

Legislative Report for Colorado ACEP
February 2, 2020

Bill: [HB20-1001](#)

Title: Nicotine Product Regulation

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

Sponsors [C. Larson](#) (R)

[K. Mullica](#) (D)

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

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

Position Monitor

Status Introduced In House - Assigned to Health & Insurance
(01/08/2020)

Official
Summary

Sections 1 through 8 of the bill raise the minimum age of a person to whom cigarettes, tobacco products, and nicotine products (products)

may be sold from 18 years of age to 21 years of age.

Under current law, if a minor purchases or attempts to purchase any one of the products, the minor may be convicted of a class 2 petty

offense subject to a \$100 fine. In addition to raising the minimum age

from 18 years of age to 21 years of age, section 1 also repeals the criminal

penalty for purchasing or attempting to purchase the products as a minor.

Section 7 also prohibits a retailer from permitting a person under 18 years of age to sell or participate in the sale of products.

Section 8 also increases the minimum number of compliance checks required of each retail location at which the products are sold to

2 per year or at least the minimum number annually required by federal

regulation, whichever number is greater.

Section 9 requires every retailer of the products in the state, on and after July 1, 2021, to be licensed. The liquor enforcement division (division) of the department of revenue is charged with licensing retailers

and coordinating with local authorities on retail location compliance

checks and investigations of complaints about retailers.

Section 10 prohibits: New retail locations at which products are sold from being located within 500 feet of a school; retail locations that

sell electronic smoking device products from advertising those products

in a manner that is visible from outside the retail location; and

delivery of products directly to consumers.

Section 11 governs enforcement of the licensing requirements.

Section 12 adjusts the fine amounts for violating the prohibition against selling products to minors from a maximum fine for a fifth or subsequent violation within 24 months of \$1,000 to \$15,000 to a maximum fine for a fourth or subsequent violation in 36 months of \$1,000 to \$15,000. Additionally, the division must prohibit a retailer who commits a second or subsequent violation within 36 months from selling products at the retail location where the violation occurred for a specified period of time, starting with at least 7 days for a second violation within 36 months, to at least 30 days for a third violation within 36 months, and finally for up to 3 years for a fourth or subsequent violation within 36 months.

Additionally, section 12 establishes fines for selling or offering to sell products without a valid state license on or after July 1, 2021, with the amount of fines ranging from \$1,000 for a first violation to \$3,000 for a third or subsequent violation. If a person sells or offers to sell products without a valid state license at least 3 times in a 36-month period, the person is not eligible to apply for a state license for 3 years thereafter.

Section 12 also adjusts the period within which a subsequent violation of the prohibition against selling products from a vending machine or the requirement to display a warning at the retail location is subject to an increased fee from 24 months to 36 months. Further, section 12 also applies the same fine structure as exists for selling products from a vending machine or failing to display the requisite warning to a violation of the prohibition against allowing a person under 18 years of age to sell or participate in the sale of products.

Sections 13 through 17 make conforming amendments.

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Bill: [HB20-1008](#)

Title: Health Care Cost-sharing Consumer Protections

House
Sponsors
Senate
Sponsors
Position
Status
Official
Summary

[S. Lontine](#) (D)

[R. Fields](#) (D)

Monitor

Introduced In House - Assigned to Health & Insurance
(01/08/2020)

The bill defines a health care cost-sharing arrangement as a health care sharing ministry or medical cost-sharing community that collects funds from its members on a regular basis, at levels established by the arrangement, for purposes of sharing, covering, or defraying the medical costs of its members. A health care cost-sharing arrangement is required to:

- Report specified information to the commissioner of insurance (commissioner) regarding its operations, financial statements, membership, and medical bills submitted, paid, and denied;
- Provide certain disclosures on its website, in marketing materials, and to potential members; and
- Respond to requests for payment of medical expenses from health care providers within a period specified by the commissioner by rule.

If an insurance broker offers to enroll or enrolls individuals or groups in a health care cost-sharing arrangement, the broker must provide the same disclosures that a health care cost-sharing arrangement is required to provide.

The bill also prohibits a health care cost-sharing arrangement or insurance broker from offering or enrolling participants in the arrangement during the annual open enrollment period for health benefit plans.

The commissioner is authorized to adopt rules to implement the data reporting, disclosure, and response time requirements and to impose fines for failure to comply with the requirements and prohibitions specified in the bill.

A person is prohibited from making, issuing, circulating, or causing to be made, issued, or circulated any statement or publication that misrepresents the medical cost-sharing benefits, advantages, conditions, or terms of any health care cost-sharing arrangement. The commissioner is authorized to issue an emergency, ex parte cease-and-desist order

against a person the commissioner believes to be violating this prohibition
if it appears to the commissioner that the alleged conduct is fraudulent,
creates an immediate danger to public safety, or is causing or is reasonably expected to cause significant, imminent, and irreparable public injury. If a person violates the emergency order, the commissioner may impose a civil penalty, order restitution, or both.

Bill: [HB20-1017](#)

Title: Substance Use Disorder Treatment In Criminal Justice System

House: [L. Herod](#) (D)

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

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

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

Position: Monitor

Status: Introduced In House - Assigned to Public Health Care & Human Services + Appropriations (01/08/2020)

Official Summary

Opioid and Other Substance Use Disorders Study Committee.

The bill requires the department of corrections, local jails, multijurisdictional jails, municipal jails, and state department of human

services facilities to make available at least one opioid agonist and one

opioid antagonist to a person in custody with an opioid use disorder

throughout the duration of the person's incarceration or commitment.

