill: [HB19-1177](#)

Title: Extreme Risk Protection Orders

Status Governor Signed (04/12/2019)

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

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

Official Summary

The bill creates the ability for a family or household member or a law enforcement officer to petition the court for a temporary extreme risk protection order (ERPO). The petitioner must establish by a preponderance of the evidence that a person poses a significant risk to self or others by having a firearm in his or her custody or control or by possessing, purchasing, or receiving a firearm. The petitioner must submit an affidavit signed under oath and penalty of perjury that sets forth facts to support the issuance of a temporary ERPO and a reasonable basis for believing they exist. The court must hold a temporary ERPO hearing in person or by telephone on the day the petition is filed or on the court day immediately following the day the petition is filed. After issuance of a temporary ERPO, the court must schedule a

second hearing no later than 14 days following the issuance to determine whether the issuance of a continuing ERPO is warranted. The court shall appoint counsel to represent the respondent at the hearing. If a family or household member or a law enforcement officer establishes by clear and convincing evidence that a person poses a significant risk to self or others by having a firearm in his or her custody or control or by possessing, purchasing, or receiving a firearm, the court may issue a continuing ERPO. The ERPO prohibits the respondent from possessing, controlling, purchasing, or receiving a firearm for 364 days.

Upon issuance of the ERPO, the respondent shall surrender all of his or her firearms and his or her concealed carry permit if the respondent has one. The respondent may surrender his or her firearms either to a law enforcement agency or a federally licensed firearms dealer. If a person other than the respondent claims title to any firearms surrendered to law enforcement, the firearm shall be returned to him or her.

The respondent can motion the court once during the 364-day ERPO for a hearing to terminate the ERPO. The respondent has the burden of proof at a termination hearing. The court shall terminate the ERPO if the respondent establishes by clear and convincing evidence that he or she no longer poses a significant risk of causing personal injury to self or others by having in his or her custody or control a firearm or by purchasing, possessing, or receiving a firearm. The court may continue the hearing if the court cannot issue an order for termination at that time but believes there is a strong possibility the court could issue a termination order prior to the expiration of the ERPO.

The petitioner requesting the original ERPO may request an extension of the ERPO before it expires. The petitioner must show by clear and convincing evidence that the respondent continues to pose a significant risk of causing personal injury to self or others by having a firearm in his or her custody or control or by purchasing, possessing, or receiving a firearm. If the ERPO expires or is terminated, all of the respondent's firearms must be returned.

The bill requires the state court administrator to develop and prepare standard petitions and ERPO forms. Additionally, the state court administrator at the judicial department's State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act hearing shall provide statistics related to petitions for ERPOs.

Position Monitor

Comment

Bill: [HB19-1183](#)

Title: Automated External Defibrillators In Public Places

Status House Considered Senate Amendments - Result was to Laid Over Daily (04/26/2019)

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

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

The bill defines a public place and encourages any person that owns, operates, or manages a public place to place functional automated external defibrillators (AEDs) in sufficient quantities to ensure reasonable availability for use during perceived sudden cardiac arrest emergencies. The bill requires any public place to accept any gift, grant, or donation of an AED that meets federal standards. The department shall award a \$75,000 contract to a nonprofit organization for the purpose of acquiring and distributing AEDs to public places.

The bill extends good Samaritan protections to a variety of persons and entities.

The bill repeals an obsolete provision that encouraged school districts to acquire an AED and moves that provision to article 51 of title 25. The bill also repeals an obsolete provision that provided limited immunity to persons rendering emergency assistance through the use of an AED.

Position Amend

Comment

Bill: [HB19-1193](#)

Title: Behavioral Health Supports For High-risk Families

Status Senate Second Reading Special Order - Passed - No Amendments (04/26/2019)

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

House Sponsors [L. Herod](#) (D)
[R. Pelton](#) (R)

The bill amends existing programs that provide access to substance use disorder treatment to pregnant and parenting women. The bill creates child care pilot programs for parenting women engaged in substance use disorder treatment. The bill:

- Defines parenting women as women up to one year postpartum who are in need of substance use disorder services;
- Encourages health care practitioners and county human or social services departments to identify pregnant women and parenting women for a needs assessment to determine needed services;
- Authorizes the department to use state money to provide residential substance use disorder treatment to pregnant and parenting women until such time as those services are

covered under the state program of medical assistance, and authorizes the department of health care policy and financing to seek federal changes to permit treatment for this population, if necessary;

- Creates the high-risk families cash fund (cash fund) for the office of behavioral health in the department of human services to provide services to high-risk parents, including pregnant and parenting women, and for services for high-risk children and youth with behavioral health disorders. Further, money in the cash fund may be used to increase treatment capacity.

- Requires the state treasurer to transfer to the cash fund any unencumbered and unexpended money appropriated annually to certain programs listed in the bill, and requires annual reporting on the use of money from the cash fund;

- Creates the child care services and substance use disorder treatment pilot program (pilot program) as a two-generation initiative in the department of human services;

- Awards pilot program grants to enhance existing child care resource and referral programs and increase child care navigation capacity in one urban and one rural site to serve pregnant and parenting women seeking or participating in substance use disorder treatment;

- Awards pilot program grants to enhance the capacity of the existing child care resource and referral program's centralized call center to serve pregnant and parenting women with a substance use disorder;

- Awards pilot program grants to pilot a regional mobile child care model to serve young children of parenting women in substance use disorder treatment;

- Requires an annual appropriation of \$500,000 for 3 fiscal years for the pilot program, and requires annual reporting to the general assembly concerning the pilot program. Any money not expended for the pilot program will be transferred to the high-risk families cash fund.

- Prohibits the admission into evidence in criminal proceedings information relating to substance use during pregnancy, with certain exceptions, that is obtained as part of providing postpartum care for up to one year postpartum or disclosed while women are seeking or participating in behavioral health treatment.

Position

Monitor

Comment

Bill: [HB19-1203](#)

Title: School Nurse Grant Program
Status: Senate Committee on Health & Human Services Refer Unamended to Appropriations (04/25/2019)
Senate Sponsors: [N. Todd](#) (D)
House Sponsors: [K. Mullica](#) (D)
Official Summary
Position: Monitor
Comment

Bill: [HB19-1208](#)

Title: Physical Therapists Youth Athletes Head Trauma
Status: House Considered Senate Amendments - Result was to Concur - Repass (04/16/2019)
Senate Sponsors: [R. Fields](#) (D)
[R. Gardner](#) (R)
House Sponsors: [J. Singer](#) (D)
[L. Landgraf](#) (R)
Official Summary: Current law states that if a youth athlete is removed from play because a coach suspects the youth athlete has sustained a concussion in a game, competition, or practice, the coach or other designated personnel shall not permit the youth athlete to return to play or participate in any supervised team activities involving physical exertion until the youth athlete is evaluated by a health care provider and receives written clearance to return to play from the health care provider. The bill adds licensed physical therapists to the definition of health care provider for this purpose.
Position: Monitor
Comment

Bill: [HB19-1211](#)

Title: Prior Authorization Requirements Health Care Service
Status: House Considered Senate Amendments - Result was to Concur - Repass (04/22/2019)
Senate Sponsors: [A. Williams](#) (D)
House Sponsors: [D. Michaelson Jenet](#) (D)
[Y. Caraveo](#) (D)
Official Summary: With regard to the prior authorization process used by carriers or private utilization review organizations (organizations) acting on behalf

of carriers to review and determine whether a particular health care service prescribed by a health care provider is approved as a covered benefit under the patient's health benefit plan, the bill requires carriers and organizations to:

- Publish and update their prior authorization requirements and restrictions;
- Comply with deadlines established in the bill for making a determination on a prior authorization request;
- Use current, clinically based prior authorization criteria that are aligned with other quality initiatives of the carrier or organization and with other carriers' and organizations' prior authorization criteria for the same health care service;
- Limit the use of prior authorization to providers whose prescribing or ordering patterns differ significantly from the patterns of their peers after adjusting for patient mix and other relevant factors; and
- Exempt from prior authorization providers with an 80% approval rate of prior authorization requests over the previous 12 months, and conduct annual reevaluation of a provider's eligibility for the exemption.

If a carrier or organization fails to make a determination within the time required or fails to apply prior authorization requirements or exempt providers from prior authorization requirements, the request is deemed approved.

An approved prior authorization request is valid for at least 180 days and continues for the duration of the prescribed or ordered course of treatment and the covered person's plan year.

The commissioner of insurance is authorized to adopt rules as necessary to implement the bill.

Position Support

Comment

Bill: [HB19-1216](#)

Title: Reduce Insulin Prices

Status Senate Second Reading Passed with Amendments - Committee (04/26/2019)

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

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

Official Summary The bill requires a carrier to reduce the cost sharing a covered person is required to pay for prescription insulin drugs by an amount equal to the greater of 51% of the total rebates received by the carrier per prescription insulin drug including price protection rebates or an amount that ensures cost sharing will not exceed 125% of the carrier's cost for the

prescription insulin drug, subject to a maximum out-of-pocket cost of \$100 per one-month supply of insulin.

The bill requires the department of law to investigate the pricing of prescription insulin drugs and submit a report of its findings to the governor, the commissioner of insurance, and the judiciary committees of the senate and house of representatives.

Position Monitor

Comment

Bill: [HB19-1233](#)

Title: Investments In Primary Care To Reduce Health Costs

Status Senate Committee on Appropriations Refer Unamended to Senate Committee of the Whole (04/24/2019)

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

House Sponsors [M. Froelich](#) (D)
[Y. Caraveo](#) (D)

The bill:

- Establishes a primary care payment reform collaborative in the division of insurance in the department of regulatory agencies;

Official Summary

- Requires the commissioner of insurance to establish affordability standards for premiums, including adding targets for carrier investments in primary care; and
- Requires the department of health care policy and financing and carriers who offer health benefit plans to state employees to set targets for investment in primary care.

Position Monitor

Comment

Bill: [HB19-1237](#)

Title: Licensing Behavioral Health Entities

Status Senate Committee on Finance Refer Unamended to Appropriations (04/25/2019)

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

House Sponsors [L. Cutter](#) (D)
[P. Will](#) (R)

Official Summary Currently, certain entities that provide behavioral health services must hold various licenses issued by the department of public health and environment (DPHE) or the department of human services (DHS). The

bill combines the various licenses into a single license as a behavioral health entity (BHE) and authorizes the state board of health to promulgate rules for the new license.

