

MEMORANDUM

TO: Barbara Burgess
Andrew French, MD
Don Stadler, MD
Kevin McGarvey, MD
Carla Murphy, DO

FROM: Suzanne Hamilton

DATE: May 10, 2018

RE: Weekly Legislative Report

New bills this week: **HB 1431, 1433 and 1438** and **SB270 and 278**.

HOUSE BILLS

Bill: [HB18-1003](#)

Title: Opioid Misuse Prevention

Status: House Considered Senate Amendments - Result was to Laid Over Daily (05/02/2018)

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

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

Official
Summary

Opioid and Other Substance Use Disorders Interim Study

Committee. Section 1 of the bill establishes in statute the opioid and other substance use disorders study committee, consisting of 5 senators and 5 representatives from the general assembly, to:

- Study data and statistics on the scope of the substance use disorder problem in Colorado;
- Study current prevention, intervention, harm reduction, treatment, and recovery resources available to Coloradans, as well as public and private insurance coverage and other sources of support for treatment and recovery resources;
- Review the availability of medication-assisted treatment and the ability of pharmacists to prescribe those medications;
- Examine measures that other states and countries use to address substance use disorders;
- Identify the gaps in prevention, intervention, harm reduction, treatment, and recovery resources available to Coloradans and hurdles to accessing those resources; and
- Identify possible legislative options to address gaps and hurdles to accessing prevention, intervention, harm reduction, treatment, and recovery resources.

The committee is authorized to meet 6 times in a calendar year and

may report up to 6 legislative measures to the legislative council, which bills are exempt from bill limitations and introduction deadlines. The committee is repealed on July 1, 2020.

Section 2 specifies school-based health care centers may apply for grants from the school-based health center grant program to expand behavioral health services to include treatment for opioid and other substance use disorders.

Section 3 directs the department of health care policy and financing, starting July 1, 2018, to award grants to organizations to operate a substance abuse screening, brief intervention, and referral program.

Section 4 directs the center for research into substance use disorder prevention, treatment, and recovery to develop and implement continuing medical education activities to help prescribers of pain medication to safely and effectively manage patients with chronic pain, and when appropriate, prescribe opioids. Sections 2 through 4 also direct the general assembly to appropriate money to implement those sections.

Position Support

Comment

Bill: [HB18-1007](#)

Title: Substance Use Disorder Payment And Coverage

Status Senate Third Reading Passed - No Amendments (05/03/2018)

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

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

Official
Summary

Opioid and Other Substance Use Disorders Interim Study

Committee. The bill requires all individual and group health benefit plans to provide coverage without prior authorization for a five-day supply of buprenorphine for a first request within a 12-month period. Additionally, all individual and group health benefit plans that cover physical therapy, acupuncture, or chiropractic services shall not subject those services to dollar limits, deductibles, copayments, or coinsurance provisions that are less favorable than those applicable to primary care services under the plan if the covered person has a diagnosis of chronic pain and has or has had a substance use disorder diagnosis.

The bill prohibits carriers from taking adverse action against a provider or from providing financial incentives or disincentives to a provider based solely on a patient satisfaction survey relating to the patient's satisfaction with pain treatment.

The bill clarifies that an urgent prior authorization request to a

carrier includes a request for authorization of medication-assisted treatment for substance use disorders.

The bill permits a pharmacist who has entered into a collaborative pharmacy practice agreement with one or more physicians to administer injectable medication-assisted treatment for substance use disorders and receive an enhanced dispensing fee for the administration.

The bill prohibits carriers from requiring a covered person to undergo step therapy using a prescription drug or drugs that include an opioid before covering a non-opioid prescription drug recommended by the covered person's provider.

The bill requires the Colorado medical assistance program to authorize reimbursement for a ready-to-use version of intranasal naloxone hydrochloride without prior authorization.

The bill prohibits the requirement that a recipient of medical assistance undergo a step-therapy protocol using a prescription drug containing an opioid prior to authorizing reimbursement for a non-opioid prescription drug recommended by the person's health care provider.

The bill permits a pharmacist who has entered into a collaborative pharmacy practice agreement with one or more physicians to administer injectable medication-assisted treatment for substance use disorders and receive an enhanced dispensing fee under the Colorado medical assistance program for the administration.

The bill requires the department of health care policy and financing and the office of behavioral health in the department of human services to establish rules that standardize utilization management authority timelines for the non-pharmaceutical components of medication-assisted treatment for substance use disorders.

Position Support

Comment

Bill: [HB18-1009](#)

Title: Diabetes Drug Pricing Transparency Act 2018

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (05/02/2018)

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

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

Official
Summary

The bill creates the Diabetes Drug Pricing Transparency Act of 2018. The state board of health is responsible for implementing the act. Drug manufacturers and pharmacy benefit managers must submit annual reports to the state board regarding drugs used to treat diabetes that are subject to price increases of certain percentages. The state board analyzes the submitted information and publishes a report. The state board may impose penalties on drug manufacturers or pharmacy benefit

managers who do not comply with reporting requirements. Nonprofit organizations advocating for patients with diabetes or funding diabetes medical research that receive contributions from certain diabetes drug manufacturers must annually report those contributions.

Position Monitor

Comment

Bill: [HB18-1015](#)

Title: Repeal Ammunition Magazine Prohibition

Status House Committee on State, Veterans, & Military Affairs Postpone Indefinitely (02/21/2018)

Senate Sponsors [O. Hill](#) (R)

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

Official Summary The bill repeals statutory provisions:

- Prohibiting the possession of certain ammunition magazines; and
- Requiring each of certain ammunition magazines that are manufactured in Colorado on or after July 1, 2013, to include a permanent stamp or marking indicating that the magazine was manufactured or assembled after July 1, 2013.

Position Monitor

Comment

Bill: [HB18-1028](#)

Title: Attorney General Deceptive Practice Court Order

Status Governor Signed (03/15/2018)

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

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

Official Summary Under current law, if a person does not cooperate with an investigation by the attorney general or a district attorney regarding a potential deceptive trade practice, the attorney general or district attorney may seek a court order requiring compliance with the investigation. The application for a court order must state why the order is necessary to terminate or prevent a deceptive trade practice.
The bill would allow a judge to issue a court order if compliance

with an investigation is necessary to investigate a deceptive trade practice.

Position Monitor

Comment

Bill: [HB18-1032](#)

Title: Access Medical Records State Emergency Medical Services Patient Care Database

Status Governor Signed (03/22/2018)

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

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

Official Summary The bill requires the department of public health and environment to provide individualized patient information from the department's EMS agency patient care database to health information organization networks for any use allowed under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). By contract with health information organization networks, the department must control access to patient information and limit the use of patient information to only those purposes allowed under HIPAA.

Position Support

Comment

Bill: [HB18-1037](#)

Title: Concealed Handguns On School Grounds

Status House Committee on State, Veterans, & Military Affairs Postpone Indefinitely (02/21/2018)

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

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: [HB18-1059](#)

Title: Require 911 Call

Status: House Committee on Judiciary Postpone Indefinitely (02/06/2018)

Senate Sponsors

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

Official Summary: The bill establishes a crime if a person knows or should know that another person is in need of emergency assistance and fails to call 911 or use another means to summon assistance.

Position: Monitor

Comment

Bill: [HB18-1064](#)

Title: Training Program Prevention Child Sexual Abuse

Status: Senate Committee on State, Veterans, & Military Affairs Refer Unamended to Appropriations (05/01/2018)

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

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

Official Summary: The bill directs the Colorado children's trust fund board to develop and administer a training program to prevent child sexual abuse (program) for early childhood providers and others who interact with young children.

Position: Monitor

Comment

Bill: [HB18-1068](#)

Title: Eliminate Registered In Naturopathic Doctor Title

Status: Senate Committee on Business, Labor, & Technology Postpone Indefinitely (02/26/2018)

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

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

Official Summary: Current law requires a naturopathic doctor to use the term registered in the doctor's title. The bill changes the titles that naturopathic doctors may use by eliminating the word registered.

Position Monitor
Comment

Bill: [HB18-1082](#)

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

Status House Committee on Health, Insurance, & Environment Postpone Indefinitely (02/22/2018)

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

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

Official
Summary

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

The bill creates a civil right of action for noncompliance with the requirements, making a physician's noncompliance with the requirements unprofessional conduct and making a violation of the requirements a crime.