The bill allows a person to dispose of any controlled substances at a safe station and request assistance in gaining access to treatment for a

substance use disorder. The bill defines a safe station as any municipal

police station; county sheriff's office; or municipal, county, or fire protection district fire station.

The bill requires the department of corrections and jails to ensure that continuity of care is provided to inmates prior to release.

The bill requires the executive director of the department of corrections, in consultation with the offices of behavioral health and

economic security in the department of human services, the department

of health care policy and financing, the department of local affairs, and

local service providers to develop resources for inmates post-release that

provide information to help prepare inmates for release and reintegration into their communities.

If a person who is the subject of a petition to seal criminal records has entered into or successfully completed a licensed substance use disorder treatment program, the court is required to consider such factor

favorably in determining whether to issue the order.

The bill allows the office of behavioral health in the department of human services to contract with cities and counties for the creation, maintenance, or expansion of criminal justice diversion programs.

The

bill requires the department of human services to include an update regarding the current status of funding and implementation of the criminal

justice diversion programs in its annual SMART presentation.

The bill appropriates money to the office of behavioral health in the department of human services for criminal justice diversion programs.

Bill: [HB20-1036](#)

Title: Align Emergency Medical Service Provider Statutes

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

Sponsors [H. McKean](#) (R)

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

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

Position Monitor

Status Introduced In Senate - Assigned to State, Veterans, & Military Affairs (01/24/2020)

Statutory Revision Committee. In 2019, Senate Bill 19-242 was

enacted to authorize a certified emergency medical service (EMS) provider to seek licensure if the provider demonstrates to the department

of public health and environment that the provider has sufficient educational credentials for licensure. Numerous conforming amendments

Official Summary

in the bill added references to licensed EMS providers where certified

EMS providers were referenced in statute.

Also in 2019, Senate Bill 19-065 was enacted to establish a peer health assistance program for EMS providers. The bill amends the statute

created in Senate Bill 19-065 by adding references to licensed EMS

providers and licensees to align Senate Bill 19-065 with Senate Bill

19-242.

Bill: [HB20-1041](#)

Title: Physician Assistants Financial Responsibility Requirements
House [H. McKean](#) (R)
Sponsors [L. Cutter](#) (D)
Senate
Sponsors [R. Fields](#) (D)
Position Monitor
Status House Committee on Public Health Care & Human Services Refer Unamended to House Committee of the Whole (01/29/2020)

The bill specifies that a physician assistant who has been practicing for at least 3 years must comply with the same financial responsibility requirements to which physicians are subject, namely to maintain professional liability coverage of at least \$1 million per incident and \$3 million aggregate per year. Additionally, the bill authorizes the

Official
Summary

Colorado medical board to exempt physician assistants from the financial responsibility requirements, or lessen the requirements, to the same extent permitted for physicians.

Bill: [HB20-1061](#)

Title: Human Immunodeficiency Virus Infection Prevention Medications
House [L. Herod](#) (D)
Sponsors [A. Valdez](#) (D)
Senate
Sponsors
Position Monitor
Status House Committee on Public Health Care & Human Services Refer Amended to Appropriations (01/31/2020)

With regard to coverage under a health benefit plan for HIV infection prevention medications, the bill:

- Prevents a health insurance carrier from requiring a covered person to undergo step therapy or to receive prior authorization before receiving HIV infection prevention drugs;
- Requires carriers to cover HIV infection prevention drugs prescribed or dispensed by a pharmacist and to provide an adequate consultative fee to those pharmacists; and
- Allows a pharmacist to prescribe and dispense HIV infection prevention drugs if the pharmacist fulfills specific requirements.

Official
Summary

Bill: [HB20-1065](#)

Title: Harm Reduction Substance Use Disorders
House: [C. Kennedy](#) (D)
Sponsors: [L. Herod](#) (D)
Senate: [B. Pettersen](#) (D)
Sponsors: [K. Priola](#) (R)
Position: Monitor
Status: Introduced In House - Assigned to Health & Insurance
(01/08/2020)

Opioid and Other Substance Use Disorders Study Committee.

The bill:

- Requires a carrier that provides coverage for opiate antagonists to reimburse a hospital if the hospital provides a covered person with an opiate antagonist upon discharge (**section 1** of the bill);

- Allows a pharmacist or pharmacy technician to sell a nonprescription syringe or needle to any person (**sections 2 and 5**);

Official
Summary

- Extends civil and criminal immunity for a person who acts in good faith to furnish or administer an opiate antagonist to an individual the person believes to be suffering an opiate-related drug overdose when the opiate antagonist was expired (**sections 3 and 4**);

- Removes the requirement that entities first receive local board of health approval before operating a clean syringe exchange program (**sections 6 and 7**); and

- Provides that money in the harm reduction grant program cash fund is continuously appropriated to the department of public health and environment for purposes of the harm reduction grant program and establishes an annual appropriation of an amount equal to the appropriation for the 2019-20 fiscal year plus \$250,000 (**section 8**).