To accomplish the transition, the bill establishes a behavioral health entity implementation and advisory committee consisting of executive directors of certain state departments, or the director's designee, and representatives from various stakeholder groups.

The bill requires a BHE that was previously licensed by DPHE to obtain a BHE license by July 1, 2022. It requires a BHE that was previously licensed or approved by DHS to obtain a BHE license by July 1, 2024.

The bill makes conforming amendments, some of which have later effective dates.

Position Monitor

Comment

Bill: [HB19-1242](#)

Title: Board Of Pharmacy Regulate Pharmacy Technicians

Status Senate Committee on Finance Refer Unamended to Appropriations (04/25/2019)

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

House Sponsors [D. Jackson](#) (D)
[S. Jaquez Lewis](#) (D)

Official Summary The bill requires pharmacy technicians practicing in Colorado on or after June 15, 2020, to obtain a certification from the state board of pharmacy (board). An applicant for certification by the board must provide proof of certification by a board-approved, nationally recognized organization that certifies pharmacy technicians and must either submit to a criminal history record check or provide evidence of submitting to a criminal history record check at the time of hire as a pharmacy technician. If an applicant is not certified by a national certifying organization at the time of application for state certification, the board may grant a provisional certification to the applicant to allow the applicant up to 18 months or, if granted a hardship extension, an additional period determined by the board, to obtain national certification. A provisional certification is not renewable, and if the provisional certificant fails to obtain the national certification within the 18-month period or extended period granted by the board, the provisional certification expires and the person cannot practice as a pharmacy technician until the person satisfies all requirements for certification by the board.

To renew a certification, in addition to board requirements for renewal, a pharmacy technician must satisfy renewal and continuing

education requirements of the national accrediting organization that certified the pharmacy technician.
Similar to pharmacists and interns, a pharmacy technician certified by the board is subject to the jurisdiction of the board and to discipline by the board for engaging in unprofessional conduct.
The bill maintains the limitation on the number of interns and pharmacy technicians that a pharmacist may supervise but specifies that if the pharmacist is supervising 3 or more pharmacy technicians, a majority of the pharmacy technicians must be certified.
The bill replaces one non-pharmacist member of the board with a certified pharmacy technician member with 5 years of pharmacy technician experience.
The regulation of pharmacy technicians by the board is subject to the same sunset review that applies to the board and its functions in regulating the practice of pharmacy.

Position Monitor

Comment

Bill: [HB19-1244](#)

Title: Expand Peace Officer Mental Health Support Program

Status House Considered Senate Amendments - Result was to Laid Over Daily (04/26/2019)

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

House Sponsors [T. Carver](#) (R)
[J. Coleman](#) (D)

Official Summary Under current law, only county sheriffs' offices and municipal police departments may apply for a grant from the peace officers mental health support grant program (program). The bill opens the program to additional eligible applicants, which include other types of law enforcement agencies as well as organizations that provide services and programs that promote the mental health wellness of peace officers. The bill also specifies new permissible uses of grant money and requires grant recipients to report to the department of local affairs concerning their use of grant money.

Position Monitor

Comment

Bill: [HB19-1253](#)

Title: Living Organ Donor Insurance

Status House Considered Senate Amendments - Result was to Laid Over Daily (04/26/2019)

Senate Sponsors [D. Hisey](#) (R)
[J. Gonzales](#) (D)

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

Official Summary The bill prohibits a person who offers life insurance, disability income insurance, or long-term care insurance from discriminating against a person based solely on the person's status as a living organ donor.
The bill also requires the department of human services to develop materials related to live organ donation in order to educate the public on the benefits of live organ donation and the effect of live organ donation on the access of a living organ donor to insurance.

Position Monitor

Comment

Bill: [HB19-1269](#)

Title: Mental Health Parity Insurance Medicaid

Status House Considered Senate Amendments - Result was to Laid Over Daily (04/26/2019)

Senate Sponsors [J. Ginal](#) (D)
[R. Gardner](#) (R)

House Sponsors [L. Cutter](#) (D)
[T. Sullivan](#) (D)

Official Summary The bill enacts the Behavioral Health Care Coverage Modernization Act to address issues related to coverage of behavioral, mental health, and substance use disorder services under private health insurance and the state medical assistance program (Medicaid).
With regard to health insurance, the bill:
• Specifies that mandatory insurance coverage for behavioral, mental health, and substance use disorders includes coverage for the prevention of, screening for, and treatment of those disorders and must comply with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) (**section 3** of the bill);
• Requires coverage for services for behavioral, mental health, and substance use disorders to continue while a claim for the coverage is under review until the carrier notifies the covered person of the claim determination (**section 3**);

- Requires carriers to comply with treatment limitation requirements specified in federal regulations and precludes carriers from applying treatment limitations to behavioral, mental health, and substance use disorder services that do not apply to medical and surgical benefits (**section 3**);
 - Requires carriers to provide an adequate network of providers that are able to provide behavioral, mental health, and substance use disorder services and to establish procedures to authorize treatment by nonparticipating providers when a participating provider is not available under network adequacy requirements (**section 3**);
 - Modifies the definition of behavioral, mental health, and substance use disorder to include diagnostic categories listed in the mental disorders section of the International Statistical Classification of Diseases and Related Health Problems, the Diagnostic and Statistical Manual of Mental Disorders, or the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (**section 3**);
 - Updates the required coverage related to alcohol use and behavioral health screenings to reflect the current requirements of that coverage as specified in recommendations of the United States preventive services task force (**section 3**);
 - Requires the commissioner of insurance (commissioner) to disallow a carrier's requested rate increase for failure to demonstrate compliance with the MHPAEA (**section 5**);
 - For purposes of denials of requests for reimbursement for behavioral, mental health, or substance use disorder services, requires carriers to include specified information about the protections included in the MHPAEA, how to contact the division of insurance or the office of the ombudsman for behavioral health access to care (office) related to possible violations of the MHPAEA, and the right to request medical necessity criteria (**section 6**);
 - For health benefit plans issued or renewed on or after January 1, 2020, requires carriers that provide coverage for an annual physical examination as a preventive health care service to also cover an annual mental wellness checkup to the same extent the physical examination is covered (**section 8**);
 - Requires carriers to submit an annual parity report to the commissioner (**section 9**); and
 - Starting January 1, 2020, requires carriers that provide prescription drug benefits for the treatment of substance use disorders to provide coverage of any FDA-approved

prescription medication for treating substance use disorders without prior authorization or step therapy requirements and to place all covered substance use disorder prescription medications on the lowest tier of the drug formulary, and precludes those carriers from excluding coverage for those medications and related services solely on the grounds that they were court ordered (**section 10**).

With regard to Medicaid, the bill:

- Requires the department of health care policy and financing (department) to ensure that Medicaid covers behavioral, mental health, and substance use disorder services to the extent that Medicaid covers a physical illness and complies with the MHPAEA (**section 11**);

- Requires the statewide system of community behavioral health care in the managed care system to require managed care entities (MCEs) to provide an adequate network of providers of behavioral, mental health, and substance use disorder services and to prohibit MCEs from denying payment for medically necessary and covered treatment for a covered behavioral health disorder diagnosis or a covered substance use disorder on the basis that the covered diagnosis is not primary (**section 12**);

- Requires the department to make MCE annual network adequacy plans public and to examine complaints from the office regarding compliance with the requirements of the bill or the MHPAEA (**section 12**);

- Requires MCEs to include specified statements regarding the applicability of the MHPAEA to the managed care system in Medicaid and how to contact the office regarding possible violations of the MHPAEA (**section 14**);

- Requires MCEs to submit specified data to the department regarding behavioral health services utilization by groups that experience health disparities, denial rates for behavioral health services requiring prior authorization, and behavioral health provider directories (**section 15**);

- Requires the department to submit an annual parity report to the specified committees of the general assembly (**section 15**); and

- Starting January 1, 2020, requires an MCE that provides prescription drug benefits for the treatment of substance use disorders to provide coverage of any FDA-approved prescription medication for treating substance use disorders without prior authorization or step therapy requirements and precludes those MCEs from excluding coverage for those medications and related services solely on the grounds that they were court ordered (**section 16**).

Position Monitor

Comment

Bill: [HB19-1283](#)

Title: Disclosure Of Insurance Liability Coverage

Status Senate Committee on Judiciary Refer Unamended to Appropriations
(04/25/2019)

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

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

The bill requires an insurer that provides or may provide liability insurance coverage to pay all or a portion of a pending or prospective claim to provide to a claimant via mail, facsimile, or electronic delivery, within 30 days after receiving a written request from the claimant, a statement, made under oath, of a corporate officer setting forth the following information with regard to each known policy of insurance, including excess or umbrella insurance:

- The name of the insurer;
- The name of each insured party;
- The limits of the liability coverage;
- A statement of any policy or coverage defense that the insurer reasonably believes is available to the insurer at the time of making the statement; and
- A copy of the policy.

Official Summary

An insured party, or the insured party's insurance agent, upon written request of a claimant or a claimant's attorney, shall disclose to the claimant or claimant's attorney the name and coverage of each known insurer of the insured party and shall forward the request to all affected insurers. An insurer that receives such a request shall supply the requested information to the claimant or the claimant's attorney within 30 days of the receipt of the request.

An insurer or an insured party that violates the disclosure requirement is liable to the requesting claimant for damages in an amount of \$100 per day, beginning on and including the thirty-first day following the claimant's written request. The penalty accrues until the insurer or an insured party provides the information required. An insurer or insured party who fails to make a required disclosure is also responsible for attorney fees and costs incurred by a claimant in enforcing the penalty.

Position Monitor

Comment

Bill: [HB19-1285](#)

Title: Denver Health Managed Care Organization Contracts With The Department Of Health Care Policy And Financing

Status: Senate Third Reading Passed - No Amendments (04/25/2019)

Senate Sponsors: [R. Fields](#) (D)

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

The bill requires the department of health care policy and financing (state department) to enter into a contract with the managed care organization (MCO) operated by Denver health and hospital authority as long as the MCO continues to operate a Medicaid managed care program. Denver health and hospital authority is required to collaborate, if applicable, with the MCO designated by the state department to manage behavioral health services.