Position Monitor
Comment

Bill: [HB18-1091](#)

Title: Dementia Diseases And Related Disabilities

Status Governor Signed (03/29/2018)

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

House Sponsors [J. Ginal](#) (D)
[S. Beckman](#) (R)

Official
Summary The bill updates statutory references to Alzheimer's and other dementia diseases and reflects that dementia diseases have related

disabilities impacting memory and other cognitive abilities. Missing persons with a dementia disease and related disability are added to the missing senior citizen and missing person with developmental disabilities alert program, and the program is renamed to reflect this change. The Alzheimer's disease treatment and research center within the university of Colorado school of medicine is renamed the dementia diseases and related disabilities treatment and research center.

Position Monitor

Comment

Bill: [HB18-1094](#)

Title: Children And Youth Mental Health Treatment Act

Status Senate Committee on State, Veterans, & Military Affairs Refer Unamended to Appropriations (05/02/2018)

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

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

The bill extends indefinitely the Child Mental Health Treatment Act and renames it the Children and Youth Mental Health Treatment Act (act). Significant changes to the act include:

- Continuing the ability of a parent or guardian of a non-Medicaid eligible child or youth to receive mental health services for the child or youth without unwarranted child welfare involvement;
- When evaluating a child or youth for eligibility for mental health treatment services (services), the evaluating mental health agency shall use a standardized risk stratification tool;
- Establishing a new definition of mental health agency to capture a larger set of behavioral health services providers;
- Reporting requirements for the department of health care policy and financing and mental health agencies that provide services for children and youth are updated and clarified;
- Requiring the department of human services to maintain and update a list of providers on its website, as well as post information from various reports required by the act, excluding any personal health information; and
- Revising the membership of the advisory board that assists and advises the executive director of the department of human services with the development of service standards

Official
Summary

and rules for the provision of services.
The bill makes conforming amendments.

Position Monitor

Comment

Bill: [HB18-1097](#)

Title: Patient Choice Of Pharmacy

Status Senate Committee on Business, Labor, & Technology Postpone
Indefinitely (03/19/2018)

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

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

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 of the covered person's choice 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: [HB18-1112](#)

Title: Pharmacist Health Care Services Coverage

Status Governor Signed (04/09/2018)

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

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

Official Summary	<p>The bill requires a health benefit plan to provide coverage for health care services provided by a pharmacist if:</p> <ul style="list-style-type: none"> • The services are provided within a health professional shortage area; and • The health benefit plan provides coverage for the same services provided by a licensed physician or advanced practice nurse.
Position	Monitor
Comment	

Bill: [HB18-1114](#)

Title:	Require License Practice Genetic Counseling
Status	Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (04/24/2018)
Senate Sponsors	N. Todd (D)
House Sponsors	J. Buckner (D) J. Ginal (D)
Official Summary	<p>The bill enacts the Genetic Counselor Licensure Act. On and after June 1, 2019, 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 graduated with an appropriate genetic counseling degree and have been certified by a national body, except that the director:</p> <ul style="list-style-type: none"> • May issue a provisional license to a candidate for certification pursuant to requirements established by rule; and • Shall license a genetic counselor who graduated from a Colorado genetic counseling training program, has at least 15 years of experience, and provides at least 3 letters of recommendation. <p>The bill gives title protection to genetic counselors and standard licensing, rule-making, and disciplinary powers to the director. Genetic counselors must have insurance unless the director, by rule, finds that insurance is not reasonably available. The bill repeals the act on September 1, 2022. Genetic counselors are subject to the mandatory disclosures of the Michael Skolnik Medical Transparency Act of 2010.</p>
Position	Monitor
Comment	

Bill: [HB18-1118](#)

Title: Create Health Care Legislative Review Committee

Status: Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (04/02/2018)

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

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

Official Summary: The bill recreates the former health care task force, renamed as the health care legislative 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, insurance, and environment and on public health care and human services and the senate committee on health and human services. The committee is permitted to meet up to 6 times during the interim between legislative sessions, including 2 field trips, and as necessary when the general assembly is convened in a legislative session. The committee may recommend up to 5 bills per year, and bills recommended by the committee are exempt from bill limitations imposed under the joint rules of the general assembly.

Position: Monitor

Comment:

Bill: [HB18-1120](#)

Title: The Prohibition Of Dismemberment Abortions

Status: House Committee on State, Veterans, & Military Affairs Postpone Indefinitely (02/28/2018)

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

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

Official Summary: The bill prohibits dismemberment abortions.

Position: Monitor

Comment:

Bill: [HB18-1121](#)

Title: No Funding Trafficking Aborted Human Body Parts

Status: House Committee on State, Veterans, & Military Affairs Postpone Indefinitely (02/28/2018)

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

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

Official
Summary

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

Position Monitor

Comment

Bill: [HB18-1128](#)

Title: Protections For Consumer Data Privacy

Status Senate Third Reading Passed - No Amendments (05/03/2018)

Senate Sponsors [L. Court](#) (D)
[K. Lambert](#) (R)

House Sponsors [C. Wist](#) (R)
[J. Bridges](#) (D)

Official
Summary

Except for conduct in compliance with applicable federal, state, or local law, the bill requires public and private entities in Colorado that maintain paper or electronic documents (documents) that contain personal identifying information (personal information) to develop and maintain a written policy for the destruction and proper disposal of those documents. Entities that maintain, own, or license personal information, including those that use a nonaffiliated third party as a service provider, shall implement and maintain reasonable security procedures for the personal information. The notification laws governing disclosure of unauthorized acquisitions of unencrypted and encrypted computerized data are expanded to specify who must be notified following such unauthorized acquisition and what must be included in such notification.

Position Monitor

Comment

Bill: [HB18-1136](#)

Title: Substance Use Disorder Treatment

Status	Senate Third Reading Laid Over to 05/07/2018 - No Amendments (05/02/2018)
Senate Sponsors	K. Priola (R) C. Jahn (D)
House Sponsors	B. Pettersen (D)
Official Summary	<p>Opioid and Other Substance Use Disorders Interim Study Committee. The bill adds residential and inpatient substance use disorder services to the Colorado medical assistance program. The benefit is limited to persons who meet nationally recognized, evidence-based level of care criteria for residential and inpatient substance use disorder treatment. The benefit will not be effective until the department of health care policy and financing seeks and receives any federal authorization necessary to secure federal financial participation in the program.</p> <p>If an enhanced residential and inpatient substance use disorder treatment benefit becomes available, managed care organizations shall reprioritize the use of money allocated from the marijuana tax cash fund to assist in providing treatment, including residential treatment, to persons who are not otherwise covered by public or private insurance.</p>
Position	Support
Comment	

Bill: [HB18-1148](#)

Title:	Stage Four Advanced Metastatic Cancer Step Therapy
Status	Governor Signed (04/09/2018)
Senate Sponsors	L. Crowder (R)
House Sponsors	D. Michaelson Jenet (D)
Official Summary	<p>The bill prohibits a carrier that issues a health benefit plan that covers treatment for stage four advanced metastatic cancer from requiring a cancer patient to undergo step therapy prior to receiving a drug approved by the United States food and drug administration if use of the approved drug is consistent with best practices for treatment of the cancer.</p>
Position	Monitor
Comment	

Bill: [HB18-1155](#)

Title:	Sunset Continue Physical Therapy Board Functions
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Status House Considered Senate Amendments - Result was to Not Concur - Request Conference Committee (05/03/2018)

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

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

Sunset Process - House Public Health Care and Human Services Committee. The bill implements the recommendations of the department of regulatory agencies in its sunset review and report concerning the Physical Therapy Practice Act as follows:

- Extends the licensing of physical therapists and the certification of physical therapist assistants until 2027 (**sections 1 through 3**);
- Clarifies that a physical therapist may make physical therapy diagnoses (**sections 5 and 7**);
- Clarifies that a physical therapist's scope of practice includes the direct supervision of unlicensed physical therapists (**section 8**); and
- Adds as grounds for disciplinary action the failure to supervise physical therapist assistants; and the failure to report an adverse action, the surrender of a license, or other discipline taken in another jurisdiction (**section 10**).

In addition, the bill:

- Allows a physical therapist assistant to perform noninvasive wound debridement under the supervision of a physical therapist (**sections 11 and 13**);
- Repeals some of elements of the continuing professional competency program for physical therapists (**section 9**) and subjects physical therapist assistants to a continuing professional competency program (**section 12**);
- Replaces a physical therapist member of the physical therapy board with a physical therapist assistant member (**section 6**); and
- Removes physical therapists practicing in Colorado pursuant to the Interstate Physical Therapy Licensure Compact Act from the Michael Skolnik Medical Transparency Act of 2010 (**section 14**).