Bill: [HB20-1076](#)

Title: Regulation Of Claims Against Insurance Companies By Insured Parties
House: [D. Williams](#) (R)
Senate:
Sponsors:
Position: Monitor
Status: House Committee on Health & Insurance Postpone Indefinitely
(01/22/2020)

Official
Summary

The bill states that if an insurer or an insured party requests an administrative hearing concerning an allegation that an insurer has

breached the terms of an enforceable policy or other contract:

- The commissioner of insurance (commissioner) shall hold the hearing not later than 60 days after receiving the request;
- Neither the commissioner nor the division nor any administrative court may impose or require a fee of any party in association with the hearing;
- The commissioner shall conduct the hearing pursuant to the Colorado rules of procedure for small claims courts;
- The commissioner shall issue a ruling, and the ruling is not subject to appeal and does not prevent de novo judicial proceedings;
- If the commissioner determines, pursuant to the hearing, that the insurer has breached the terms of an enforceable policy or other contract, the commissioner may award treble damages and attorney fees to the insured party; and
- Any determination made by the commissioner, the division of insurance, or an administrative law judge pursuant to the hearing is admissible as evidence in any subsequent civil action.

The bill states that in any civil action in which a plaintiff claims that an insurer wrongfully denied a claim submitted by the plaintiff pursuant to an enforceable policy issued by the insurer to the plaintiff:

- The court shall not charge the plaintiff any fee to recover costs associated with a jury trial; and
- The defendant insurer may not file a motion for summary judgment, a directed verdict, a judgment on the pleadings, or any other alternative outcome if the plaintiff has requested a jury trial.

The bill states that in any civil action in which the trier of fact determines that an insurer wrongfully denied a claim submitted by a plaintiff pursuant to an enforceable policy issued by the insurer to the plaintiff, that the insurer denied the claim in bad faith, and that the plaintiff suffered damages as a result of the wrongful denial, the court shall award treble damages, court costs, and attorney fees to the plaintiff.

The bill states that it is an unfair method of competition and an unfair or deceptive act or practice in the business of insurance for an insurer to unilaterally change or cancel, or attempt to unilaterally change or cancel, the terms of a prepaid policy of insurance until the policy is due for renewal.

Bill: [HB20-1078](#)

Title: Pharmacy Benefit Management Firm Claims Payments
House [S. Jaquez Lewis](#) (D)
Sponsors [K. Mullica](#) (D)
Senate
Sponsors [E. Winter](#) (D)
Position Monitor
Status House Committee on Health & Insurance Refer Amended to House Committee of the Whole (01/29/2020)

The bill specifies the amount that a pharmacy benefit management firm (PBM) is required to reimburse a pharmacy for clean claims and reasonable dispensing fees.

The bill also prohibits PBMs from retroactively reducing payment on a clean claim submitted by a pharmacy unless the PBM determines,

Official
Summary

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.

Bill: [HB20-1139](#)

Title: Peer Support Professionals Behavioral Health
House [Y. Caraveo](#) (D)
Sponsors [R. Pelton](#) (R)
Senate
Sponsors
Position Monitor
Status Introduced In House - Assigned to Public Health Care & Human Services + Finance + Appropriations (01/16/2020)

Official
Summary

The bill adds definitions for peer support professional and recovery support services organization for the purposes of permissible claims submitted for reimbursement under the medical services program.

A recovery support services organization (recovery organization) may bill and submit for reimbursement certain eligible peer support services (support services) provided by peer support professionals. The department

of human services (department) is responsible for approving a recovery support services organization for reimbursement for support

services. The bill sets forth detailed criteria for approval by the department, and the department is given rule-making authority to establish other criteria and standards as necessary. The bill creates a refundable income tax credit available for income tax years commencing on or after January 1, 2021, but before January 1, 2031, for eligible peer support professionals (eligible individuals) who have worked in Colorado at least part-time for at least 3 years in the behavioral health sector and who either return to school or who graduate and return to work in the public or private health care sector. The tax credit is available for 4 consecutive years for eligible individuals who return to school and for 3 consecutive years for eligible individuals who return to work after attending school. The office of behavioral health in the department of human services (office) shall, in conjunction with the department of human services, review documentation supplied by eligible individuals seeking the tax credit and provide certification to the department of revenue if eligibility criteria for the tax credit is met. The office may not issue tax credit certificates that total more than \$100,000 per income tax year.

Bill: [HB20-1140](#)

Title: Direct Primary Care Services For Medicaid Recipients

House Sponsors: [P. Buck](#) (R)

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

Position: Monitor

Status: Introduced In House - Assigned to Health & Insurance (01/16/2020)

Official Summary: The bill prohibits the department of health care policy and financing (department) from denying a medicaid recipient the right to purchase direct primary care services or enter into a direct primary care agreement. On or before July 1, 2025, the department shall submit a report to the joint budget committee on whether allowing medicaid

recipients to purchase direct primary care services or enter into a direct

primary care agreement resulted in any direct or indirect cost-savings to the state and federal medicaid programs and whether there has been an increase or decrease in overall access to care for medicaid recipients.

Bill: [HB20-1156](#)

Title:	CO Colorado Municipal Election Code Administrative Modifications
House Sponsors	M. Froelich (D)
Senate Sponsors	H. McKean (R)
Position	R. Zenzinger (D)
Status	D. Hisey (R)
Official Summary	Monitor House Committee on State, Veterans, & Military Affairs Refer Amended to House Committee of the Whole (01/30/2020) The Colorado Municipal Election Code of 1965 (code) specifies procedures that municipal clerks are required to use when mailing ballots to voters who are covered by the federal Uniformed and Overseas Citizens Absentee Voting Act (UOCAVA). The code specifies that standard voting materials for the purposes of UOCAVA includes a declaration prescribed to accompany a federal absentee write-in ballot. However, the municipal clerks are unable to use that declaration. The bill repeals this requirement. The code also specifies that, to be valid, an active military or overseas voter must complete a signed affirmation required by federal law. The bill specifies the language required to be included in the affirmation. The code currently requires all paper ballots, including mail ballots, to include a ballot stub and a duplicate stub on the top portion of the ballot. This requirement is unnecessary for mail ballots, as municipalities have other ballot verification methods. The bill specifies that mail ballots are not required to include a stub and a duplicate stub. The bill also amends several provisions in the code regarding mail ballot elections to be consistent with other general provisions in the code regarding municipal elections. Specifically:

- The provision in the code that requires nomination petitions in mail ballot elections to be corrected no later than 66 days before the election is amended to be consistent with the general provision that specifies such petitions must be amended prior to 63 days before the election;
- The provision in the code that requires a withdrawal affidavit for a mail ballot election to be filed by the close of business on the 63rd day prior to the election is amended to be consistent with the general provision that specifies such withdrawals must occur prior to 63 days before the election; and
- The wording of the self-affirmation that is required to appear on the envelope for a mail ballot is amended to be consistent with the wording of the self-affirmation that is required to appear on the envelope for an absentee ballot.

Bill: [HB20-1160](#)

Title: Drug Price Transparency Insurance Premium Reductions

House: [D. Jackson](#) (D)

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

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

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

Position: Monitor

Status: Introduced In House - Assigned to Health & Insurance + Appropriations (01/21/2020)

Official Summary: **Section 1** of the bill enacts the Colorado Prescription Drug Price Transparency Act of 2020, which requires:

- Health insurers, starting in 2021, to submit to the commissioner of insurance (commissioner) information regarding prescription drugs covered under their health insurance plans that the health insurers 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, PBMs, pharmacies, and hospitals when the manufacturer, on or after January 1, 2021, 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, 2021, to provide specified information to the commissioner regarding the drugs about which the manufacturer notified purchasers;
- 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 they paid for in the prior calendar year and the average wholesale price paid for prescription drugs by individuals, small employers, and large employers enrolled in health plans issued by the health insurer or that contain prescription drug benefits managed or administered by the PBM; 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 officers, employees, or board members from a prescription drug manufacturer, PBM, health insurer, or trade association 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 the commissioner determines 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.

Health insurers that fail to report the required data are subject to a fine of up to \$10,000 per day per report. Nonprofit organizations are

subject to a fine of up to \$10,000 for failure to comply with reporting

requirements.

Section 2 specifies that failing to ensure that a PBM that a health insurer uses to manage or administer its prescription drug benefits is

complying with reporting requirements constitutes an unfair method of

competition and an unfair or deceptive act or practice in the

business of
insurance.

Section 3 specifies that a PBM is an entity that manages or administers prescription drug benefits for a health insurer, either pursuant to a contract or as an entity associated with the health insurer. Under **sections 4 and 5**, 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.

Section 6 requires a health insurer to reduce premiums for the health plans it issues or renews on or after January 1, 2022, to adjust for the rebates the health insurer received from prescription drug manufacturers in the previous plan year.

Bill: [HB20-1198](#)

Title: Pharmacy Benefits Carrier And Pharmacy Benefit Manager Requirements

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

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

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

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

Position Monitor

Status Introduced In House - Assigned to Health & Insurance (01/30/2020)

Official Summary

The bill imposes requirements regarding the administration of prescription drug benefits under health benefit plans as follows:

- Requires a health insurer to submit to the commissioner of insurance a list of pharmacy benefit managers (PBMs) the health insurer uses to manage or administer prescription drug benefits under its health benefit plans offered in this

state;

- Requires health insurers and PBMs to submit their programs for compensating pharmacies and pharmacists and their prescription drug formularies under their prescription drug benefits plans, and the commissioner is authorized to review the compensation programs to ensure they are fair and reasonable to provide an adequate network of pharmacies and pharmacists under their prescription drug benefits plans;

- Requires a PBM to also report to the commissioner the

amount the PBM expects to be reimbursed from health insurers for pharmacist services;

- Prohibits health insurers and PBMs from:
 - Causing or knowingly permitting the use of any untrue, deceptive, or misleading advertisement, promotion, solicitation, representation, proposal, or offer;
 - Charging a pharmacy or pharmacist a fee for adjudicating a claim;
 - Requiring stricter pharmacy accreditation standards or certification requirements than the standards or requirements that are required by the state board of pharmacy;
 - Reimbursing an independent pharmacy or pharmacist an amount that is less than the amount the health insurer or PBM reimburses an affiliated pharmacy or pharmacist; and
 - Modifying their prescription drug formulary at any time during the benefit year.
 - If a pharmacy or pharmacist is eliminated from a health care provider or PBM network, specifies that the health insurer or PBM is not relieved of any obligation to pay for pharmacist services properly rendered before elimination from the network; and
 - Requires health insurers and PBMs to report specified claims data to the commissioner and the all-payer health claims database.

The commissioner is authorized to adopt rules to implement the bill and to enforce the bill using all powers granted the commissioner

under the insurance laws of this state. A health insurer is:

- Responsible for complying with the bill and ensuring any PBM the health insurer uses is complying with the bill; and
- Liable for failure of the health insurer or PBM to comply.

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Bill: [HB20-1199](#)

Title: Lower Minimum For Employer Health Stop-loss Insurance

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

Senate Sponsors
Position Monitor

Status Introduced In House - Assigned to Health & Insurance (01/30/2020)

Official Summary Under current law, employers with 50 or fewer employees who self-insure can purchase stop-loss insurance to cover the cost of employee health benefits exceeding \$20,000 per employee per year.