Position: Monitor

Comment:

Bill: [HB19-1287](#)

Title: Treatment For Opioids And Substance Use Disorders

Status: House Third Reading Passed - No Amendments (04/26/2019)

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

[B. Pettersen](#) (D)

House Sponsors: [J. Wilson](#) (R)

[D. Esgar](#) (D)

The bill:

- Directs the department of human services to implement a centralized, web-based behavioral health capacity tracking system to track available treatment capacity at behavioral health facilities and at programs for medication-assisted treatment and medical detoxification for substance use disorders, as well as other types of treatment (**section 1**);
- Directs the department of human services to implement a care navigation system to assist individuals in obtaining access to treatment for substance use disorders, including medical detoxification and residential and inpatient treatment (**section 2**); and
- Creates the building substance use disorder treatment capacity in underserved communities grant program to provide services in rural and frontier communities, prioritizing areas of the state that are unserved or underserved (**section 3**).

Position: Monitor

Comment

Bill: [HB19-1291](#)

Title: Insurance Disclosures And Supervision

Status: Senate Third Reading Passed - No Amendments (04/25/2019)

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

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

Official Summary

The bill establishes, with amendments, certain model laws of the National Association of Insurance Commissioners, which laws concern corporate governance annual disclosures (CGADs) by insurers and insurance groups (insurers). On June 1, 2020, and on June 1 of each year thereafter, an insurer shall submit to the commissioner of insurance (commissioner) a CGAD that contains sufficient information to provide the commissioner with a clear understanding of the insurer's corporate governance structure, policies, and practices.

The bill establishes confidentiality requirements for the commissioner and any third-party consultants retained by the commissioner.

The bill states that any insurer that fails, without just cause, to timely file a CGAD shall pay, after notice and a hearing, a penalty of \$200 for each day's delay. The maximum penalty is \$25,000.

The bill allows the commissioner to act as the group-wide supervisor for an internationally active insurance group or to designate or acknowledge another regulatory official as the group-wide supervisor for an internationally active insurance group that:

- Does not have substantial insurance operations in the United States;
- Has substantial insurance operations in the United States, but not in Colorado; or
- Has substantial insurance operations in the United States and in Colorado, but the commissioner has determined pursuant to certain criteria that the other regulatory official is the appropriate group-wide supervisor.

The bill sets forth certain permissible supervisory activities for a group-wide supervisor of an internationally active insurance group.

Position: Monitor

Comment

Bill: [HB19-1296](#)

Title: Prescription Drug Cost Reduction Measures

Status: House Committee on Finance Refer Amended to Appropriations (04/11/2019)

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

House Sponsors [D. Jackson](#) (D)
[S. Jaquez Lewis](#) (D)

Section 1 of the bill enacts the Colorado Prescription Drug Cost Reduction Act of 2019, which requires:

- Health insurers, starting in 2020, to submit to the commissioner of insurance (commissioner) information regarding prescription drugs covered under their health insurance plans that the plan paid for in the preceding calendar year, including information about rebates received from prescription drug manufacturers, a certification regarding how rebates were accounted for in insurance premiums, and a list of all pharmacy benefit management firms (PBMs) with whom they contract;

- Prescription drug manufacturers to notify the commissioner, state purchasers, health insurers, and PBMs when the manufacturer, on or after January 1, 2020, increases the price of certain prescription drugs by more than specified amounts or introduces a new specialty drug in the commercial market;

- Prescription drug manufacturers, within 15 days after the end of each calendar quarter that starts on or after January 1, 2020, to provide specified information to the commissioner regarding the drugs about which the manufacturer notified purchasers;

Official Summary

- Health insurers or, if applicable, PBMs to annually report specified information to the commissioner regarding rebates and administrative fees received from manufacturers for prescription drugs for which they received the required notice from a manufacturer; and

- Certain nonprofit organizations to compile and submit to the commissioner an annual report indicating the amount of each payment, donation, subsidy, or thing of value received by the nonprofit organization or its executive director, chief operating officer, board of directors, or any member of the board of directors from a prescription drug manufacturer, PBM, or health insurer and the percentage of the nonprofit organization's total gross income that is attributable to those payments, donations, subsidies, or things of value.

The commissioner is required to post the information received from health insurers, prescription drug manufacturers, PBMs, and nonprofit organizations on the division of insurance's website, excluding any information that is proprietary. Additionally, the commissioner, or a disinterested third-party contractor, is to analyze the data reported by

health insurers, prescription drug manufacturers, PBMs, and nonprofit organizations and other relevant information to determine the effect of prescription drug costs on health insurance premiums. The commissioner is to publish a report each year, submit the report to the governor and specified legislative committees, and present the report during annual State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act hearings. The commissioner is authorized to adopt rules as necessary to implement the requirements of the bill.

Section 2 prohibits PBMs from retroactively reducing payment on a clean claim submitted by a pharmacy unless the PBM determines, through an audit conducted in accordance with state law, that the claim was not a clean claim. Health insurers that contract with PBMs must ensure that the PBMs are complying with this prohibition and the reporting requirements and are subject to penalties for failure to do so.

Section 3 requires a carrier to reduce the cost sharing a covered person is required to pay for prescription drugs by an amount equal to the greater of 51% of the average aggregate rebates received by the carrier for all prescription drugs, including price protection rebates, or an amount that ensures cost sharing will not exceed 125% of the carrier's cost for the prescription drug.

Under **sections 5 and 6**, a prescription drug manufacturer that fails to notify purchasers or fails to report required data to the commissioner is subject to discipline by the state board of pharmacy, including a penalty of up to \$10,000 per day for each day the manufacturer fails to comply with the notice or reporting requirements. The commissioner is to report manufacturer violations to the state board of pharmacy. Additionally, health insurers that fail to report the required data are subject to a fine of up to \$10,000 per day.

Sections 7 and 8 of the bill make conforming amendments necessary to harmonize the bill with the title 12 recodification bill, House Bill 19-1172.

Position Monitor

Comment

Bill: [HB19-1301](#)

Title: Health Insurance For Breast Imaging

Status Senate Second Reading Special Order - Passed - No Amendments (04/26/2019)

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

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

Official Summary Current law requires health care coverage for one breast cancer screening study with mammography per year. The bill requires health care

coverage for breast cancer screening studies and subsequent breast imaging using the noninvasive imaging modality appropriate for each individual, as determined by the individual's health care provider, and within the appropriate use guidelines as determined by the American College of Radiology.

Position Monitor

Comment

Bill: [HB19-1302](#)

Title: Cancer Treatment And License Plate Surcharge

Status Introduced In Senate - Assigned to Finance (04/22/2019)

Senate Sponsors [F. Winter](#) (D)

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

Official Summary

The bill extends the repeal date of the breast and cervical cancer prevention and treatment program 10 years to July 1, 2029. The bill creates the underinsured breast and cervical cancer treatment program (program) in the department of public health and environment (department) to provide treatment to uninsured and underinsured persons who have breast or cervical cancer. The state board of health is required to adopt such rules as are necessary to administer the program.

The bill creates the underinsured breast and cervical cancer treatment fund, which consists of money credited from the sale of breast cancer awareness license plates. The department may use money in the fund to provide treatment for breast and cervical cancer through the program.

The bill increases the surcharge associated with the purchase, replacement, or renewal of a breast cancer awareness license plate from \$25 to \$30. Of this amount, \$10 is credited to the fund and \$20 continues to be credited to the breast and cervical cancer prevention and treatment fund. On and after July 1, 2021, \$5 of the surcharge is credited to the underinsured breast and cervical cancer treatment fund and \$25 of the surcharge is credited to the breast and cervical cancer prevention and treatment fund.

Position Monitor

Comment

Bill: [HB19-1312](#)

Title: School Immunization Requirements
Status: House Third Reading Laid Over Daily - No Amendments (04/26/2019)
Senate Sponsors: [J. Gonzales](#) (D)
[K. Priola](#) (R)
House Sponsors: [K. Mullica](#) (D)

The bill requires the department of public health and environment (department) to:

- Develop a standardized form and submission process to claim a medical exemption to an immunization; and
- Develop a standardized form and submission process to claim a religious or personal belief exemption to an immunization.

The department is:

- Required to develop educational materials regarding immunizations to distribute to health care providers and facilities;
- Required to present immunization exemption information during its annual SMART Act hearing; and
- Required to use the existing immunization tracking system.

The state board of health is:

- Required to promulgate rules adopting the medical exemption recommendations from the advisory committee on immunization practices of the centers for disease control and prevention in the federal department of health and human services, or any successor entity (ACIP);

Official Summary

- Required to promulgate rules adopting the immunization recommendations from the ACIP;
- Allowed to promulgate rules adopting additional immunizations not recommended by ACIP; and
- Allowed to promulgate rules establishing the timing by which schools, parents, legal guardians, and students must demonstrate compliance with immunization requirements.

Concerning the immunization tracking system, the bill:

- Requires a licensed physician, physician assistant, or advanced practice nurse to inform a parent or legal guardian who is claiming a medical exemption that he or she may choose to exclude the student's immunization information from the immunization tracking system before the student's immunization data is sent to the immunization tracking system;
- Requires the department or local or county, district, or municipal public health agency to inform a parent, legal guardian, or student who is claiming a religious or personal belief exemption that he or she may choose to exclude the student's immunization information from the immunization

tracking system before the student's immunization data is sent to the immunization tracking system; and

- Requires a practitioner who is a licensed physician, physician assistant, or advanced practice nurse to submit immunization and medical exemption data to the immunization tracking system. However, the practitioner is not subject to a regulatory sanction for noncompliance.

Position Monitor

Comment

Bill: [HB19-1320](#)

Title: Hospital Community Benefit Accountability

Status House Committee on Health & Insurance Refer Amended to Appropriations (04/24/2019)

Senate Sponsors [F. Winter](#) (D)

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

Official Summary The department of health care policy and financing (department) has divided the state into 7 regions and associated each region with a regional accountable entity for the purpose of administering the Colorado Medical Assistance Act. In each region, the bill establishes a 15-member hospital community accountability board (board). The bill requires each nonprofit hospital, in consultation with its board, to complete an annual community health needs assessment and an annual community benefit implementation plan. Each nonprofit hospital must report to the department concerning its community health needs assessment, community benefit implementation plan, and community benefit activities in the preceding year, and the department is required to submit an annual summary report to subject matter committees of the general assembly. For-profit hospitals are encouraged to report in like fashion.