Official
Summary

Position Monitor

Comment

Bill: [HB18-1177](#)

Title: Youth Suicide Prevention

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (05/01/2018)

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

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

The bill requires the office of suicide prevention (office) in the department of public health and environment (department) to work with appropriate entities to develop and implement a plan to provide access to training programs related to youth suicide prevention for people who regularly interact with youth but who are not in a profession that typically provides such training opportunities, such as camp counselors, recreation center employees, youth group leaders, clergy, and parents. The office is required to approve at least 3 nonprofit organizations statewide to participate in a coordinated program of youth suicide prevention training.

Classes and programs offered by the approved nonprofit organizations must be free to the public, and the department shall reimburse the approved nonprofit organization for any direct or indirect costs associated with such classes and programs.

The bill further directs the department to coordinate efforts to create and implement a statewide awareness campaign about suicide and youth suicide prevention, as well as awareness of the suicide prevention hotline. The awareness campaign may include, but is not limited to, the use of written, electronic, radio, and television media.

The age of consent for a minor to seek and obtain outpatient psychotherapy services is lowered from 15 years of age or older to 12 years of age and older. The licensed mental health provider is immune from civil or criminal liability for providing outpatient psychotherapy services unless he or she acts negligently or outside the scope of his or her practice.

The bill clarifies that the age of consent for a minor seeking inpatient psychotherapy or other inpatient mental health services without the consent of a parent or legal guardian remains 15 years of age or older.

Position Monitor

Comment

Bill: [HB18-1179](#)

Title: Prohibit Price Gouging On Prescription Drugs

Status House Second Reading Laid Over to 08/31/2018 - No Amendments
(05/02/2018)

Senate Sponsors

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

Official Summary	<p>The bill:</p> <ul style="list-style-type: none"> • Prohibits a pharmaceutical manufacturer or wholesaler from price gouging on sales of essential off-patent or generic drugs; • Makes the practice of price gouging a deceptive trade practice under the Colorado Consumer Protection Act; and • Requires the state board of pharmacy and the executive director of the department of health care policy and financing to report suspected price gouging to the attorney general. The attorney general is authorized to seek subpoenas and file lawsuits with the appropriate district courts.
Position	Monitor
Comment	

Bill: [HB18-1180](#)

Title:	Mental Health Professional Dismissed Complaint Colorado Open Records Act Access
Status	Senate Committee on Health & Human Services Postpone Indefinitely (03/21/2018)
Senate Sponsors	J. Smallwood (R)
House Sponsors	J. Melton (D)
Official Summary	<p>Under current law, when a complaint against a mental health professional is dismissed, information contained in the files of a mental health professional regulatory board is exempt from disclosure under the open records law. The bill allows a mental health professional who is a respondent to a dismissed complaint to access the information contained in the division of professions and occupations and applicable regulatory boards' files. The names of the respondent's clients and other recipients of services cannot be redacted from the information provided to the respondent.</p>
Position	Monitor
Comment	

Bill: [HB18-1182](#)

Title:	Statewide System For Advance Directives
Status	House Committee on Health, Insurance, & Environment Postpone Indefinitely (03/29/2018)
Senate Sponsors	L. Court (D) D. Coram (R)

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

Not more than 30 days after receiving at least \$750,000 in gifts, grants, and donations for the purpose of creating and administering a statewide electronic system (system) that allows medical professionals and individuals to upload and access advance directives, the department of public health and environment shall create such a system. Advance directive means:

Official
Summary

- A declaration as to medical treatment;
- A medical durable power of attorney;
- A directive relating to cardiopulmonary resuscitation;
- A medical orders for scope of treatment form;
- A designated beneficiary agreement; or
- Any legal form of these types that has been properly

executed in another state in accordance with the laws of that state.

The department shall contract with one or more health information organization networks for the administration and maintenance of the system during the next year. On or before November 1, 2018, the department shall promulgate rules to administer the system.

The system is repealed, effective September 1, 2028. Prior to such repeal, the department of regulatory agencies shall perform a sunset review of the system.

Position Support

Comment

Bill: [HB18-1200](#)

Title: Cybercrime Changes

Status Senate Third Reading Passed - No Amendments (04/30/2018)

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

House Sponsors [A. Garnett](#) (D)
[P. Lundeen](#) (R)

Official
Summary

The bill changes the name of the crime computer crime to cybercrime. The bill makes changes to the way current cybercrimes may be committed. The bill makes soliciting, arranging, or offering to arrange a situation in which a minor may engage in prostitution, by means of using a computer, computer network, computer system, or any part thereof, a cybercrime. The bill makes stealing the information from a credit card magnetic strip or placing different information on a credit card magnetic strip without permission and with the intent to defraud a cybercrime. The bill makes changes to the penalty structure for

cybercrime.
The bill makes conforming amendments.

Position Monitor

Comment

Bill: [HB18-1202](#)

Title: Income Tax Credit Leave Of Absence Organ Donation

Status Senate Second Reading Special Order - Passed with Amendments -
Floor (05/03/2018)

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

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

Official
Summary

Beginning January 1, 2018, an employer is allowed an income tax credit that is an amount equal to 35% of the employer's expenses incurred:

- Paying an employee during his or her leave of absence period, which is paid leave given to an employee for the purpose of making an organ donation, but which does not exceeding 10 working days or the hourly equivalent thereof; and

- For the cost of temporary replacement help, if any, during an employee's leave of absence period.

An employer shall not claim a tax credit related to a leave of absence period for an employee who the employer pays wages of \$80,000 or more during the income tax year. The tax credit is not refundable, but unused credits may be carried forward up to 5 years.

Position Monitor

Comment

Bill: [HB18-1207](#)

Title: Hospital Financial Transparency Measures

Status Senate Committee on State, Veterans, & Military Affairs Postpone
Indefinitely (04/30/2018)

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

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

Official
Summary

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 general hospitals in the state (hospital expenditure report). In compiling the hospital expenditure report, the department shall use publicly available data sources whenever possible.

Each general hospital in the state is required to make available to the department certain information, including:

- Hospital cost reports submitted to the federal centers for Medicare and Medicaid services;
- Annual audited financial statements; except that, if a hospital is part of a consolidated or combined group, the hospital may submit a consolidated or combined financial statement if the group's statement separately identifies the information for each of the group's licensed hospitals;
- Utilization and staffing information and standard units of measure; and
- Information accessed through a secure, online data collection and reporting system that provides a central location for the collection and analysis of hospital utilization and financial data.

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 Monitor

Comment

Bill: [HB18-1211](#)

Title: Medicaid Fraud Control Unit

Status Governor Signed (04/25/2018)

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

House Sponsors [M. Foote](#) (D)
[C. Wist](#) (R)

Official Summary The bill establishes the Medicaid fraud control unit (unit) in the department of law. The unit is responsible for investigation and prosecution of Medicaid fraud and waste, as well as patient abuse,

neglect, and exploitation. The department of health care policy and financing is authorized to require Medicaid providers to include information about reporting Medicaid fraud to the unit in any explanation of benefits provided to a Medicaid beneficiary. The bill creates offenses related to making false statements on applications, Medicaid fraud, and credit and recovery of Medicaid payments. The bill makes it unlawful to receive certain kickbacks, bribes, and rebates related to the administration of a Medicaid service. Actions brought under the provisions of the bill must commence within 3 years after the discovery of the offense.

Position Support

Comment

Bill: [HB18-1212](#)

Title: Freestanding Emergency Departments Licensure

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (05/01/2018)

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

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

Official
Summary

The bill creates a new license, referred to as a freestanding emergency department license, for the department of public health and environment (CDPHE) to issue on or after July 1, 2021, 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 is 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 is not attached to or situated within 250 yards of, or contained within, a hospital.

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

A health facility with a freestanding emergency department license is limited in the amount of facility fees the facility can charge patients. CDPHE may fine or take action on the license of a freestanding emergency department that charges facility fees in violation of the limits established in the bill.

Position Monitor

Comment

Bill: [HB18-1223](#)

Title: Declare Autism Epidemic In Colorado

Status House Committee on Health, Insurance, & Environment Postpone Indefinitely (04/26/2018)

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

House Sponsors [J. Reyher](#) (R)

The bill directs the executive director of the department of public health and environment (director) to convene the governor's expert emergency epidemic response committee (committee) for the purpose of determining whether there is an autism epidemic in Colorado. The committee shall review autism data from 1990 to 2017 from every Colorado county and across all age groups. If the committee determines there is an autism epidemic, the director shall advise the governor to declare that an autism epidemic exists in Colorado; that reasonable and appropriate measures be taken to address the autism epidemic and protect the public health; that departments with publicly funded safety net programs update their plans to include the autism epidemic; and the percentage at which the state will contribute money to the autism epidemic. The committee shall prepare a report documenting its reasons for determining whether an autism epidemic exists and provide a copy of the report to the governor, the director, and each member of the general assembly.