However, insurers are prohibited from issuing stop-loss policies with an attachment point below \$20,000. The bill lowers this minimum to \$10,000 per employee per year. The bill also makes a corresponding change in the minimum retention amount for larger employers, from \$15,000 to \$10,000.

Bill: [HB20-1232](#)

Title: Equity In Access To Clinical Trials In Medicaid

House [L. Liston](#) (R)

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

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

Sponsors
Position Monitor

Status Introduced In House - Assigned to Health & Insurance + Appropriations (01/31/2020)

Official Summary The bill authorizes the state medical assistance program (medicaid) to cover routine costs associated with phase I through phase IV clinical trials involving the prevention, detection, diagnosis, or treatment of life-threatening or debilitating diseases or conditions. The medicaid recipient's (recipient's) treating physician must determine that the recipient has a qualifying disease or condition and that the recipient meets the selection criteria for the clinical trial.

The clinical trial must be an approved clinical trial, as described in the bill, and must be conducted by agencies and organizations specified in the bill.

Routine costs, as defined in the bill, include medically necessary items or services included under the medicaid program for a recipient, to the extent that the provision of such items or services to the individual outside the course of such participation would otherwise be covered under the medical assistance program, without regard to whether the recipient is participating in a clinical trial. Routine costs do not include items specified in the bill, including the investigational item, device, or service itself; items and services provided solely to satisfy data collection

and analysis needed for the clinical trial; and items, drugs, or services that would otherwise be provided by the clinical trial or provided for free to any individual participating in the clinical trial.

Bill: [HB20-1236](#)

Title: Health Care Coverage Easy Enrollment Program

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

Sponsors [P. Will](#) (R)

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

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

Position Monitor

Status Introduced In House - Assigned to Finance + Appropriations (01/31/2020)

Official Summary The bill creates the Colorado affordable health care coverage easy enrollment program (program) for the purpose of leveraging the tax filing process to connect uninsured Coloradans to free or subsidized health care

coverage. The program will allow Coloradans to ask on their state income tax returns for the Colorado health benefit exchange (exchange) to assess whether uninsured household members are potentially eligible for free or subsidized health care coverage. If the tax filer requests that the eligibility of uninsured household members be assessed under the program, the tax filer will receive information about coverage options and assistance with enrollment.

The bill creates the affordable health care coverage easy enrollment advisory committee (advisory committee) to guide implementation of the program. The advisory committee will be chaired by the executive director of the exchange and the executive director of the department of revenue (department) and will include representatives of the department of health care policy and financing, the division of insurance in the department of regulatory agencies, consumer advocacy groups, health care consumers, small employers, health insurance carriers, tax preparers, and insurance producers. The department is required to implement the tax forms and

schedules created by the advisory committee and to share the tax information gathered, as authorized by individual tax filers, with the exchange.

The executive director of the department shall promulgate rules to implement the new tax forms and schedules and to implement the authorized sharing of the tax information provided on the state individual income tax return forms for the purpose of enrolling uninsured individuals in a health care coverage affordability program.

Bill: [HB20-1237](#)

Title: Medicaid Managed Care Assignment For Child Welfare

House [L. Saine](#) (R)

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

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

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

Position Monitor

Status Introduced In House - Assigned to Public Health Care & Human Services (01/31/2020)

For a child or youth who obtains services under the state's medicaid program through the initiation of a dependency and neglect action or juvenile delinquency action, the bill directs the department of health care policy and financing (department) to assign the child or youth to the managed care entity (MCE) in the county in which the action was

Official
Summary

initiated. The department shall only change the MCE designation if requested by the county or the child's or youth's legal guardian. If the child or youth obtains services other than through an initiated dependency and neglect action, then reassignment to another MCE may only be requested by the child's or youth's legal guardian.

Bill: [SB20-005](#)

Title: Covered Person Cost-sharing Collected By Carriers

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

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

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

Position Monitor

Status Introduced In Senate - Assigned to Health & Human Services (01/08/2020)

Official
Summary

The bill prohibits carriers from inducing, incentivizing, or otherwise requiring:

- A health care provider to collect any coinsurance, copayment, or deductible directly from a covered person or the covered person's responsible party; or
- A covered person to pay any coinsurance, copayment, or

deductible directly to a health care provider.

The carrier is required to collect any cost-sharing amounts owed by a covered person directly from the covered person in one consolidated bill.

Bill: [SB20-007](#)

Title:

Treatment Opioid And Other Substance Use Disorders

House

[J. Wilson](#) (R)

Sponsors

[B. Buentello](#) (D)

Senate

[B. Pettersen](#) (D)

Sponsors

[F. Winter](#) (D)

Position

Monitor

Status

Senate Committee on Health & Human Services Refer Amended to Appropriations (01/30/2020)

Official
Summary

Opioid and Other Substance Use Disorders Study Committee.

Section 1 of the bill requires updated community assessments every 2

years of the sufficiency of substance use disorder services in the community to be compiled by an independent entity contracted by the

department of human services (DHS). The assessment must include input

and the opportunity for review and comment from community entities and

individuals. Based on the community assessment, the managed service

organization will prepare a draft community action plan and shall allow

time for stakeholder review and comment on the plan.

Section 2 of the bill requires insurance carriers to provide coverage for the treatment of substance use disorders in accordance with

the American society of addiction medicine (ASAM) criteria for placement, medical necessity, and utilization management determinations

in accordance with the most recent edition of the ASAM criteria.