Position Monitor

Comment

Bill: [HB19-1326](#)

Title: Rates For Senior Low-income Dental Program

Status House Third Reading Passed - No Amendments (04/26/2019)

Senate Sponsors [B. Rankin](#) (R)
[R. Zenzinger](#) (D)

House Sponsors

[D. Esgar](#) (D)
[C. Hansen](#) (D)

Joint Budget Committee. The bill adds to the duties of the department of health care policy and financing (department) under the Colorado dental health care program for low-income seniors (program) to review the operation and effectiveness of the program in the next annual report. Qualified grantees under the program and the department shall report recommendations concerning the operations and effectiveness of the program.

Official Summary

Under current law the senior dental advisory committee recommends to the medical services board the maximum reimbursement rate for dental procedures under the Colorado dental health care program for low-income seniors that cannot be less than the reimbursement rate previously adopted by the state board of health for the program. The bill changes the maximum reimbursement rate that the committee may recommend to not less than the Medicaid fee-for-service rate.

Position

Monitor

Comment

Bill: [HB19-1333](#)

Title:

Cigarette Tobacco & Nicotine Products Tax

Status

Introduced In House - Assigned to Finance (04/24/2019)

Senate Sponsors

[R. Fields](#) (D)

House Sponsors

[Y. Caraveo](#) (D)

The bill refers a ballot issue to the voters at the November 2019 statewide election for the following tax increases:

- To increase the cigarette tax by 8.75 cents per cigarette;
- To increase the tobacco products tax by 22% of the manufacturer's list price; and
- To create a tax on nicotine products that is equal to 62% of the manufacturer's list price, which is the same total tax as the tax levied on tobacco products with the increase.

Official Summary

If voters approve the tax, then the state will have the authority to impose these taxes and retain and spend the revenue as a voter-approved revenue change, and the remainder of the bill takes effect upon approval. The new nicotine products tax is modeled after the tobacco products tax. Nicotine products are products that contain nicotine and that are ingested into the body, which at this time is typically through vaping with an electronic cigarette. The excise tax is levied on the sale, use, consumption, handling, or distribution of all nicotine products in the state, and it is imposed on a distributor at the time the product is brought into the state, made here, or shipped or transported to retailers in the state. If a distributor fails to pay the tax, then any person or entity in possession

of the nicotine products is liable for the tax.

To be a distributor of nicotine products, a person must have a license. The license costs \$10 per year and requires that the distributor must have a tax license and comply with all of the laws relating to the collection of the tax. Distributors are required to file quarterly returns, and the department of revenue (department) may require electronic fund transfers of the taxes paid. Licensees are required to maintain certain records, and retailers are likewise required to maintain records about nicotine products it purchases from a licensed distributor. The department may share the names and addresses of persons who purchased nicotine products for resale with the department of public health and environment and county and district public health agencies.

To account for the increased taxes per cigarette, the discount percentage on cigarette stamps that a cigarette wholesaler may retain for its collection costs is reduced from 4% to .4% and the similar discount for a tobacco products distributor is reduced from 3.33% to 1.6%. A nicotine products distributor will be permitted to retain 1.1% of the taxes collected.

In general, 50% of the revenue from the new nicotine products tax and the additional cigarette and tobacco products taxes (new tax revenue) is allocated for purposes related to health care, and 50% is allocated for preschool programs and expanded learning opportunities. Specifically, the new tax revenue is deposited in the old age pension fund and then credited to the general fund in accordance with the state constitution. The state treasurer is then required to transfer 50% of the new tax revenue from the general fund to the behavioral health and health care affordability and accessibility cash fund (behavioral health fund).

The state treasurer is further required to transfer money in the behavioral health fund as follows:

- 19%, up to \$30 million, to the tobacco education programs fund, which is primarily used for tobacco education, prevention, and cessation programs, which are expanded to include nicotine products; and
- 9.5%, up to \$15 million, to offset the decreased revenue from the existing taxes that may result from the voter-approved rate increases, and of this amount, 73% is further allocated to the tobacco tax cash fund and 27% to the general fund.

For fiscal years that begin prior to July 1, 2023, the general assembly is required to appropriate the remainder of the money in the behavioral health fund as follows:

- 66% to make health care more affordable and accessible;
- and
- 34% to improve the provision of behavioral health services for children and youth.

Thereafter, the specific allocation no longer applies and the only

limitation on appropriating for these 2 purposes is that each purpose must receive at least 20% of the fund remainder.

The state treasurer is required to transfer the other 50% of the new tax revenue to the newly created preschool programs cash fund, from which money is appropriated to the department of education to improve the availability, affordability, and quality of voluntary early childhood education, and to the Colorado expanded learning opportunities cash fund, from which money is used for the Colorado expanded learning opportunities program. The allocation of the new tax revenue between the 2 funds is as follows:

- For the 2019-20 and 2020-21 fiscal years, 35% to the preschool programs cash fund and 15% to the Colorado expanded learning opportunities cash fund;
- For the 2021-22 fiscal year, 30% to the preschool programs cash fund and 20% to the Colorado expanded learning opportunities cash fund; and
- For the 2022-23 fiscal year and each fiscal year thereafter, 27.5% to the preschool programs cash fund and 22.5% to the Colorado expanded learning opportunities cash fund.

The state auditor is required to annually conduct a financial audit of the use of the new tax revenue.

The bill also creates the Colorado expanded learning opportunities program, which is established to allow eligible students to participate in out-of-school learning experiences. The Colorado expanded learning opportunities agency, which is an independent agency in the department of education, through an administering nonprofit, pays providers for eligible students to participate in such experiences.

Position Monitor

Comment

SENATE BILLS

Bill: [SB19-001](#)

Title: Expand Medication-assisted Treatment Pilot Program

Status House Second Reading Special Order - Passed - No Amendments
(04/26/2019)

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

House Sponsors [B. Buentello](#) (D)

Official Summary In 2017, the general assembly enacted Senate Bill 17-074, which created a 2-year 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 2017 act directs the general

assembly 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. The pilot program repeals on June 30, 2020.

The bill:

- Expands the pilot program to the counties in the San Luis valley and 2 additional counties in which a need is demonstrated;
- Shifts responsibility to administer the pilot program from the college of nursing to the center for research into substance use disorder prevention, treatment, and recovery support strategies;
- Adds representatives from the San Luis valley and any other counties selected to participate in the pilot program to the advisory board that assists in administering the program;
- Increases the annual appropriation for the pilot program to \$5 million for the 2019-20 and 2020-21 fiscal years; and
- Extends the program an additional 2 years.

Position Support

Comment

Bill: [SB19-004](#)

Title: Address High-cost Health Insurance Pilot Program

Status Senate Considered House Amendments - Result was to Concur - Repass (04/18/2019)

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

House Sponsors [J. McCluskie](#) (D)
[D. Roberts](#) (D)

Official Summary **Sections 1 and 2** of the bill authorize the state personnel director to explore the feasibility of offering and, if feasible, to develop and implement a one-year pilot program in a limited geographic region of the state affected by high health insurance premiums to provide access to individuals in that region to participate in the group medical benefit plans offered to state employees. The pilot program would be available:

- In the portions of Eagle and Garfield counties that are within the service area of the state group benefit plans;
- To a limited number of individuals whose household income is more than 400 % but not more than 500 % of the federal poverty line; and
- In the 2019-20 benefit plan year.

Section 2 outlines the factors for the state personnel director to consider in determining the feasibility of the pilot program.

Sections 3 through 15 modernize laws authorizing health care cooperatives in the state to incorporate consumer protections such as coverage for preexisting conditions and to encourage consumers to help control health care costs by negotiating rates on a collective basis directly with providers.

Position Monitor

Comment

Bill: [SB19-005](#)

Title: Import Prescription Drugs From Canada

Status House Committee on Health & Insurance Refer Amended to Appropriations (04/24/2019)

Senate Sponsors [J. Ginal](#) (D)
[R. Rodriguez](#) (D)

House Sponsors [S. Jaquez Lewis](#) (D)

Official Summary The bill creates the Colorado Wholesale Importation of Prescription Drugs Act, under which the department of health care policy and financing (department) shall design a program to import prescription pharmaceutical products from Canada for sale to Colorado consumers. The program design must ensure both drug safety and cost savings for Colorado consumers. The department shall submit the program design to the secretary of the United States department of health and human services and request the secretary's approval of the program, as required by federal law, to import Canadian pharmaceutical products. If the secretary approves the program, the department shall implement the program. The department shall adopt a funding mechanism to cover the program's administrative costs, and the department shall annually report on the program to the general assembly.

Position Monitor

Comment

Bill: [SB19-008](#)

Title: Substance Use Disorder Treatment In Criminal Justice System

Status House Committee on Finance Refer Unamended to Appropriations (04/26/2019)

Senate Sponsors [K. Priola](#) (R)
[D. Moreno](#) (D)
[B. Pettersen](#) (D)

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

Opioid and Other Substance Use Disorders Study Committee.

Section 1 of the bill requires the Colorado commission on criminal and juvenile justice to study and make recommendations concerning:

- Alternatives to filing criminal charges against individuals with substance use disorders who have been arrested for drug-related offenses;
- Best practices for investigating unlawful opioid distribution in Colorado; and
- A process for automatically sealing criminal records for drug offense convictions.

Section 2 of the bill requires the department of corrections (DOC) to allow medication-assisted treatment to be provided to persons who were receiving treatment in a local jail prior to being transferred to the custody of the DOC. The DOC may enter into agreements with community agencies and organizations to assist in the development and administration of medication-assisted treatment.

Section 3 of the bill contains a legislative declaration that the substance abuse trend and response task force should formulate a response to current and emerging substance abuse problems from the criminal justice, prevention, and treatment sectors that includes the use of drop-off treatment services, mobile and walk-in crisis centers, and withdrawal management programs as an alternative to entry into the criminal justice system for offenders of low-level drug offenses.

Section 4 of the bill directs the department of health care policy and financing to seek federal authorization under the Medicaid program for treatment of substance use disorders for persons confined in jails.

Section 5 of the bill creates a simplified process for sealing convictions for level 4 drug felonies, all drug misdemeanors, and any offense committed prior to October 1, 2013, that would have been a level 4 drug felony or drug misdemeanor if committed on or after October 1, 2013. A defendant may file a motion to seal records 3 years or more after final disposition of the criminal proceedings. Conviction records may be sealed only after a hearing and upon court order.