Official
Summary

Position Monitor

Comment

Bill: [HB18-1225](#)

Title: Protect Human Life At Conception

Status House Committee on Health, Insurance, & Environment Postpone Indefinitely (02/22/2018)

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

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

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

Official
Summary

• A licensed physician provides medical treatment, including chemotherapy and the removal of an ectopic pregnancy, to the mother that results in the accidental or unintentional injury to or death of the unborn child.
The pregnant mother upon whom termination of the life of an unborn child is performed or attempted is not subject to a criminal penalty. The sale and use of contraception is not prohibited by the bill. A conviction related to the prohibition of the termination of the life of an unborn child constitutes unprofessional conduct for purposes of physician licensing.

Position Monitor

Comment

Bill: [HB18-1245](#)

Title: Prohibit Conversion Therapy Mental Health Provider

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (04/23/2018)

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

House Sponsors [P. Rosenthal](#) (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 efforts is subject to disciplinary action by the appropriate licensing board. Conversion therapy means efforts that seek to change an individual's sexual orientation, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attraction or feelings toward individuals of the same sex.

Position Monitor

Comment

Bill: [HB18-1260](#)

Title: Prescription Drug Price Transparency

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (04/30/2018)

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

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

Official
Summary

The bill enacts the Colorado Prescription Drug Price Transparency Act of 2018, which requires:

- Health insurers, starting in 2019, to submit to the commissioner of insurance (commissioner), as part of the health care cost reporting requirement, information regarding prescription drugs covered under their health insurance plans that were dispensed in the preceding calendar year;
- Prescription drug manufacturers, on or after July 1, 2018, to notify state purchasers, health insurers, and pharmacy benefit management firms when the manufacturer increases the price of certain prescription drugs by more than 10% or when the manufacturer introduces a new specialty drug in the commercial market; and
- Prescription drug manufacturers, within 15 days after the end of each calendar quarter that starts on or after July 1, 2018, to provide specified information to the commissioner regarding the drugs about which manufacturers are required to notify purchasers of a drug price increase or new specialty drug on the market.

The commissioner is required to post the information received from prescription drug manufacturers on the division of insurance website. Additionally, the commissioner, or a disinterested third-party contractor, is to analyze the data submitted by health insurers and prescription drug manufacturers 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 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 act.

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 \$1,000 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.

Position Monitor
Comment

Bill: [HB18-1263](#)

Title: Medical Marijuana Use For Autism And Acute Pain

Status House Considered Senate Amendments - Result was to Laid Over Daily (05/01/2018)

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

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

Official Summary The bill adds autism spectrum disorders and acute pain to the list of disabling medical conditions that authorize a person to use medical marijuana for his or her condition.

Position Monitor

Comment

Bill: [HB18-1279](#)

Title: Electronic Prescribing Controlled Substances

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (04/25/2018)

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

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

Official Summary The bill requires podiatrists, dentists, physicians, physician assistants, advanced practice nurses, and optometrists, starting July 1, 2020, and practitioners serving rural communities or in a solo practice, starting July 1, 2021, to prescribe 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. 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 Monitor

Comment

Bill: [HB18-1282](#)

Title: Health Care Provider Unique Identification Per Site Or Service

Status Governor Signed (04/25/2018)

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

House Sponsors [L. Sias](#) (R)
[S. Lontine](#) (D)

Section 2 of the bill requires an off-campus location of a hospital to apply for, obtain, and use on claims for reimbursement for health care services provided at the off-campus location a unique national provider identifier, commonly referred to as NPI. The off-campus location's NPI must be used on all claims related to health care services provided at that location, regardless of whether the claim is filed through the hospital's central billing or claims department or through a health care clearinghouse.

Section 3 requires all Medicaid providers that are entities to obtain and use a unique NPI for each site at which they deliver services and for each provider type that the department of health care policy and financing has specified. Entity Medicaid providers must use on all claims the unique NPI that identifies both the site where the services were provided and the provider type rendering the services, regardless of whether the claim is filed through the entity's central billing or claims department or through a health care clearinghouse.

Position Monitor

Comment

Bill: [HB18-1307](#)

Title: Limit Access To Products With Dextromethorphan

Status Senate Third Reading Passed - No Amendments (04/26/2018)

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

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

The bill states that it is unlawful for a seller, retailer, or vendor to knowingly or willfully dispense, sell, or distribute a finished drug product containing any quantity of dextromethorphan to a person less than 18 years of age. A seller, retailer, or vendor making a retail sale of a finished drug product containing any quantity of dextromethorphan must require and obtain proof of age from the purchaser before completing the sale unless the seller, retailer, or vendor reasonably presumes from the purchaser's outward appearance that the purchaser is at least 25 years of age.

Official
Summary

A seller, retailer, or vendor who violates the prohibition or who fails to obtain proof of age when required to do so commits an unclassified petty offense and, upon conviction thereof, shall be punished as follows:

- For a first offense, the court shall warn the seller, retailer, or vendor in writing; and

• For a second or subsequent offense, the seller, retailer, or vendor shall pay a fine of not more than \$200.
The prohibition does not apply to a medication containing dextromethorphan, which medication is sold pursuant to a valid prescription. It is an affirmative defense if the seller, retailer, or vendor is an employer and trains its employees concerning the bill's restrictions on the distribution of medications containing dextromethorphan.

Position Monitor
Comment

Bill: [HB18-1313](#)

Title: Pharmacists To Serve As Practitioners
Status Senate Third Reading Passed - No Amendments (05/01/2018)
Senate Sponsors [K. Priola](#) (R)
[I. Aguilar](#) (D)
House Sponsors [J. Becker](#) (R)
[J. Ginal](#) (D)

Official Summary The bill clarifies that a licensed and qualified pharmacist may serve as a practitioner and prescribe over-the-counter medication under the Colorado Medical Assistance Act and a statewide drug therapy protocol pursuant to a collaborative pharmacy practice agreement.

Position Monitor
Comment

Bill: [HB18-1327](#)

Title: All-payer Health Claims Database
Status Sent to the Governor (04/17/2018)
Senate Sponsors [D. Moreno](#) (D)
House Sponsors [D. Young](#) (D)

Official Summary **Joint Budget Committee.** The bill authorizes the general assembly to appropriate general fund money to the department of health care policy and financing (department) to pay for expenses related to the all-payer health claims database (database).
The bill also establishes a grant program to assist nonprofit organizations and governmental entities, other than the department, in accessing the database to conduct research. The bill authorizes the advisory committee to oversee the database, review grant applications, and recommend to the department which grant applications to fund and the amount of each grant. The department is authorized to develop and

review grant applications and determine which grant applications to fund and the amount of each grant. The medical services board is authorized to adopt rules governing the grant program.

The bill appropriates money to the department to pay for the database and the grant program.

Position Monitor

Comment

Bill: [HB18-1358](#)

Title: Health Care Charges Billing Required Disclosures

Status House Committee on Health, Insurance, & Environment Postpone Indefinitely (04/27/2018)

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

House Sponsors [M. Foote](#) (D)
[S. Beckman](#) (R)

The bill imposes requirements on health care facilities, health care providers, pharmacies, and health insurers, starting January 1, 2019, to disclose information about health care charges. Specifically, **section 2** of the bill enacts the Comprehensive Health Care Billing Transparency Act (act), which requires health care facilities, including hospitals, ambulatory surgical centers, community clinics, and physician practice groups, to:

- Publish their fee schedules or other lists of charges the facilities bill for specific health care services before applying any discounts, rebates, or other charge adjustment mechanisms;
- Include in every bill sent to a patient an itemized detail of each health care service provided, the charge for the service, how any payment or adjustment by the patient's health insurer was applied to each line item in the bill, and, for hospitals, the amount of the healthcare affordability and sustainability fee the hospital is charged; and
- In situations where an individual provides health insurance information to the facility or a provider in a facility setting, disclose whether the facility or provider participates in the individual's health insurance plan; whether the services the facility or provider will render will be covered as an in-network or out-of-network benefit; and whether the individual will receive a service from an out-of-network provider at an in-network facility.

Official
Summary

For an individual health care provider who provides health care services at a health care facility, has a separate fee schedule for the

services the provider delivers in the facility setting, and whose fees for those services are not included in the facility's published fee schedule, the provider must provide a fee schedule to the facility for posting on the facility's website.