The bill

also authorizes the commissioner of insurance, in consultation with DHS

and the department of health care policy and financing, to identify

by rule
alternate nationally recognized substance-use-disorder-specific
treatment
criteria if the ASAM criteria are no longer available, relevant, or
reflect
best practices.

Sections 3, 4, and 5 of the bill increases funding by \$1 million for
provider loan forgiveness and scholarships from the Colorado
health

service corps fund in the department of public health and
environment

(CDPHE). The bill recognizes a goal of the loan forgiveness and
scholarship programs of creating a diverse health care workforce
that is

able to address the needs of underserved populations and
communities.

Section 6 of the bill authorizes a pharmacy that has entered into a
collaborative pharmacy agreement with one or more physicians to
receive

an enhanced dispensing fee for the administration of all injectable
medications for medication-assisted treatment that are approved by
the

federal food and drug administration, and not just injectable
antagonist
medication.

Section 7 of the bill requires DHS to commission a state child care
and treatment study and final report to make findings and
recommendations concerning gaps in family-centered substance
use

disorder treatment and to identify alternative payment structures
for

funding child care and children's services alongside substance use
disorder treatment of a child's parent. DHS shall distribute the
report to

the general assembly and present the report in its annual
presentation to
committees of the general assembly.

Sections 8, 9, 10, 11, and 12 of the bill prohibit managed service
organization contracted providers; withdrawal management
services; and

recovery residences from denying access to medical or substance
use

disorder treatment services, including recovery services, to persons
who

are participating in prescribed medication-assisted treatment for
substance

use disorders. In addition, the bill prohibits courts and parole,
probation,

and community corrections from prohibiting the use of prescribed
medication-assisted treatment as a condition of participation or

placement.

Section 13 of the bill requires managed care entities to provide coordination of care for the full continuum of substance use disorder and mental health treatment and recovery services, including support for individuals transitioning between levels of care.

Section 14 of the bill appropriates \$250,000 to the office of behavioral health in DHS for allocation to the center for research into substance use disorder prevention, treatment, and recovery support strategies for the continued employment of grant writers to aid local communities in need of assistance to access federal and state money to address opioid and other substance use disorders in their communities.

Section 15 of the bill authorizes the commissioner of insurance, in consultation with CDPHE, to promulgate rules, or to seek a revision of the essential health benefits package, for prescription medications for medication-assisted treatment to be included on insurance carriers' formularies.

Section 16 of the bill requires insurance carriers to report to the commissioner of insurance on the number of in-network providers who are licensed to prescribe medication-assisted treatment for substance use disorders, including buprenorphine, and of that number, to indicate how many providers are actively prescribing medication-assisted treatment.

The bill requires the commissioner of insurance to promulgate rules concerning the reporting.

Section 17 of the bill requires insurance carriers to provide coverage for naloxone hydrochloride, or other similarly acting drug, without prior authorization and without imposing any deductible, copayment, coinsurance, or other cost-sharing requirement.

Section 18 of the bill requires DHS to implement a program for training and community outreach relating to, at a minimum, the availability of and process for civil commitment of persons with an alcohol or substance use disorder. The training must be provided to first responders, law enforcement, emergency departments, primary care providers, and persons and families of persons with a substance use disorder, among others.

Sections 19 through 65 of the bill consolidate part 1 of article 82 of title 27, C.R.S., relating to emergency treatment and voluntary and involuntary commitment of persons for treatment of drugs into the existing part 1 of article 81 of title 27, C.R.S., relating to emergency treatment and voluntary and involuntary commitment of persons for treatment of alcohol use disorders, in order to create a single process that includes all substances.

The new scope of part 1 of article 81 of title 27, C.R.S., includes both alcohol use disorder and substance use disorder under the defined term substance use disorder.

The amendments and additions to part 1 of article 81 of title 27, C.R.S., include:

- Defining administrator to include an administrator's designee;
- Adding a definition of incapacitated by substances to include a person who is incapacitated by alcohol or incapacitated by substances;
- Changing terminology throughout to refer to substances to include both alcohol and drugs;
- Adjusting the duration of the initial involuntary commitment from 30 days to up to 90 days;
- Allowing a person to enter into a stipulated order for committed treatment, expediting placement into treatment;
- Removing the mandatory hearing for the initial involuntary commitment but allowing a person to request a hearing if the person does not want to enter into a stipulated order for committed treatment;
- Incorporating in statute patient's rights relating to civil commitment;
- Using person-centered language throughout the statutory process; and
- Relocating the existing opioid crisis recovery funds advisory committee from article 82 in title 27, C.R.S., to article 81 in title 27, C.R.S.

In addition, the bill makes conforming amendments, including several in the professional licensing statutes in title 12, C.R.S., to remove references to both alcohol use disorder and substance use disorder as grounds for professional discipline, and replaces those terms with the single term substance use disorder, which the bill now defines in article

81 of title 27, C.R.S., to include both drugs and alcohol.

The bill also makes conforming amendments to remove statutory

references to provisions in part 2 of article 82 of title 27, C.R.S., which the bill repeals, and replaces those references with a new reference to the relevant provisions in article 81 of title 27, C.R.S.