Section 6 of the bill requires jails that receive funding through the jail-based behavioral health services program to allow medication-assisted treatment to be provided to individuals in the jail. The jail may enter into agreements with community agencies and organizations to assist in the development and administration of medication-assisted treatment.

Section 7 of the bill provides an appropriation, including for the following programs funded through the annual long appropriations act:

- Increasing from 4 to 10 the number of the law-enforcement-assisted diversion pilot programs; and
- Increasing cosponder funding for criminal justice diversion pilot programs in the office of behavioral health in the department of human services.

Position Support

Comment

Bill: [SB19-010](#)

Title: Professional Behavioral Health Services For Schools

Status House Second Reading Special Order - Laid Over Daily - No Amendments (04/26/2019)

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

House Sponsors [B. McLachlan](#) (D)
[D. Valdez](#) (D)

Official Summary The bill allows grant money to be used for behavioral health care services at recipient schools and specifies that grants may also fund behavioral health services contracts with community providers. The bill requires the department of education (department) to prioritize grant applications based on the school's need for additional health professionals, and grant applicants must specify the extent to which the school has seen an increase in activities or experiences that affect students' mental well-being.

The bill allows a community provider to commit money to schools. It also changes the amount the department can expend to offset the costs incurred in implementing the program from 3% to 5% of money appropriated for the program.

The bill allows school districts to enter into agreements with specified groups to implement evidence-based, school-wide behavior supports and strategies to build and support positive school climates, including providing behavioral health services and supports; implement strategies to reduce the incidence of suspension and expulsion; and implement alternatives to suspension or expulsion.

Position Monitor

Comment

Bill: [SB19-012](#)

Title: Use Of Mobile Electronic Devices While Driving

Status House Committee on Judiciary Postpone Indefinitely (04/16/2019)

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

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

Official Summary Current law prohibits the use of wireless telephones while driving for individuals who are younger than 18 years of age. The bill:

- Extends the prohibition to drivers of all ages;
- Extends the existing prohibition of the use of wireless

telephones to include all mobile electronic devices;

- Establishes the penalties as \$300 and 4 points for a first violation, \$500 and 6 points for a second violation, and \$750 and 8 points for a third or subsequent violation;
- Creates an exception to the prohibition of the use of mobile electronic devices for drivers who use a mobile electronic device while a hands-free accessory is engaged; and
- Repeals a sentence enhancement for a violation that causes bodily injury or death.

Position Support

Comment

Bill: [SB19-013](#)

Title: Medical Marijuana Condition Opiates Prescribed For

Status House Second Reading Laid Over Daily - No Amendments (04/26/2019)

Senate Sponsors [V. Marble](#) (R)
[J. Ginal](#) (D)

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

Official Summary The bill adds a condition for which a physician could prescribe an opiate to the list of disabling medical conditions that authorize a person to use medical marijuana for his or her condition. Under current law, a child under 18 years of age who wants to be added to the medical marijuana registry for a disabling medical condition must be diagnosed as having a disabling medical condition by 2 physicians, one of whom must be a board-certified pediatrician, a board-certified family physician, or a board-certified child and adolescent psychiatrist who attests that he or she is part of the patient's primary care provider team. The bill removes the additional requirements on specific physicians to align with the constitutional provisions for a debilitating medical condition.

Position Monitor

Comment

Bill: [SB19-015](#)

Title: Create Statewide Health Care Review Committee

Status Introduced In House - Assigned to Health & Insurance (04/24/2019)

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

House Sponsors [S. Beckman](#) (R)

Official Summary The bill recreates the former health care task force, renamed as the statewide health care review committee, to study health care issues that

affect Colorado residents throughout the state. The committee consists of the members of the house of representatives committees on health and insurance and public health care and human services and the senate committee on health and human services. The committee is permitted to meet up to 2 times during the interim between legislative sessions, including 2 field trips.

Position Monitor

Comment

Bill: [SB19-027](#)

Title: County Authority Unclaimed Body Final Disposition

Status House Committee on Judiciary Postpone Indefinitely (04/11/2019)

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

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

Official Summary Current law requires a county to bury an unclaimed dead body after following certain procedures. The bill authorizes the county to also cremate the body or use any lawful method of final disposition. The bill also harmonizes conflicts in existing law to the standards required by the final disposition statute.

Position Monitor

Comment

Bill: [SB19-041](#)

Title: Health Insurance Contract Carrier And Policyholder

Status Governor Signed (04/08/2019)

Senate Sponsors [F. Winter](#) (D)
[J. Smallwood](#) (R)

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

Official Summary Current law requires a contract between a health insurance carrier and a policyholder to contain a provision that requires the policyholder to pay premiums for each individual covered under the policy through the date that the policyholder notifies the carrier that an individual covered under the policy is no longer covered. The bill requires the contract to state that, in the alternative, the policyholder is required to pay premiums to the carrier through the date that the individual covered under the policy is no longer eligible or covered if the policyholder notifies the carrier within 10 business days after the date of ineligibility or noncoverage.

Position Monitor
Comment

Bill: [SB19-044](#)

Title: Colorado Department Of Public Health And Environment Emergency Medical And Trauma Care System

Status Governor Signed (03/18/2019)

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

House Sponsors [E. Hooton](#) (D)

Official Summary **Statutory Revision Committee.** The bill repeals language:

- Requiring the department of public health and environment to implement a statewide emergency medical and trauma care system by July 1, 1997; and
- Requiring the state board of health to cooperate with the department of personnel in adopting certain criteria that counties must identify in their own regional systems.

Position Monitor
Comment

Bill: [SB19-049](#)

Title: Statute Of Limitation Failure Report Child Abuse

Status Governor Signed (03/28/2019)

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

House Sponsors [D. Michaelson Jenet](#) (D)

Official Summary The bill makes the statute of limitations 5 years for failure to report child abuse when a child makes a verbal or written allegation of unlawful sexual behavior to a mandatory reporter.

Position Monitor
Comment

Bill: [SB19-052](#)

Title: Emergency Medical Service Provider Scope Of Practice

Status Governor Signed (04/17/2019)

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

House Sponsors [K. Mullica](#) (D)

Official Summary Emergency medical service (EMS) providers are authorized to practice under the medical direction of a physician. **Section 1** of the bill

expands an EMS provider's scope of practice by authorizing a provider to practice under the medical direction of an advanced practice nurse or a physician assistant.

Section 1 also:

- Specifies that a provider may practice in a hospital or clinic; and
- Authorizes the state board of health to promulgate rules to authorize other types of medical professionals to provide medical direction to EMS providers or to allow EMS providers to practice in other types of licensed health care facilities or health care-related settings.

Section 3 adds an advanced practice nurse and a physician assistant to the membership of the emergency medical practice advisory council and requires the governor to make initial appointments of the additional advisory council members on or before November 1, 2019.

Sections 2, 4, and 5 make conforming amendments.

Position Amend

Comment

Bill: [SB19-061](#)

Title: Self-contained Breathing Apparatus Testing And Certification

Status House Second Reading Special Order - Laid Over Daily - No Amendments (04/26/2019)

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

House Sponsors [J. Arndt](#) (D)
[E. Hooton](#) (D)

Currently, local fire departments and other users of self-contained breathing apparatus (SCBA) rely on certification under standards promulgated by the United States department of transportation (DOT) or the national institute for occupational safety and health (NIOSH) for quality control of pressure vessels. These certifications are considered valid through the vessel's recommended service life, but that service life is finite.

Official Summary **Section 1** of the bill declares that, with the emergence of new technology to test the continuing safety of vessels that are at the end of their initial recommended service life, vessels that remain safe can and should be recertified for an additional period rather than discarded, resulting in a saving of tax dollars for local governments. **Sections 2 through 4** give the executive director of the department of public health and environment the authority to inspect SCBA equipment and, if necessary, to write rules governing the inspection and certification of pressure vessels. Any such rules must incorporate or

recognize current DOT or NIOSH standards for certification and recertification with regard to any technology that is accepted by those federal agencies.

Position Monitor
Comment

Bill: [SB19-065](#)

Title: Peer Assistance Emergency Medical Service Provider

Status Sent to the Governor (04/25/2019)

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

House Sponsors [T. Exum Sr.](#) (D)

Official Summary

The bill creates a peer health assistance program (program) for emergency medical service providers funded through fees collected from each applicant upon initial or renewal of a certification as an emergency medical service provider. The state board of health (board) is required to select one or more peer health assistance programs as designated providers. To be selected as a provider, the program must:

- Provide for the education of emergency medical service providers with respect to the recognition and prevention of physical, emotional, and psychological problems and provide for intervention when necessary or under circumstances that may be established by rules promulgated by the board;
- Offer assistance to an emergency medical service provider in identifying physical, emotional, or psychological problems;
- Evaluate the extent of physical, emotional, or psychological problems and refer the emergency medical service provider for appropriate treatment;
- Monitor the status of an emergency medical service provider who has been referred for treatment;
- Provide counseling and support for the emergency medical service provider and for the family of any emergency medical service provider referred for treatment;
- Agree to receive referrals from the board; and
- Agree to make services available to all certified emergency medical service providers.

Position Monitor
Comment

Bill: [SB19-073](#)

Title: Statewide System Of Advance Medical Directives
Status Introduced In House - Assigned to Health & Insurance (04/24/2019)
Senate Sponsors [J. Ginal](#) (D)
House Sponsors [L. Landgraf](#) (R)
[D. Roberts](#) (D)
The bill requires the department of public health and environment (department) to create and administer a statewide electronic system (system) that allows qualified individuals to upload and access advance medical directives.
The bill defines an advance medical directive as a directive concerning medical orders for scope of treatment and requires the department to contract with one or more health information organization networks for the administration and maintenance of the system. The bill also requires the department to promulgate rules to administer the system.
Official Summary The bill clarifies that it is the responsibility of the adult whose medical treatment is the subject of the advance medical directive, or the authorized surrogate decision-maker, to ensure that the advance medical directive uploaded to the system is current and accurate.
The bill does not allow for any civil or criminal liability or regulatory sanctions for any emergency personnel, health care provider, health care facility, or any other person that complies with a legally executed advance medical directive that is accessed from the system.
Position Support
Comment

Bill: [SB19-079](#)

Title: Electronic Prescribing Controlled Substances
Status Governor Signed (04/08/2019)
Senate Sponsors [N. Todd](#) (D)
[K. Priola](#) (R)
House Sponsors [L. Landgraf](#) (R)
[D. Esgar](#) (D)
Official Summary **Sections 1 to 14** of the bill require podiatrists, physicians, physician assistants, advanced practice nurses, and optometrists, starting July 1, 2021, and dentists and practitioners serving rural communities or in a solo practice, starting July 1, 2023, to prescribe schedule II, III, or IV controlled substances only via a prescription that is electronically transmitted to a pharmacy unless a specified exception applies. Prescribers are required to indicate on license renewal questionnaires whether they have complied with the electronic prescribing requirement. **Section 15** specifies that pharmacists need not verify the

applicability of an exception to electronic prescribing when they receive an order for a controlled substance in writing, orally, or via facsimile transmission and may fill the order if otherwise valid under the law.