Section 2 also prohibits a facility or provider from billing a patient or third-party payer an amount in excess of the lower of any established self-pay rate or the lowest rate negotiated with or reimbursed by any third-party payer, including the federal centers for Medicare and Medicaid services in the United States department of health and human services, for the particular health care services rendered to the patient if the facility or provider has failed to publish or provide its fee schedule. Additionally, section 2 requires a pharmacy to publish a list of its retail drug prices, which is a list of the charges the pharmacy charges to an insured or uninsured person for prescription drugs it administers or dispenses, before any rebates, discounts, or other price adjustment mechanisms are applied. **Section 4** specifies that failure to comply with the requirements to publish retail drug prices constitutes grounds for the state board of pharmacy to discipline a pharmacist.

Health insurers, facilities, and providers are prohibited from including any provision in a contract between the parties issued, amended, or renewed on or after January 1, 2019, that restricts the ability of a provider, facility, or health insurer to provide patients with the charge information required to be published. Section 2 also directs the state board of pharmacy to adopt rules necessary to implement the provisions of the act that are applicable to pharmacies and the executive director of the department of public health and environment to adopt any other rules necessary to implement and administer the act.

Section 3 requires health insurers to publish information about contract terms, cost-sharing arrangements, and prescription drug prices. The commissioner of insurance is directed to adopt rules to implement and administer these requirements and is authorized to use enforcement powers under current law to enforce the requirements on health insurers.

Position Monitor

Comment

Bill: [HB18-1370](#)

Title: Drug Coverage Health Plan

Status House Committee on Health, Insurance, & Environment Postpone Indefinitely (05/03/2018)

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

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

Official Summary	<p>The bill prohibits a health insurance carrier from excluding or limiting a drug under a health benefit plan and from moving the drug to a disadvantaged tier in the plan formulary if the drug was covered at the time the covered person enrolled in the plan. A carrier may not increase the amount that a covered person pays for a copayment, coinsurance, or deductible or set limits while the covered person is covered by the health benefit plan for drugs that were covered when the person became covered under the plan.</p> <p>If a carrier uses a tiered plan, the carrier may not move a drug to a disadvantaged tier under specified circumstances.</p> <p>A carrier may limit coverage for a drug or biosimilar product if a provider prescribes a generic drug or biosimilar product to treat the covered person's medical condition instead of the originally-prescribed drug and the covered person agrees.</p>
Position	Monitor
Comment	
Bill: HB18-1384	
Title:	Study Health Care Coverage Options
Status	Introduced In Senate - Assigned to State, Veterans, & Military Affairs (04/25/2018)
Senate Sponsors	D. Coram (R) K. Donovan (D)
House Sponsors	M. Catlin (R) D. Roberts (D)
Official Summary	<p>The bill requires the department of health care policy and financing and the division of insurance in the department of regulatory agencies (departments) to conduct a study and to prepare and submit a report to certain committees of the general assembly concerning the costs, benefits, and feasibility of implementing a Medicaid buy-in option, a public-private partnership option, or a community- or regionally based option for health care coverage.</p> <p>The report must contain a detailed analysis of the advantages and disadvantages of each option and must identify the most feasible option based on objectives and criteria described in the bill.</p> <p>In conducting the study, the departments shall engage in a stakeholder process that includes public and private health insurance experts, consumers, consumer advocates, providers, and carriers.</p>
Position	Monitor
Comment	

Bill: [HB18-1392](#)

Title: State Innovation Waiver Reinsurance Program

Status: Introduced In Senate - Assigned to State, Veterans, & Military Affairs (04/30/2018)

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

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

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.

Position: Monitor

Comment:

Bill: [HB18-1394](#)

Title: Update Colorado Disaster Emergency Act

Status: Senate Second Reading Special Order - Passed with Amendments - Committee (05/03/2018)

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

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

Official Summary: The bill updates the Colorado disaster emergency act to include provisions related specifically to recovery, mitigation, and resiliency and to establish the roles and responsibilities of state and local agencies at all stages of emergency management. **Section 3** of the bill adds language defining the stages of response and recovery, as well as definitions of emergency, resiliency, and mitigation. **Section 4** allows the governor to convene a disaster policy group to coordinate the response and recovery from disaster emergencies. If the governor convenes the policy group, the governor is required to appoint a chair and to delegate to the chair the authority to manage cross-departmental and interjurisdictional coordination of recovery efforts. **Sections 5 and 21** repeal and relocate existing language establishing the governor's expert emergency epidemic response

committee, update the language to reflect amendments throughout the bill, and add the executive director of the department of local affairs or his or her designee to the committee.

The bill creates the Colorado resiliency office in the division of local government within the department of local affairs in **sections 17 and 18**. The office is required to develop a resiliency and community recovery program for the state that must address coordination among state and local agencies and risk and vulnerability reduction. The office is required to consult with other state agencies and stakeholders in developing the program.

Sections 6, 8, 9, 10, 12, 13, and 14 amend existing statutes concerning disaster planning and response at the state and local level to include references to recovery, mitigation, and preparedness. The requirement for a state disaster plan is amended to require a comprehensive emergency management program that addresses preparation, prevention, mitigation, response, and recovery from emergencies and disasters.

Local and interjurisdictional disaster agencies are renamed as emergency management agencies. The emergency management agencies are required to develop a local or interjurisdictional plan that includes provisions for preparation, prevention, mitigation, response, and recovery from emergencies and disasters. Agencies may incorporate by reference existing locally adopted plans, plans approved by the office of emergency management or the federal emergency management agency, and other relevant plans.

Section 15 amends a requirement in existing law that the governor consider steps that could be taken on a continuing basis to prevent and reduce the harmful consequences of disasters and adds language requiring the governor to also consider mitigation and recovery from disasters.

Sections 16, 19, and 20 make conforming amendments.

Position Monitor

Comment

Bill: [HB18-1399](#)

Title: Regulation Of Surgical Smoke

Status House Committee on Health, Insurance, & Environment Postpone Indefinitely (05/03/2018)

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

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

Official Summary The bill requires hospitals with surgical services and ambulatory surgical centers to adopt a policy to prevent human exposure to surgical smoke. Surgical smoke is a gaseous byproduct produced by

energy-generating surgical medical devices. On or before March 1, 2019, the Colorado department of public health and environment shall promulgate rules regarding requirements for surgical smoke evacuation policies. A policy adopted in accordance with the bill applies to surgical procedures performed on or after July 1, 2019.

Position Monitor

Comment

Bill: [HB18-1431](#)

Title: Statewide Managed Care System

Status House Second Reading Special Order - Passed - No Amendments (05/04/2018)

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

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

The bill amends, repeals, and relocates provisions of part 4 of article 5 of title 25.5, Colorado Revised Statutes, relating to managed care provisions under the medical assistance program to align with the federal Medicaid and CHIP Managed Care Final Rule of 2016, and to reflect the implementation of the accountable care collaborative as the statewide managed care system.

The bill:

- Updates the definition of the statewide managed care system and makes conforming amendments throughout the statutes;
- Integrates Medicaid community mental health services into the statewide managed care system;
- Includes capitated rates specifically for community mental health services;
- Establishes the medical home model of care for the statewide managed care system;
- Relocates provisions relating to graduate medical education;
- Clarifies that the statewide managed care system is authorized to provide services under a single managed care entity (MCE) or a combination of MCE types, including primary care case management entities authorized under federal law;
- Removes duplicate provisions relating to the Medicaid reform and innovation pilot program;
- Relocates provisions relating to the requirement that MCEs certify capitation payments as sufficient;
- Removes outdated language referencing behavioral health

Official
Summary

organizations;

- Updates the definitions for managed care and managed care entities and adds definitions for medical home and primary care case management entities;
- Aligns provisions in statutes relating to the features of MCEs with new and existing federal managed care regulations that require:
 - Criteria for accepting enrollees and protecting enrollees from discrimination;
 - Provisions relating to network adequacy standards;
 - Revised communication standards;
 - Updated provisions relating to grievances and appeals;
 - Participation in a comprehensive quality assessment and performance improvement program; and
 - Administration of a program integrity system;
 - Removes certain provisions from statute relating to prescription drug contracting practices that were relevant to a competitive managed care organization model or that duplicated provisions established in rule;
 - Removes references to the obsolete primary care physician program;
 - Increases the timeline for the rate setting process for capitation rates to meet new federal review requirements;
 - Repeals statutory sections that contain provisions that are relocated or revised and included in other statutory sections in the bill, and repeals statutory sections that include obsolete programs or policies; and
 - Updates statutory references to reflect the relocated, revised, or repealed provisions.