Bill: [SB20-022](#)

Title: Increase Medical Providers For Senior Citizens
House: [M. Duran](#) (D)
Sponsors: [B. Titone](#) (D)
Senate Sponsors: [J. Danielson](#) (D)
Position: Monitor
Status: Senate Committee on Health & Human Services Refer Unamended to Appropriations (01/30/2020)

The bill modifies the Colorado health service corps program administered by the primary care office (office) in the department of

public health and environment, which includes a loan repayment program, as follows:

Official Summary

- Allows geriatric advanced practice providers, which include advanced practice nurses and physician assistants, to participate in the loan repayment program on the condition of committing to provide geriatric care to older adults in health professional shortage areas for a specified period; and
- Requires the general assembly to annually and continuously appropriate money from the general fund to the office for the 2020-21 through the 2024-25 fiscal years to help repay loans for geriatric advanced practice providers.

Bill: [SB20-028](#)

Title: Substance Use Disorder Recovery
House: [L. Herod](#) (D)
Sponsors: [B. Buentello](#) (D)
Senate Sponsors: [K. Priola](#) (R)
Sponsors: [B. Pettersen](#) (D)
Position: Monitor
Status: Senate Committee on Health & Human Services Refer Amended to Appropriations (01/30/2020)

Official Summary

Opioid and Other Substance Use Disorders Study Committee.

The bill:

- Annually appropriates \$250,000 to the department of labor and employment for the purpose of providing peer coaching and peer specialist training for individuals

recovering from substance use disorders (**section 1** of the bill);

- Continues the opioid and other substance use disorders study committee (committee) for an additional 4 years, meeting every other year beginning in 2021 (**sections 2 and 3**);
- Requires the state substance abuse trend and response task force to: Convene stakeholders for the purpose of reviewing progress on bills introduced by the committee and passed by the general assembly and generating policy recommendations related to opioid and other substance use disorders; and submit its annual report to the committee (**section 4**);
- Modifies how the determination of child abuse, neglect, or dependency is determined in situations involving alcohol or substance exposure (**sections 5 to 7**);
- Annually appropriates \$2 million to the office of behavioral health (office) in the department of human services for the purpose of expanding the individual placement and support program (**section 8**);
- Requires the center for research into substance use disorder prevention, treatment, and recovery support strategies (center) to design and conduct a comprehensive review of Colorado's substance use disorder treatment and recovery services to inform a state plan for the delivery of services across the continuum of care for individuals at risk of relapse and appropriates \$500,000 to the center for the completion of the review (**section 9**);
- Requires the center, through the statewide perinatal substance use data linkage project, to conduct ongoing research related to the incidence of perinatal substance exposure or related infant and family health and human service outcomes. The bill also annually appropriates \$75,000 to the center to conduct the research (**section 10**).
- Requires the office to establish a program to assist individuals with substance use disorders by providing the individuals with temporary financial housing assistance and annually appropriates \$4 million to the office for purposes of the program (**section 11**); and
- Creates the recovery support services grant program in the office to provide grants to recovery community organizations, and annually appropriates \$3.5 million to implement the program (**section 12**).

Bill: [SB20-033](#)

Title:

House

Sponsors

Allow Medicaid Buy-in Program After Age 65

[S. Lontine](#) (D)

Senate Sponsors Position [J. Tate](#) (R)
Monitor
Status Introduced In Senate - Assigned to Health & Human Services (01/08/2020)

The bill authorizes working adults with disabilities who are over 65 years of age to continue participating in the existing medicaid buy-in program as a state-funded program, without federal matching money, if, in part, the working adult:

- Is enrolled in or has applied for medicare;

Official Summary

- Is eligible for and receiving long-term care home- and community-based services or durable medical equipment as part of complex rehabilitative services or has extraordinary medical expenses, as determined by rule of the state board, that are not covered by medicare;
- Except as specified in the bill, was continuously enrolled in and receiving services through the medicaid buy-in program for at least one year immediately prior to attaining 65 years of age; and
- Continues to meet the work requirements for the medicaid buy-in program.

Bill: [SB20-043](#)

Title: Out-of-network Provider Reimbursement Rate
House Sponsors [D. Valdez](#) (D)
Senate Sponsors [J. Tate](#) (R)
Position Monitor
Status Senate Committee on Health & Human Services Refer Unamended - Consent Calendar to Senate Committee of the Whole (01/29/2020)

Official Summary

Statutory Revision Committee. House Bill 19-1174, enacted January 1, 2020, requires a health insurance carrier to reimburse an out-of-network health care provider who provides emergency services or covered nonemergency services to a covered person at an in-network facility the greater of:

- 110% of the carrier's median in-network rate of reimbursement; or
- The sixtieth percentile of the in-network rate of reimbursement for the same service in the same geographic area for the prior year based on claims from the all-payer

claims database.

The bill corrects a conforming amendment that was made in House Bill 19-1174 that inaccurately stated the reimbursement rate.

Bill: [SB20-065](#)

Title: Limit Mobile Electronic Devices While Driving

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

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

Position Monitor

Status Introduced In Senate - Assigned to Transportation & Energy (01/08/2020)

Official Summary The bill limits the use of a mobile electronic device while driving to adult drivers who use the mobile electronic device through a hands-free accessory. The bill establishes penalties of \$50 and 2 points for a first violation, \$100 and 2 points for a second violation, \$200 and 4 points for a third or subsequent violation, and \$300 and 4 points if the violation

involves text messaging.

Bill: [SB20-084](#)

Title: Prohibit Requiring Employee Immunization

House Sponsors [L. Saine](#) (R)

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

Position Monitor

Status Introduced In Senate - Assigned to State, Veterans, & Military Affairs (01/13/2020)

Official Summary The bill prohibits an employer, including a licensed health facility, from taking adverse action against an employee or an applicant for employment based on the employee's or applicant's immunization status.