Position Amend

Comment

Bill: [SB19-093](#)

Title: Firearms Rights Of Medical Marijuana Users

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (02/06/2019)

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

House Sponsors [B. Buentello](#) (D)

Official Summary

Current law prohibits a person from carrying a firearm if the person has a prior conviction for a felony or conspiracy to commit a felony pursuant to Colorado law, the law of any other state, or federal law. The bill clarifies that a person is not prohibited from carrying a firearm if the prior conviction was for the possession or use of marijuana that was lawfully possessed or used pursuant to the Colorado constitution. Under current law, a sheriff may deny an application for a permit to carry a concealed handgun when the applicant is ineligible to possess a firearm pursuant to Colorado or federal law or the applicant is an unlawful user of, or addicted to, a controlled substance, as defined by federal law or regulation. The bill clarifies that a person is not considered to be ineligible to possess a firearm pursuant to federal law nor considered to be an unlawful user of, or addicted to, a controlled substance because of the possession or use of medical marijuana pursuant to the Colorado constitution.

The bill clarifies that the department of public safety is prohibited from sharing confidential information relating to the medical marijuana registry with law enforcement for the purpose of conducting a background check related to the transfer of firearms.

Position Monitor

Comment

Bill: [SB19-098](#)

Title: Cost-based Reimbursement For Rural Hospitals

Status Senate Committee on Finance Postpone Indefinitely (02/12/2019)

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

House Sponsors

The bill requires Colorado's program of medical assistance to pay rural critical access hospitals and sole community hospitals for outpatient hospital services pursuant to a cost-based reimbursement methodology using 100% of actual cost.

Official Summary Prior to implementing the cost-based reimbursement methodology for outpatient hospital services, the department of health care policy and financing (state department) shall convene a stakeholder group consisting of representatives of the affected hospitals and other persons or entities to consult with the state department on the elements of the cost-based reimbursement methodology and its implementation.

The bill makes a conforming amendment.

Position Monitor

Comment

Bill: [SB19-110](#)

Title: Licensing Regulation Ambulatory Surgical Centers

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (02/11/2019)

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

House Sponsors [R. Pelton](#) (R)

Official Summary Under current law, certain freestanding and office-based facilities performing outpatient procedures such as liposuction and radiation treatments are not regulated to the same extent as facilities within a hospital and, in some cases, not at all. The bill extends the jurisdiction of the department of public health and environment to license these facilities and to adopt rules governing their operation.

Position Monitor

Comment

Bill: [SB19-133](#)

Title: Require License Practice Genetic Counseling

Status House Third Reading Passed - No Amendments (04/24/2019)

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

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

Official Summary The bill enacts the Genetic Counselor Licensure Act. On and after June 1, 2020, a person cannot practice genetic counseling without being licensed by the director of the division of professions and

occupations in the department of regulatory agencies. To be licensed, a person must have been certified by a national body, except that the director may issue a provisional license to a candidate for certification pursuant to requirements established by rule.

The bill gives title protection to genetic counselors and standard licensing, rule-making, and disciplinary powers to the director. Genetic counselors must have insurance. The bill repeals the act on September 1, 2026, subject to sunset review. Genetic counselors are subject to the mandatory disclosures of the Michael Skolnik Medical Transparency Act of 2010.

Position Monitor

Comment

Bill: [SB19-134](#)

Title: Out-of-network Health Care Disclosures And Charges

Status Senate Committee on Health & Human Services Postpone Indefinitely (04/25/2019)

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

House Sponsors [M. Soper](#) (R)

The bill:

- Sets the reimbursement rate that a health insurance carrier must pay a health care facility if a covered person is treated for emergency services;
- Requires in-network health care facilities and health care providers to make disclosures to patients covered by a health benefit plan concerning the provision of services by an out-of-network provider;

Official Summary

- Outlines the claims and payment process, including reimbursement rates for the provision of out-of-network services for health care facilities and health care providers; and
- Authorizes arbitration for the payment of health care claims that are in dispute if certain criteria are met.

The commissioner of insurance is required to submit a report annually to the general assembly concerning unanticipated out-of-network services.

Position Support

Comment

Bill: [SB19-145](#)

Title: Sunset Continue Dialysis Clinic And Technician Regulation
Status House Second Reading Laid Over Daily - No Amendments (04/26/2019)
Senate Sponsors [N. Todd](#) (D)
House Sponsors [A. Valdez](#) (D)

Sunset Process - Senate Health and Human Services Committee. The bill continues the regulation of dialysis clinics and hemodialysis technicians by the department of public health and environment for 7 years, until 2026.
The bill deletes obsolete language in the law regulating dialysis treatment clinics and hemodialysis technicians and updates references to nurses who are permitted to supervise hemodialysis technicians.

Position Monitor

Comment

Bill: [SB19-146](#)

Title: Sunset Home Care Agencies
Status House Second Reading Special Order - Laid Over Daily - No Amendments (04/26/2019)
Senate Sponsors [B. Pettersen](#) (D)
House Sponsors [C. Kennedy](#) (D)

Sunset Process - Senate Health and Human Services Committee. The bill implements the recommendations of the department of regulatory agencies in its sunset review and report on the licensing of home care agencies and the registering of home care placement agencies by the department of public health and environment (CDPHE) by:

- Continuing these functions until September 1, 2028;
- Requiring that money assessed and collected by CDPHE as civil fines against agencies is credited to the general fund rather than to the home care agency cash fund;
- Repealing the \$10,000 limit on the amount of civil fines that may be assessed against a home care agency or home care placement agency in a calendar year; and
- Requiring the home care advisory committee to include representatives of home care placement agencies.

Position Monitor

Comment

Bill: [SB19-153](#)

Title: Sunset Podiatry Board

Status House Second Reading Special Order - Laid Over Daily - No Amendments (04/26/2019)

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

House Sponsors [B. Titone](#) (D)
[C. Kipp](#) (D)

Sunset Process - Senate Health and Human Services

Committee. The bill implements the recommendations of the department of regulatory agencies' sunset review and report on the regulatory functions of the Colorado podiatry board (board) as follows:

- Continues the regulation of podiatrists for 7 years, until September 1, 2026 (**sections 1 and 2** of the bill);

- Requires a podiatrist to notify the board of a physical illness, physical condition, or behavioral or mental health disorder that affects the podiatrist's ability to practice and allows the podiatrist and the board to enter into a

- confidential agreement to limit the podiatrist's practice based on the illness, condition, or disorder (**sections 4 and 6**);

- Specifies that the passage of an examination approved by the board is required for initial licensure as a podiatrist (**section 3**); and

- Eliminates the requirement that the board send letters of admonition by certified mail (**section 5**).

Official Summary

Position

Monitor

Comment

Bill: [SB19-154](#)

Title: Sunset License Regulate Psychiatric Technicians

Status House Third Reading Passed - No Amendments (04/23/2019)

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

House Sponsors [E. Sirota](#) (D)

Sunset Process - Senate State, Veterans, and Military Affairs

Committee. The bill implements the recommendations of the department of regulatory agencies' sunset review and report on the licensure and regulation functions of the state board of nursing (board) regarding psychiatric technicians as follows:

- Continues the functions of the board in licensing and regulating psychiatric technicians for 15 years, until September 1, 2034 (**sections 1 and 2** of the bill);

- Changes references to accredited psychiatric technician education programs to approved to more accurately reflect that the programs are approved by the board rather

Official Summary

than accredited (**sections 3, 5, 6, and 8**);

- Makes 2 technical amendments to the statute governing applications for psychiatric technician licenses to reflect current practices (**section 4**);

- Modifies the grounds for discipline related to alcohol or substance use or abuse to eliminate reference to having an alcohol or substance use disorder and instead clarifying that a person is subject to discipline for excessive or habitual use or abuse of alcohol or drugs (**section 7**);

- Eliminates as a grounds for discipline having a physical disability or intellectual or developmental disability that renders the person unable to safely practice and instead subjects a person to discipline for failure to notify the board of, or act within the limitations created by, a physical illness or condition or behavioral, mental health, or substance use disorder that affects the psychiatric technician's ability to safely practice. Additionally, the bill authorizes the board to enter into a confidential agreement with the psychiatric technician to limit his or her practice and makes failure to comply with the agreement grounds for discipline (**sections 7 and 9**).

- Removes the terms willfully and negligently from several grounds for disciplining a psychiatric technician (**section 7**); and

- Eliminates the requirement that the board send letters of admonition by certified mail (**section 10**).

Sections 11 through 20 make conforming amendments to harmonize the bill with the title 12 recodification bill, House Bill 19-1172.

Position Monitor

Comment

Bill: [SB19-164](#)

Title: Sunset In-home Support Services Program

Status House Third Reading Passed - No Amendments (04/23/2019)

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

House Sponsors [K. Mullica](#) (D)

Official Summary **Sunset Process - Senate Health and Human Services Committee.** The bill implements the recommendations of the department of regulatory agencies' sunset review by extending the repeal date of in-home support services for certain home- and community-based services (HCBS) waivers under the Colorado medical assistance program

by 7 years, from 2019 to 2026. Prior to the repeal, the department of regulatory agencies shall conduct a sunset review of the program. The bill amends the eligibility definition for in-home support services, removing the reference to specific HCBS waivers and including those waivers for which there is state and federal authority for in-home support services. The bill removes language relating to an obsolete reporting requirement.