Position Monitor

Comment

Bill: [HB18-1433](#)

Title: Naturopathic Doctor Terminology And Disclosure

Status Introduced In Senate - Assigned to Finance (05/03/2018)

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

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

As it relates to naturopathic doctors, the bill:

Official • Requires that the statement provided to a patient before
Summary treatment disclose that the naturopathic doctor is registered;

 • Removes the requirement that naturopathic doctors use the
 term registered in the naturopathic doctor's title;

- Requires a naturopathic doctor to qualify any specialty services provided to the public with naturopathic or naturopath; and
- Clarifies the circumstances under which a naturopathic doctor can use the term physician.

Position Monitor

Comment

Bill: [HB18-1438](#)

Title: Health Care Coverage Reproductive Health Care

Status House Committee on Health, Insurance, & Environment Postpone Indefinitely (05/03/2018)

Senate Sponsors

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

Official
Summary

Section 2 of the bill requires all individual and group health benefit plans issued, amended, or renewed on or after January 1, 2020, to provide coverage for specified reproductive health care services, drugs, devices, products, and procedures. Carriers are prohibited from imposing a deductible, coinsurance, copayment, or other cost-sharing requirement for the coverage required under the bill and from imposing restrictions or delays on the coverage. Under specified circumstances, section 2 permits a carrier to offer a religious employer a plan that does not include coverage for abortion procedures that are contrary to the religious employer's religious tenets. Section 2 also prohibits a carrier from excluding an individual from participation in, denying an individual benefits under, or otherwise discriminating against an individual in the administration of a plan on the basis of the individual's actual or perceived race, color, national origin, sex, sexual orientation, gender identity, religion, age, or disability.

Section 4 directs the department of health care policy and financing to administer a program to reimburse the cost of specified reproductive health care services, drugs, devices, products, and procedures provided to eligible individuals, which is defined to include individuals with reproductive health care needs who are enrolled in the Medicaid program or the children's basic health plan or who are otherwise disqualified for participation in the Medicaid program based on their immigration status.

The program must also provide Medicaid or children's basic health plan benefits, as applicable, to pregnant individuals for 180 days, rather than the mandated 60 days, post-pregnancy, regardless of whether the individual's Medicaid or children's basic health plan eligibility would otherwise terminate during that period based on an increase in income.

Position Monitor

Comment

SENATE BILLS

Bill: [SB18-022](#)

Title: Clinical Practice For Opioid Prescribing

Status: House Committee on Health, Insurance, & Environment Refer Amended to House Committee of the Whole (05/03/2018)

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

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

Opioid and Other Substance Use Disorders Interim Study Committee. The bill restricts the number of opioid pills that a health care practitioner, including physicians, physician assistants, advanced practice nurses, dentists, optometrists, podiatrists, and veterinarians, may prescribe for an initial prescription to a 7-day supply and one refill for a 7-day supply, with certain exceptions. The bill clarifies that a health care practitioner may electronically prescribe opioids.

Official Summary: Current law allows health care practitioners and other individuals to query the prescription drug monitoring program (program). The bill requires health care practitioners to query the program before prescribing the first refill prescription for an opioid except under specified circumstances, and requires the practitioner to indicate his or her specialty or practice area upon the initial query.

The bill requires the department of public health and environment to report to the general assembly its results from studies regarding the prescription drug monitoring program integration methods and health care provider report cards.

Position: Support

Comment

Bill: [SB18-023](#)

Title: Promote Off-label Use Pharmaceutical Products

Status: Senate Committee on Health & Human Services Postpone Indefinitely (02/15/2018)

Senate Sponsors: [B. Martinez Humenik](#) (R)

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

Official Summary: The bill allows a pharmaceutical manufacturer or its representative to promote the off-label use of a prescription drug, biological product, or device approved by the United States food and drug administration.

Position Monitor
Comment

Bill: [SB18-024](#)

Title: Expand Access Behavioral Health Care Providers

Status House Third Reading Passed - No Amendments (05/03/2018)

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

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

Official
Summary

Opioid and Other Substance Use Disorders Interim Study

Committee. The bill modifies the Colorado health service corps program administered by the primary care office in the department of public health and environment as follows:

- For purposes of determining areas in the state in which there is a shortage of health care professionals and behavioral health care providers to meet the needs of the community, allows the primary care office, under guidance adopted by the state board of health, to develop and administer state health professional shortage areas using state-specific methodologies;

- Allows behavioral health care providers, which include licensed and certified addiction counselors, licensed professional counselors, licensed clinical social workers, licensed marriage and family therapists, clinical psychologists, advanced practice nurses, and physicians certified or trained in addiction medicine, pain management, or psychiatry, and candidates for licensure as an addiction counselor, professional counselor, clinical social worker, marriage and family therapist, or psychologist, to participate in the loan repayment program on the condition of committing to provide behavioral health care services in health professional shortage areas for a specified period;

- Directs the advisory council to prioritize loan repayment and scholarships for those behavioral health care providers, candidates for licensure, or addiction counselors who provide behavioral health care services in nonprofit or public employer settings but permits consideration of applicants practicing in a private setting that serves underserved populations;

- Establishes a scholarship program to help defray the education and training costs associated with obtaining

certification as an addiction counselor or with progressing to a higher level of certification;

- Adds 2 members to the advisory council that reviews program applications, which members include a representative of an organization representing substance use disorder treatment providers and a licensed or certified addiction counselor who has experience in rural health, safety net clinics, or health equity;
- Modifies program reporting requirements and requires annual reporting that coincides with required SMART Act reporting by the department; and
- Requires the general assembly to annually appropriate \$2.5 million from the marijuana tax cash fund to the primary care office to provide loan repayment for behavioral health care providers and candidates for licensure participating in the Colorado health service corps and to award scholarships to addiction counselors participating in the scholarship program.

Position Support

Comment

Bill: [SB18-040](#)

Title: Substance Use Disorder Harm Reduction

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (02/14/2018)

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

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

Official
Summary

Opioid and Other Substance Use Disorders Interim Study Committee. The bill:

- Specifies that hospitals may be used as clean syringe exchange sites (**section 1**);
- Provides civil immunity for participants of a clean syringe exchange program (**section 1**);
- Creates a supervised injection facility pilot program in the city and county of Denver and provides civil and criminal immunity for the approved supervised injection facility (**sections 2 through 4**);
- Allows school districts and nonpublic schools to develop a policy by which schools are allowed 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 5 through 11**); and

- Requires the commission on criminal and juvenile justice to study certain topics related to sentencing for opioid-related offenses (**section 12**).

Position Support

Comment

Bill: [SB18-049](#)

Title: Use Of Mobile Electronic Devices While Driving

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (01/24/2018)

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

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

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;
- Increases the penalty for minor drivers from \$50 per violation to \$300 per violation, to match the penalty that currently applies to adult drivers;

Official Summary

- Extends the existing prohibition of the use of wireless telephones to include all mobile electronic devices;
- Creates an exception to the prohibition of the use of mobile electronic devices for adult drivers who use a mobile electronic device through the use of a hands-free device;
- and
- Repeals a sentence enhancement for a violation that causes a bodily injury or death.

Position Monitor

Comment

Bill: [SB18-050](#)

Title: Free-standing Emergency Facility As Safe Haven

Status Governor Signed (03/07/2018)

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

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

Official Summary

The bill expands Colorado's safe haven laws to include staff members of free-standing emergency facilities as persons allowed to take temporary physical custody of infants 72 hours old or younger when the infant is voluntarily surrendered by its parent or parents.

Position Support
Comment

Bill: [SB18-058](#)

Title: Failure Report Child Abuse Statute Of Limitations
Status Senate Committee on State, Veterans, & Military Affairs Postpone
Indefinitely (02/14/2018)
Senate Sponsors [R. Fields](#) (D)
House Sponsors [T. Carver](#) (R)
Official The bill makes failure to report child abuse or neglect one of the
Summary crimes in which the statute of limitations begins to run upon discovery of
the criminal act or the delinquent act.

Position Monitor
Comment

Bill: [SB18-074](#)

Title: Designate Prader-Willi Syndrome Developmental Disability
Status Governor Signed (04/02/2018)
Senate Sponsors [N. Todd](#) (D)
House Sponsors [C. Hansen](#) (D)
Official Current law does not guarantee that an individual who has the
Summary genetic condition known as Prader-Willi syndrome will receive crucial
services and supports that are available for persons with intellectual and
developmental disabilities. The bill adds Prader-Willi syndrome to the
list of persons who have mandatory eligibility for services and supports
and also to the definition of an intellectual and developmental disability
for the purpose of receiving services and supports.