The bill allows an aggrieved person to file a civil action for injunctive, affirmative, and equitable relief.

Bill: [SB20-102](#)

Title: Provider Disclose Discipline Convict Sex Offense

House [Y. Caraveo](#) (D)

Sponsors
Senate [J. Ginal](#) (D)
Sponsors [J. Cooke](#) (R)
Position Monitor
Status Introduced In Senate - Assigned to Judiciary (01/14/2020)

The bill requires certain health care providers to disclose to patients if the provider has been convicted of a sex offense or has been subject to final disciplinary action resulting in probation or a limitation on practice when the discipline is based in whole or in part on the provider's sexual misconduct. The bill specifies the form, manner, and content of the disclosures and requires the provider to obtain the patient's signed agreement to treatment and acknowledgment of receipt of the disclosure before rendering services to the patient. Failure to comply with the requirements of the bill constitutes unprofessional conduct or grounds for discipline under the practice act that regulates the provider's profession.

Bill: [SB20-107](#)

Title: Drug Production Costs Transparency Analysis Report
House [K. Mullica](#) (D)
Sponsors [D. Jackson](#) (D)
Senate [J. Ginal](#) (D)
Sponsors
Position Monitor
Status Introduced In Senate - Assigned to Health & Human Services (01/15/2020)

Official Summary The bill directs the department of health care policy and financing (state department), or a third party with whom the department contracts, to collect, analyze, and report prescription drug production cost data regarding the 20 highest-cost prescription drugs per course of therapy and the 20 highest-cost prescription drugs by volume that were purchased or paid for by the departments of corrections, human services, personnel, and health care policy and financing (departments) during the 2019-20 and future state fiscal years. Upon receipt of a list of the highest-

cost
prescription drugs purchased or paid for by the departments, the
state
department or its designated contractor, as applicable, is directed to
request from the manufacturers of the drugs on the list information
showing the basis for and components of the wholesale acquisition
cost
(WAC) of each drug on the list.
The state department or its designated contractor, as applicable, is
to analyze the data received from drug manufacturers and report its
findings regarding the basis for the WAC for each prescription
drug on
the list, specifying the percentage of the WAC that is attributable to
each
component driving the WAC. The state department is required to
provide
an annual prescription drug price transparency report by December
1,
2021, and each December 1 thereafter to specified legislative
committees.
The state department and its designated contractor, as applicable,
are
required to maintain the confidentiality of any proprietary
information
received from a drug manufacturer, and that information is exempt
from
the Colorado Open Records Act.
The executive director of the state department is authorized to
adopt rules as necessary to implement and administer the bill. A
manufacturer that fails to report the required information is subject
to a
civil penalty of up to \$10,000 per day.

Bill: [SB20-119](#)

Title:

Expand Canadian Prescription Drug Import Program

House

Sponsors

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

Senate

Sponsors

[J. Ginal](#) (D)

Position

Monitor

Status

Introduced In Senate - Assigned to Health & Human Services
(01/24/2020)

Official
Summary

In 2019, the Colorado general assembly enacted, and the governor
subsequently signed into law, the Canadian prescription drug
importation

program (program) in the department of health care policy and
financing
(department). The department is directed to request approval of the

program on or before September 1, 2020, from the United States secretary of health and human services and to implement the program upon receipt of approval.

The bill states that the department may expand the program to allow a manufacturer, wholesale distributor, or pharmacy from a nation other than Canada to export prescription drugs into the state under the program if certain conditions are met.

If, upon the satisfaction of these conditions, the department decides to expand the program, the executive director of the department shall notify the president of the senate and the speaker of the house of representatives, as well as the health and human services committee of the senate and the health and insurance committee of the house of representatives, or any successor committees, of the department's intent to do so. The executive director shall provide the notice at least 30 days before the program is expanded, and the notice may include any recommendations of the department for legislation to amend the program to reflect its expansion.

Bill: [SB20-127](#)

Title: Committee Actuarial Review Health Care Plan Legislation

House

Sponsors

Senate

Sponsors

Position

Status

Official
Summary

[J. Smallwood](#) (R)

[N. Todd](#) (D)

Monitor

Introduced In Senate - Assigned to Health & Human Services
(01/27/2020)

The bill creates the health benefit plan design change review committee (committee) in the division of insurance to review introduced bills that impose new requirements on, or amend existing requirements of,

health benefit plans. For any such bill, the committee shall conduct an

actuarial review of the near-term effects of the bill, including:

- An estimate of the number of Colorado residents who will be directly affected by the bill;
- Estimates of changes in the rates of utilization of specific

health care services that may result from the bill;

- Estimates concerning any changes in consumer cost sharing that would result from the bill;

- The financial impact, if any, of the bill on group benefit plans offered under the State Employees Group Benefits Act, regardless of whether the bill makes any amendment to that act;

- The financial impact, if any, of the bill on medical assistance programs under the Colorado Medical Assistance Act, regardless of whether the bill makes any amendment to that act; and

- The financial impact, if any, of the bill on small-, medium-, and large-sized business employers.

The bill authorizes the commissioner of insurance to promulgate rules as necessary for the operation of the committee.

Bill: [SB20-145](#)

Title: Repeal Colorado Reinsurance Program

House

Sponsors

Senate

Sponsors

Position

Status

Official

Summary

[J. Smallwood](#) (R)

Monitor

Introduced In Senate - Assigned to Finance (01/27/2020)

The bill repeals the Colorado reinsurance program in 2022 and limits the operation of the program to one benefit year.