Position Monitor
Comment

Bill: [SB19-177](#)

Title: Background Checks Persons Who Work With Children
Status Introduced In House - Assigned to Business Affairs & Labor (04/24/2019)
Senate Sponsors [J. Ginal](#) (D)
[D. Hisey](#) (R)
House Sponsors [J. Singer](#) (D)

Official Summary

Position Monitor
Comment

Bill: [SB19-188](#)

Title: FAMLI Family Medical Leave Insurance Program
Status Introduced In House - Assigned to Finance (04/25/2019)
Senate Sponsors [A. Williams](#) (D)
[F. Winter](#) (D)
House Sponsors [M. Gray](#) (D)
[M. Duran](#) (D)

Official Summary The bill creates the family and medical leave insurance (FAMLI) program and the division of family and medical leave insurance (division) in the department of labor and employment to provide partial wage replacement benefits to an eligible individual who takes leave from work:

- To care for a new child or a family member with a serious health condition;
- Because the eligible individual is unable to work due to the individual's own serious health condition or because the individual or a family member is the victim of abusive behavior; or
- Due to certain needs arising from a family member's active duty service.

Each employee and employer in the state will pay one-half the cost of a premium as specified in the bill, which premium is based on a percentage of the employee's yearly wages. The premiums are deposited into the family and medical leave insurance fund, and family and medical leave benefits are paid to eligible individuals from the fund. The division is established as an enterprise, and premiums paid into the fund are not considered state revenues for purposes of the taxpayer's bill of rights (TABOR).

Position Monitor

Comment

Bill: [SB19-193](#)

Title: Sunset Continue Colorado Medical Practice Act

Status Introduced In House - Assigned to Finance (04/24/2019)

Senate Sponsors [P. Lee](#) (D)
[J. Ginal](#) (D)

House Sponsors [K. Tipper](#) (D)

Sunset Process - Senate Judiciary Committee. The bill implements some of the recommendations in the 2018 sunset review and report by the department of regulatory agencies by:

- Continuing the Colorado Medical Practice Act (Act) and the Colorado medical board (board) until September 1, 2026 (**sections 2 and 3 of the bill**);
- Eliminating the restriction on the number of days that a physician may practice in a calendar year with a pro bono license (**section 5**);
- Repealing the requirement that the board send a letter of admonition to a licensee by certified mail (**section 6**); and
- Making technical amendments to the Act (**sections 1, 2, 4, and 7**).

Sections 9 through 14 make conforming amendments to harmonize the bill with the title 12 recodification bill, House Bill 19-1172.

Position Monitor

Comment

Bill: [SB19-195](#)

Title: Child And Youth Behavioral Health System Enhancements

Status Introduced In House - Assigned to Health & Insurance (04/24/2019)

Senate Sponsors

[R. Fields](#) (D)
[R. Gardner](#) (R)

House Sponsors

[T. Kraft-Tharp](#) (D)
[L. Landgraf](#) (R)
[M. Froelich](#) (D)

The bill creates the office of children and youth behavioral health policy coordination (office) in the office of the governor. The bill also creates the children and youth behavioral health policy coordination commission (commission) and the children and youth behavioral health advisory council (council) in the office.

The commission consists of 15 members, which must be appointed no later than September 1, 2019. The primary duties and responsibilities of the commission include:

- Providing leadership to increase and enhance efficient and effective behavioral health services to children and youth;
- Coordinating efforts between state agencies and departments to increase public understanding and awareness of child and youth behavioral health needs;
- Recommending shared policies to remove administrative barriers in order to facilitate collaboration between communities, state departments, and political subdivisions of the state;
- Monitoring and receiving updates related to network adequacy for access to behavioral health services in the state;

Official Summary

- Compiling and disseminating information regarding best practices for delivering and funding behavioral health services;
- Receiving and acting on recommendations;
- Recommending funds contained in each department's budget that can be identified for collaborative service delivery systems; and
- Beginning January 1, 2020, and each January 1 thereafter, recommending performance measures for each department, office, and county represented on the commission that will quantify and demonstrate the effectiveness of the behavioral health system in Colorado.

The commission shall consult and collaborate with other organizations that incorporate child behavioral health strategies when developing proposals, activities, and implementation planning. Beginning October 1, 2019, the commission shall work collaboratively with the department of health care policy and financing and the department of human services (departments) to implement wraparound services for children and youth at risk of out-of-home placement. No later than July 1, 2020, the commission shall:

- Recommend to the departments programmatic utilization of a single standardized assessment tool to facilitate identification of behavioral health issues and other needs;
- Recommend to the departments developmentally appropriate and culturally competent statewide behavioral health standardized screening tools for primary care providers serving children, youth, and caregivers in the perinatal period;
- Design and recommend a child and youth behavioral health delivery system pilot program that addresses the challenges of fragmentation and duplication of behavioral health services.

The council consists of 25 members, who must be appointed no later than September 1, 2019. The primary duties, responsibilities, and functions of the council include:

- Assisting the commission in fulfilling its duties;
- Reviewing the commission's data on performance measures and providing input to the commission to ensure continuous quality improvement;
- Identifying, monitoring, soliciting input, and providing policy and budgetary recommendations on emerging children and youth behavioral health issues affecting the quality and availability of behavioral health services reported by local collaborative management programs; and
- Submitting any formal recommendations to the commission.

On or before July 1, 2020, and each July 1 thereafter, the governor shall ensure that an annual external evaluation of the commission and council is conducted by an independent organization, which evaluation must be made publicly available in an electronic format.

On or before July 1, 2020, and each July 1 thereafter, the commission shall submit an annual report to the governor and the health and human services committee of the senate and the public health care and human services committee of the house of representatives (committees). On or before January 15, 2021, and annually thereafter, the commission shall present the annual report and submit a progress report on any recommendations to the committees.

The commission and council are scheduled to repeal on September 1, 2024, after review by the department of regulatory agencies.

Position

Monitor

Comment

Bill: [SB19-197](#)

Title:

Continue Complementary Or Alternative Medicine Program

Status House Third Reading Passed - No Amendments (04/26/2019)
Senate Sponsors [R. Zenzinger](#) (D)
House Sponsors [C. Kennedy](#) (D)
Official Summary The bill continues the department of health care policy and financing's pilot program that allows an eligible person with a spinal cord injury to receive complementary or alternative medicine until 2025.
Position Monitor
Comment

Bill: [SB19-201](#)

Title: Open Discussions About Adverse Health Care Incidents
Status Sent to the Governor (04/25/2019)
Senate Sponsors [B. Pettersen](#) (D)
[J. Tate](#) (R)
House Sponsors [H. McKean](#) (R)
[K. Tipper](#) (D)
Official Summary The bill creates the Colorado Candor Act (Act). The Act establishes a process for the communication between a patient and a health care provider or health facility after an adverse health care incident. The bill provides that the communications under the Act are privileged and confidential, are inadmissible as evidence in any subsequent proceedings arising directly out of the adverse health care incident, and are not subject to discovery, subpoena, or other means of legal compulsion for release.
Position Monitor
Comment

Bill: [SB19-217](#)

Title: Healthcare Provider Liens
Status House Committee on Judiciary Refer Amended to House Committee of the Whole (04/25/2019)
Senate Sponsors [M. Foote](#) (D)
[J. Tate](#) (R)
House Sponsors [M. Snyder](#) (D)
Official Summary The bill establishes requirements for the creation of a healthcare provider lien. A healthcare provider lien is a lien related to charges for medical care provided to a person injured by the negligence or wrongful

act of another person, which is asserted against money the injured person may receive from a personal injury claim or uninsured motorist claim. A healthcare provider or healthcare provider's assignee creating a lien must advise the injured person of their options for payment, including the use of benefits from an insurance plan or other payer of benefits, before or at the time of creating the lien. The lien amount cannot include any additional amounts over the amount of the charges for services provided, billed at the provider's usual and customary rates.

A healthcare provider may assign a lien to another person or entity. The fact of the assignment, its terms, and the amount paid by the assignee is not discoverable or admissible as evidence in any third-party or first-party action.

The provisions of the bill do not apply to hospital liens.

Position Monitor

Comment

Bill: [SB19-218](#)

Title: Sunset Medical Marijuana Program

Status House Second Reading Special Order - Laid Over Daily - No Amendments (04/26/2019)

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

House Sponsors [S. Jaquez Lewis](#) (D)

Official Summary **Sunset Process - Senate Finance Committee.** In a bona fide physician-patient relationship for purposes of a medical marijuana recommendation, the bill clarifies that if the patient is a child, as part of the relationship the physician must consult with the patient's parents. The bill clarifies that only a physician can make a medical marijuana recommendation. The bill clarifies that a parent can be a primary caregiver for a child with a disabling medical condition. The bill clarifies that a primary caregiver for a person with a debilitating or disabling medical condition receives the same confidentiality protections as other primary caregivers. The bill clarifies that if a person with a medical marijuana card is convicted of a drug crime, the card is subject to revocation. The bill extends the medical marijuana program until September 1, 2028, and requires a sunset review prior to the repeal. The bill makes other technical changes and repeals obsolete provisions.

Position Monitor

Comment

Bill: [SB19-222](#)

Title: Individuals At Risk Of Institutionalization

Status House Committee on Judiciary Refer Unamended to Appropriations (04/25/2019)

Senate Sponsors [P. Lee](#) (D)
[T. Story](#) (D)

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

The bill requires the department of health care policy and financing (state department) to develop measurable outcomes to monitor efforts to prevent Medicaid recipients from becoming involved in the criminal justice system.

The bill requires the state department to work collaboratively with managed care entities to create incentives for behavioral health providers to accept Medicaid recipients with severe behavioral health disorders. The bill requires the state department to determine if seeking a 1115 demonstration waiver is the necessary response to the requirements of 42 CFR 438.6 (e) to ensure inpatient services are available to individuals with a serious mental illness. If the state department determines it is not appropriate, the state department is required to submit a report to the general assembly with the state department's reasoning and an alternative plan and proposed timeline for the implementation of the alternative plan. The bill requires access to inpatient civil beds at the mental health institutes at Pueblo and Fort Logan to be based on the need of the individual and the inability of the individual to be stabilized in the community.