Position Monitor
Comment

Bill: [SB18-080](#)

Title: Wholesale Canadian Drug Importation Program
Status Senate Committee on State, Veterans, & Military Affairs Postpone
Indefinitely (02/05/2018)
Senate Sponsors [I. Aguilar](#) (D)
House Sponsors [S. Lontine](#) (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) must design a program to import prescription pharmaceuticals from Canada for sale to Colorado consumers. The program design must ensure both drug safety and cost savings for Colorado consumers. The department must 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 meeting the requirements of federal law to import Canadian pharmaceutical products.
If the secretary approves the program, the department must implement the program. The department must adopt a funding mechanism to cover the program's administrative costs, and the department must annually report on the program to the general assembly.

Position Monitor

Comment

Bill: [SB18-081](#)

Title: Emergency Medical Service Providers Licensing

Status Senate Committee on Business, Labor, & Technology Postpone Indefinitely (01/24/2018)

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

House Sponsors

Currently, regulation of an emergency medical service provider, including a paramedic, is referred to as certification. **Section 1** of the bill changes certification references to licensure.

Official Summary **Section 2** requires an emergency medical service provider applying for a new license or renewing, reinstating, or reactivating a license to comply with the Michael Skolnik Medical Transparency Act of 2010.

Sections 3 to 29 make conforming amendments.

Position Monitor

Comment

Bill: [SB18-082](#)

Title: Physician Noncompetes Exemption For Rare Disorder

Status Governor Signed (04/02/2018)

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

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

Official Summary An agreement among physicians may contain a covenant not to compete, under which a physician who leaves the group practice may be compelled to pay damages if he or she solicits patients who are former or prospective patients of the group practice. The bill makes an exception in the case of patients with a rare disorder, as determined in accordance with nationally recognized criteria, who would otherwise not have ready access to a physician with the necessary expertise to treat the disorder.

Position Monitor

Comment

Bill: [SB18-097](#)

Title: Concealed Handgun Carry With No Permit

Status House Committee on State, Veterans, & Military Affairs Postpone Indefinitely (03/21/2018)

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

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

Official Summary The bill allows a person who legally possesses a handgun under state and federal law to carry a concealed handgun in Colorado. A person who carries a concealed handgun under the authority created in the bill has the same carrying rights and is subject to the same limitations that apply to a person who holds a permit to carry a concealed handgun under current law, including the prohibition on the carrying of a concealed handgun on the grounds of a public elementary, middle, junior high, or high school.

Position Monitor

Comment

Bill: [SB18-113](#)

Title: Circle Substance Use Disorder Treatment Prog

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (02/07/2018)

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

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

Official Summary The bill formally establishes in statute the circle program, a 90-day inpatient treatment program for persons with co-occurring mental health and substance use disorders.

Position Monitor

Comment

Bill: [SB18-115](#)

Title: Apply Stark Laws To Medical Referrals Outside Medicaid
Status: Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (02/14/2018)

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

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

Current law prohibits a health care provider who receives reimbursement through the state's medical assistance program (Medicaid) from making referrals for medical services to an entity owned or controlled by the provider or an immediate family member of the provider. The bill extends this prohibition to include all health care providers, not only those who receive reimbursement through Medicaid. **Sections 2 and 3** of the bill make the prohibited referrals a deceptive trade practice under the Colorado Consumer Protection Act, entitling any person harmed by the violator's conduct to damages, including treble damages in a case involving bad-faith conduct. In addition to these private remedies, the Colorado attorney general is authorized to seek injunctions and civil penalties, require reimbursement of charges collected, and refer violators for investigation of insurance fraud. **Section 4** allows insurers to withhold payment of questionable charges pending investigation pursuant to the prompt payment statute.

Official
Summary

Position: Oppose

Comment

Bill: [SB18-130](#)

Title: Repeal Carrier Reporting Requirements To Division Of Insurance
Status: House Committee on Health, Insurance, & Environment Postpone Indefinitely (04/12/2018)

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

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

Current law requires health insurance carriers to report to the division of insurance a list of average reimbursement rates for the average inpatient day or the average reimbursement rate for the 25 most common inpatient procedures. The bill repeals this requirement.

Official
Summary

Position: Monitor

Comment

Bill: [SB18-132](#)

Title: 1332 State Waiver Catastrophic Health Plans

Status Sent to the Governor (04/26/2018)

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

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

Official Summary The bill requires the commissioner of insurance to apply to the secretary of the United States department of health and human services for a 5-year waiver of the federal law restricting catastrophic health plans offered through the Colorado health benefit exchange. The waiver, if approved, would permit the offering of catastrophic health plans to any individual residing in Colorado rather than only individuals under the age of 30 or meeting a hardship requirement. If the waiver is denied, the statutory section is repealed.

Position Monitor

Comment

Bill: [SB18-146](#)

Title: Freestanding Emergency Departments Required Consumer Notices

Status Governor Signed (04/25/2018)

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

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

Official Summary The bill requires a freestanding emergency department (FSED), whether operated by a hospital at a separate, off-campus location or operating independently of a hospital system, to provide any individual that enters the FSED seeking treatment a written statement of patient's rights, which an FSED staff member or health care provider must explain orally and which must indicate that:

- The FSED will screen and treat the individual regardless of ability to pay;
- The individual has a right to ask questions about treatment options and costs and to receive prompt and reasonable responses;
- The individual has a right to reject treatment;
- The FSED encourages the individual to defer questions until after being screened for an emergency medical condition; and
- The facility is an emergency medical facility that treats emergency medical conditions, and, for FSEDs that do not include an urgent care clinic on site, that the facility is not

an urgent care center or primary care provider.

Additionally, a FSED must post a sign specifying:

- Whether the facility accepts patients enrolled in Medicaid, Medicare, the children's basic health plan, or TRICARE;
- The particular health insurance plans in which the FSED is a participating provider or that the FSED is not a participating provider in any plan networks; and
- The price listed on the FSED's chargemaster or other fee schedule for the 25 most common health care services it provides.

After conducting an initial screening and determining that a patient does not have an emergency medical condition, the FSED must provide the patient a written disclosure that includes the information posted on the sign, as well as the following:

- The price listed on the FSED's chargemaster or other fee schedule for the facility fees associated with the 25 most common health care services the FSED provides;
- A statement specifying that the price listed on the chargemaster or fee schedule for any given health care service is the maximum charge that any patient will be billed and that the actual charge for a health care service may be lower based on health insurance benefits and the availability of discounts and financial assistance;
- A statement urging a person covered by health insurance to contact his or her health insurer for information about his or her financial responsibility and a person who is uninsured to contact the FSED's financial services office to discuss payment options and the availability of financial assistance prior to receiving nonemergency health care services;
- Information about the facility fees that the FSED charges; and
- The FSED's website address where the disclosure may be located.

The FSED must also post the information in the written disclosure on its website and update the written and web-based disclosure at least once every 6 months. Additionally, the FSED must provide all information in a clear and understandable manner and in languages appropriate to the communities and patients it serves.

The state board of health is authorized to adopt rules to implement and enforce the requirements of the bill.

Position

Amend

Comment

Bill: [SB18-149](#)

Title: Records Of Denver Health And Hospital Authority

Status Governor Signed (04/23/2018)

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

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

[M. Gray](#) (D)

Official Summary Currently, all records of the Denver health and hospital authority (authority) are subject to the open records law. The bill specifies that certain reports, statements, agreements, bonds, guidelines, manuals, handbooks, and accounts of the authority are public records. The bill also specifies that the content of an electronic medical record system and individual medical records or medical information are not public records, and that certain writings and other records concerning the modification, initiation, or cessation of patient care and authority health care programs or initiatives are not public records under certain circumstances.

Position Monitor

Comment

Bill: [SB18-153](#)

Title: Behavioral Health Care Related To Suicide Ideation

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (02/14/2018)

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

House Sponsors

Official Summary The department is required to study and address gaps in suicide prevention issues and to collaborate with other offices and the community to evaluate best practices for suicide prevention and intervention and opioid abuse issues. The department is required to report findings to the general assembly. The bill requires the department of public health and environment (department) to work with Colorado hospitals to evaluate the Colorado suicide prevention plan. The department is also required to develop a health authorization release form to improve communication between behavioral health professionals regarding the person giving consent. A health care facility is required to have a plan for individuals transitioning from inpatient to outpatient care.