Official Summary The bill creates a community behavioral health safety net system (safety net system) and requires the department of human services (department), in collaboration with the state department, to conduct the following activities:

- Define what constitutes a high-intensity behavioral health treatment program (treatment program), determine what an adequate network of high-intensity behavioral health treatment services includes, and identify existing treatment programs;
- Develop an implementation plan to increase the number of treatment programs in the state;
- Identify an advisory body to assist the department in creating a comprehensive proposal for a safety net system;
- Develop a comprehensive proposal to develop a safety net system that provides behavioral health services for individuals with severe behavioral health disorders;
- Implement the safety net system no later than January 1, 2024; and
- Provide an annual report from January 1, 2022, until July 1, 2024, on the progress made by the department in

implementing and ensuring a safety net system to the public through the annual SMART Act hearing.

Position Monitor

Comment

Bill: [SB19-227](#)

Title: Harm Reduction Substance Use Disorders

Status House Committee on Finance Refer Unamended to Appropriations (04/26/2019)

Senate Sponsors [B. Pettersen](#) (D)
[J. Gonzales](#) (D)

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

The bill:

- Allows school districts and nonpublic schools to develop policies by which schools are authorized to obtain a supply of opiate antagonists and school employees are trained to administer opiate antagonists to individuals at risk of experiencing a drug overdose (**sections 1 through 7** of the bill);

- Specifies that a licensed or certified hospital may be used as a clean syringe exchange site (**section 8**);

- Creates the opiate antagonist bulk purchase fund to facilitate bulk purchasing of opiate antagonists at a discounted price (**section 9**);

- Expands the household medication take-back program in the department of public health and environment for the purpose of allowing the safe collection and disposal of needles, syringes, and other devices used to inject medication (**section 10**);

Official Summary

- Requires a person or entity that makes an automated external defibrillator available to the public to also make an opiate antagonist available to the public (**sections 2 through 7 and 11**);

- Requires the department of human services to make mobile response units available for the purpose of providing medication-assisted treatment in jails and department of corrections facilities and community-based opiate antagonist training (**section 12**);

- Prohibits the office of behavior health in the department of human services from penalizing a facility that initiates an individual into medication-assisted treatment who does not have documentation verifying identification. To continue

treatment, the individual has 6 weeks to provide the required documentation (**section 13**); and

- Makes conforming amendments necessary to harmonize the bill with the title 12 recodification bill, House Bill 19-1172 (**sections 14 and 15**).

Position Monitor

Comment

Bill: [SB19-228](#)

Title: Substance Use Disorders Prevention Measures

Status Introduced In House - Assigned to Health & Insurance (04/25/2019)

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

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

The bill:

- Requires certain health care providers who have prescriptive authority to complete substance use disorder training as part of continuing education required to renew the provider's license. Specifically, the requirement applies to podiatrists (**section 1** of the bill), dentists (**section 2**), advanced practice nurses (**section 3**), optometrists (**section 4**), and veterinarians (**section 5**).
- Prohibits a physician or physician assistant from accepting any direct or indirect benefits for prescribing a specific medication (**section 6**);
- Requires a prescription for an opioid for outpatient use to bear a warning label (**section 7**);
- Allows medical examiners access to the prescription drug monitoring program under specified circumstances (**section 8**);
- For the 2019-20 fiscal year, appropriates \$5 million from the general fund to the department of public health and environment for the purpose of working at state and local levels to address opioid and other substance use disorder priorities (**section 9**);
- Requires specified state departments to report to the health committees of the general assembly by December 31, 2019, the amount of federal funds that each is receiving or is eligible to receive for use in testing for hepatitis and HIV and the number of individuals currently and anticipated to be tested. The departments are also required to share eligibility standards for treatment with primary care

Official Summary

providers (**section 10**).

- Creates 2 grant programs in the office of behavioral health in the department of human services to address opioid and other substance use disorder prevention and recovery. The grant programs focus on at-risk youth and their families affected by substance use disorders and who have not been successful in seeking aid through existing resources. The general assembly is required to appropriate \$3 million to the youth opioid and substance use prevention fund from the marijuana tax cash fund and \$3 million to the local substance use disorder prevention and recovery pilot program fund from the general fund to administer the programs (**section 11**).

- Requires the center for research into substance use disorder prevention, treatment, and recovery support strategies (center) to develop and implement a program to increase public awareness about the safe use, storage, and disposal of opioids, and about the availability of antagonist drugs. The general assembly is required to annually appropriate \$750,000 to the center from the marijuana tax cash fund to implement the program (**section 12**).

- Requires the center to hire additional staff to assist local communities in applying for grants, and requires the general assembly to appropriate general funds for the 2019-20 fiscal year to enable the center to hire staff for this purpose (section 12);

- Requires the center to conduct a statewide maternal and perinatal population-based needs assessment to gather information regarding substance use disorders among mothers and pregnant women and other mental health issues. For the 2019-20 and 2020-21 fiscal years, the general assembly is directed to appropriate \$100,000 per year from the general fund for allocation to the center to conduct the needs assessment (**section 14**).

- Requires the center to establish a pilot program to test the implementation of screening, brief intervention, and referral to treatment (SBIRT) for women's health and prenatal and postpartum care in 5 counties. The general assembly is directed to appropriate \$228,000 from the marijuana tax cash fund to implement SBIRT in the 2019-20 fiscal year (section 14).

- Requires the college of nursing to implement and provide a training and technical assistance program for health care and mental health care providers in specified counties regarding SBIRT online training and tools to teach women of the risks of alcohol and substance use during pregnancy.

For the 2019-20 and 2020-21 fiscal years, the general assembly is directed to appropriate \$172,000 per year from the marijuana tax cash fund to implement the program (section 14).

- Requires the office of behavioral health in the department of human services to administer a pilot program to integrate substance use disorder and medication-assisted treatment with obstetric and gynecological health care and requires the general assembly to appropriate money from the general fund in the 2019-20, 2020-21, and 2021-22 fiscal years to fund the pilot program (**section 15**).

Sections 16 through 23 make conforming amendments to harmonize the bill with the title 12 recodification bill, House Bill 19-1172.

Position Monitor

Comment

Bill: [SB19-234](#)

Title: Sunset Professional Review Committees

Status: Senate Committee on Judiciary Refer Unamended to Appropriations (04/25/2019)

Senate Sponsors [R. Rodriguez](#) (D)
[M. Foote](#) (D)

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

Sunset Process - Senate Judiciary Committee. The bill implements the recommendations of the department of regulatory agencies' sunset review and report on the functions of professional review committees as follows:

- Continues the functions of professional review committees for 11 years, until September 1, 2030 (**sections 1 and 2** of the bill);

- Makes technical amendments repealing references to the committee on anticompetitive conduct since it no longer exists and changing the term utilization and quality control peer review organization to quality improvement organization to be consistent with federal law (**sections 3 and 4**);

Official Summary

- Clarifies that governing boards reporting data, and the data reported, to the division of professions and occupations in the department of regulatory agencies (division) or a regulatory board may be known to staff of the division (**section 5**);

- Requires governing boards to annually update their

information with the division (**section 5**); and

- Requires the division to promulgate rules to determine the information a governing board is required to report and to establish a process to remove governing boards from the registry (**section 5**).

The bill also makes conforming amendments necessary to harmonize the bill with the title 12 recodification bill, House Bill 19-1172 (**sections 6 and 7**).

Position Monitor

Comment

Bill: [SB19-238](#)

Title: Improve Wages And Accountability Home Care Workers

Status Introduced In House - Assigned to Health & Insurance (04/26/2019)

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

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

Official Summary

The bill requires that, on and after July 1, 2019, of the total reimbursement that a home care service agency (agency) receives each fiscal year pursuant to the Colorado Medical Assistance Act for the provision of personal care services, homemaker services, and respite care services (covered services), the agency shall expend at least 77% as wages for non-administrative employees who provide the services. Each agency shall expend at least such amount on a per-employee basis, with each such employee receiving at least 77% of each reimbursement that is associated with covered services provided by the employee.

The bill also directs the department of health care policy and financing (department) to seek an 8.1% increase in the federal reimbursement rate for the relevant service categories and requires home care service agencies to apply the entire amount of that increase to employee compensation during the 2019-20 fiscal year. Agencies are required to notify employees in writing about this increase.

On and after December 31, 2021, an agency that is found to have paid an employee less than the amount due to the employee shall be required to pay the remaining amount owed to the employee and may be subject to a civil penalty, assessed by the department, of up to \$1,000. Each agency is required to report the following information annually to the department for each non-administrative employee who provided covered services to home care consumers during the preceding fiscal year:

- The total amount of money the agency received as reimbursement for the provision of covered services by that

employee in the preceding fiscal year;

- The total amount of money the agency provided as wages to that employee for the provision of covered services during the preceding fiscal year; and

- The employee's full name, home address, mailing address, telephone number, and e-mail address and the most recent date upon which the employee completed certain training or a skills validation test.

On or before April 1, 2021, and on or before April 1 of each year thereafter, the department or a designee of the executive director of the department is required to make the reported information publicly available on a website. The department shall not disclose an employee's home address, mailing address, telephone number, or e-mail address if the employee requests that the department not disclose the information and the employee indicates to the department that the employee is:

- A victim of domestic violence, sexual assault, or a crime of violence;

- The subject of a protection order that has been issued by a court against another individual; or

- Under extraordinary personal circumstances that require an exception to the disclosure requirement to protect the employee's health, safety, welfare, or privacy interests.

The bill requires the department and the department of public health and environment, on or before July 1, 2020, to establish a process for enforcing initial and ongoing training requirements for persons who provide covered services.

The department is required to request from the federal government an increase of 8.1% to the reimbursement rate for certain services that are delivered to consumers through the home-based and community-based services waivers. For the 2019-20 fiscal year, each agency shall pay 100% of the funding that results from the rate increase as compensation for employees who provide covered services to consumers.

Position

Monitor

Comment

Bill: [SB19-242](#)

Title: Emergency Medical Service Providers Licensing

Status: Introduced In House - Assigned to Health & Insurance (04/24/2019)

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

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

Official Summary: Currently, regulation of an emergency medical service (EMS) provider, including a paramedic, involves certification. **Section 2** of the bill authorizes a certified EMS provider to apply for licensure from the

department of public health and environment (department) based on a demonstration to the satisfaction of the department that the EMS provider has completed a 4-year bachelor's degree program from an accredited college or university.

Sections 1 and 3 to 26 make conforming amendments, and **sections 27 and 28** make conforming amendments to harmonize the bill with the title 12 recodification bill, House Bill 19-1172.

Position

Monitor

Comment