Position Monitor

Comment

Bill: [SB18-155](#)

Title: Hospital Community Benefits Reporting Requirements

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (02/14/2018)

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

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

Official Summary The bill requires hospitals, other than critical access hospitals, that are exempt from state or local taxes to report information about the tax benefits they receive and the community benefits they provide. The bill creates a hospital community benefits advisory council within the department of health care policy and financing to accept and analyze hospital reports. The executive director of the department is required to adopt rules, in consultation with the advisory council, specifying when hospitals are to submit the reports, the form and manner of reporting the required data, the categories of community benefits they provide and the services that constitute a community benefit, and related matters. Upon analyzing hospital data, the advisory council is to:

- Make recommendations to the executive director regarding any modifications needed to the hospital reporting requirements as specified in rules; and
- Provide annual reports to specified legislative committees regarding the hospital data and any legislative recommendations.

The advisory council and hospital reporting requirements are subject to sunset review in 2021, with repeal of the advisory council and hospital reporting requirements scheduled for September 1, 2022.

Position Monitor

Comment

Bill: [SB18-161](#)

Title: Repeal Behavioral Health Transformation Council

Status Governor Signed (04/12/2018)

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

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

Official Summary The bill repeals the behavioral health transformation council (council). **Section 1** of the bill repeals the council, and **section 2** repeals the automatic termination date of the council pursuant to the sunset law. **Sections 3 to 6** make conforming amendments.

Position Monitor

Comment

Bill: [SB18-168](#)

Title:	Medication-assisted Treatment Through Pharmacies
Status	Senate Committee on Business, Labor, & Technology Postpone Indefinitely (04/30/2018)
Senate Sponsors	J. Tate (R)
House Sponsors	
	The bill requires extended-release opioid antagonists for use in medication-assisted treatment to be included as a pharmacy benefit under the medical assistance program.
Official Summary	The bill permits a pharmacist who has entered into a collaborative pharmacy practice agreement with one or more prescribers to administer injectable medication-assisted treatment for substance use disorders and receive an enhanced dispensing fee under the Colorado medical assistance program for the administration.
Position	Monitor
Comment	

Bill: [SB18-223](#)

Title:	Autopsy Reports Death Of A Minor
Status	House Committee on Judiciary Refer Amended to House Committee of the Whole (05/03/2018)
Senate Sponsors	R. Gardner (R)
House Sponsors	T. Carver (R) M. Gray (D)
	The bill specifies that an autopsy report prepared in connection with the death of a minor is confidential and may be disclosed by the county coroner to any other person or entity only in accordance with certain exceptions.
	Under the bill, the coroner or his or her designee may only provide a copy of the autopsy report prepared in connection with the death of a minor to:
Official Summary	<ul style="list-style-type: none">• A parent or legal guardian of the deceased if the parent or legal guardian submits a copy of a written request to the coroner for a copy of the report in addition to an affidavit, signed by the parent or legal guardian under the penalty of perjury, verifying his or her relationship to the decedent;• A law enforcement or criminal justice agency, including a district attorney, that is either investigating the death or prosecuting a criminal violation arising out of the death upon the request of the law enforcement or criminal justice agency;

- A requesting party in a civil case where the moving party demonstrates to the court that the autopsy report is discoverable in accordance with the Colorado rules of civil procedure, upon the entry of a specific order of the court authorizing disclosure of the autopsy report, and in accordance with any protective order necessary to limit disclosure of the identity of the deceased and other identifying personal information;
- Counsel for the defendant or the respondent for discovery purposes in a criminal case upon the entry of a specific order of the court authorizing disclosure of the autopsy report in accordance with the relevant rules of criminal procedure;
- A law enforcement agency that is investigating the death upon the request of the law enforcement agency;
- A local or regional child fatality prevention review team upon the request of the review team; or
- The Colorado department of public health and environment as necessary for the collection of data in accordance with the Colorado violent death reporting system.

Position Monitor

Comment

Bill: [SB18-234](#)

Title: Human Remains Disposition Sale Businesses

Status House Committee on Appropriations Refer Amended to House Committee of the Whole (05/04/2018)

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

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

Official Summary The bill makes it unlawful under the Mortuary Science Code for a person to own more than a 10% indirect interest in a funeral establishment or crematory while simultaneously owning interest in a nontransplant tissue bank. The bill prohibits an entity from profiting from the transfer, sale, storage, or leasing of human remains.

Position Monitor

Comment

Bill: [SB18-236](#)

Title: Least Restrictive Regulation Professions And Occupations

Status: House Committee on State, Veterans, & Military Affairs Postpone Indefinitely (05/03/2018)

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

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

Official Summary: Current law requires the department of regulatory agencies (department) 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 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.

Position: Monitor

Comment:

Bill: [SB18-237](#)

Title: Out-of-network Providers Carriers Required Notices

Status: Senate Committee on Health & Human Services Postpone Indefinitely (04/18/2018)

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

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

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

The bill specifies that the in-network benefit level also applies to emergency services provided to a covered person by an out-of-network provider or at an out-of-network facility.

The bill also requires health care facilities, providers, and health insurers to provide disclosures to consumers about the potential effects of receiving nonemergency services from an out-of-network provider or emergency services at an out-of-network facility. The commissioner of insurance, the director of the division of professions and occupations, and the state board of health are directed to adopt rules detailing the disclosure requirements imposed on carriers, providers, and health facilities.

Additionally, if a covered person receives nonemergency services

provided by an out-of-network provider at an in-network facility or emergency services provided by an out-of-network provider or at an out-of-network facility and pays the out-of-network provider or facility an amount in excess of the required cost-sharing amount, the out-of-network provider or facility must refund the overpayment and must pay interest on the overpayment if the provider or facility fails to timely refund the overpayment.

Position Monitor

Comment

Bill: [SB18-261](#)

Title: Medical Marijuana Condition Opiates Prescribed For

Status Senate Third Reading Lost - No Amendments (04/30/2018)

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

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

Official Summary The bill adds a condition for which a physician could prescribe an opiate for pain to the list of disabling medical conditions that authorize a person to use medical marijuana for his or her condition.

Position Monitor

Comment

Bill: [SB18-266](#)

Title: Controlling Medicaid Costs

Status Senate Considered House Amendments - Result was to Concur - Repass (05/03/2018)

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

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

Official Summary **Joint Budget Committee.** The bill directs the department of health care policy and financing (department) to provide information to providers participating in the accountable care collaborative regarding:

- Cost and quality of medical services provided by hospitals and other Medicaid providers; and
- Cost and quality of available pharmaceuticals prescribed by Medicaid providers.

The department may make the same information available to other Medicaid providers.

The department shall automatically review claims to identify and correct improper coding prior to payment and may obtain commercial

technology to conduct the reviews.

The department is authorized to pursue cost-control strategies, value-based payments, and other approaches to reduce the rate of expenditure growth in the Medicaid program. The department shall allow

recipients, providers, and stakeholders an opportunity to comment and shall report to the joint budget committee prior to implementing any strategies or measures. The department is required to contract for an independent evaluation of any measures pursued and to provide reports to the joint budget committee on the evaluations.

Subject to federal approval, the department is also directed to design and implement an evidence-based hospital review program to ensure that utilization of hospital services is based on a recipient's need for care. Prior to implementing any changes, the department shall allow recipients, providers, and stakeholders an opportunity to comment and shall report to the joint budget committee. The department shall also report to the joint budget committee on the estimated savings from the changes.

Position Monitor

Comment

Bill: [SB18-270](#)

Title: Behavioral Health Crisis Transition Referral Program

Status Senate Second Reading Special Order - Passed with Amendments - Committee (05/03/2018)

Senate Sponsors [C. Jahn](#) (D)
[T. Neville](#) (R)

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

Official Summary The bill establishes the community transition specialist program (program) in the office of behavioral health (office) in the department of human services (department). The program coordinates referrals of high-risk individuals to transition specialists by certain behavioral health facilities and programs. High-risk individuals are under an emergency or involuntary hold, have a significant mental health or substance use disorder, and are not in consistent behavioral health treatment. Transition specialists provide services related to housing, program placement, access to behavioral health treatment or benefits, advocacy, and other supportive services. The department is required to adopt rules to implement the program. The bill requires the office to collect data and make recommendations to the department, and the department is required to include program information in the department's annual SMART act report.

Position Monitor
Comment

Bill: [SB18-278](#)

Title: Increase Penalty For First Responder Assaults

Status Senate Committee on Appropriations Refer Amended to Senate Committee of the Whole (05/02/2018)

Senate Sponsors [K. Priola](#) (R)
[B. Martinez Humenik](#) (R)

House Sponsors

Official Summary The bill increases the penalty level for a second degree on a peace officer or firefighter by one class.

Position Monitor

Comment