

MEMORANDUM

TO: Barbara Burgess
Dave Friedenson, MD
Eric Olsen, MD
Andy French, MD

FROM: Suzanne Hamilton

DATE: May 4, 2016

RE: Weekly Legislative Report

No new bills this week.

HOUSE BILLS

Bill: [HB16-1007](#)

Title: Offenses Against Unborn Children

Status: House Committee on Business Affairs and Labor Postpone Indefinitely (02/11/2016)

Senate Sponsors

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

Official Summary: The bill provides that, if the commission of any crime codified in the criminal code or traffic code is the proximate cause of death or injury to an unborn member of the species homo sapiens, the prosecuting attorney, in charging the underlying offense, may also charge the homicide or assault offense that is appropriate to the death or injury.

Position: Monitor

Comment:

Bill: [HB16-1015](#)

Title: Contingent Repeal Health Insurance Laws Aligning With ACA

Status: House Committee on State, Veterans, & Military Affairs Postpone Indefinitely (02/03/2016)

Senate Sponsors

House Sponsors: [G. Klingenschmitt](#) (R)

Official Summary: In 2013, the general assembly enacted House Bill 13-1266 to align state health insurance laws with the requirements of the federal Patient Protection and Affordable Care Act (ACA). The bill adds an automatic

repeal to the following provisions in the state health insurance laws that is triggered if the comparable federal law requirement under the ACA is repealed by congress and approved by the president:

- The requirement that carriers offer health benefit plans that cover an essential health benefits package with bronze, silver, gold, and platinum levels of coverage;
 - The requirement that dependent coverage under a health plan be available to a child under 26 years of age, regardless of dependency or marital status;
 - The requirement that carriers issue or renew a plan to any eligible individual or small employer that agrees to pay the required premiums;
 - The requirements regarding open and special enrollment periods;
 - The prohibition against discriminating with respect to participation under the plan or coverage by any provider acting within the scope of his or her license;
 - The requirement to offer continuation coverage to an employee who is no longer employed by the employer through whom the employee was covered under a health benefit plan;
 - Fair market standards;
 - Procedures for denial of benefits and internal reviews;
 - The prohibition against preexisting condition exclusions;
- and
- The requirements pertaining to grace periods for a newly insured individual to pay premiums for coverage.

Position Monitor

Comment

Bill: [HB16-1034](#)

Title: Emergency Medical Responder Registration Program

Status Passed Senate on Second Reading

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

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

Official
Summary

Current law gives oversight of first responders to the department of public safety. The bill changes the name of first responders to emergency medical responders and creates a registration program for the emergency medical responders in the department of public health and environment (department). The bill requires the department to administer the registration program beginning July 1, 2017, and authorizes the

department to promulgate rules to administer the program. The department is authorized to grant a provisional registration certification for up to 90 days prior to an applicant receiving registration. The department is also authorized to promulgate rules concerning the recognition of training programs and continued competency requirements for emergency medical responders. The department is authorized to investigate complaints against emergency medical responders and to take disciplinary action against emergency medical responders.

Position Monitor

Comment

Bill: [HB16-1040](#)

Title: Auxiliary Emergency Communications

Status House Committee on Local Government Refer Amended to Appropriations (02/11/2016)

Senate Sponsors [C. Holbert](#) (R)

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

Official
Summary

Wildfire Matters Review Committee. Section 1 of the bill contains a nonstatutory legislative declaration.

Section 2 of the bill creates the auxiliary emergency communications unit (unit) within the office of emergency management (office) within the division of homeland security and emergency management in the department of public safety. The unit is in the charge of the director of the office. This section specifies the unit's powers and duties and additionally specifies the powers and duties of the director of the office in connection with the powers and duties of the unit.

Sections 3 through 7 of the bill make modifications to existing statutory provisions governing compensation benefits to volunteer civil defense workers. Specifically:

- Section 3 of the bill expands the definition of emergency volunteer service to include activities undertaken during a training exercise, drill, or class conducted in preparation for a disaster if the exercise, drill, or class is organized or under the direction of the county sheriff, local government, local emergency planning committee, or state agency;
- Section 4 of the bill specifies that any credentialed member of the unit is a qualified volunteer and is eligible to receive accompanying protections and benefits under existing statutory provisions;
- Section 5 of the bill includes the amateur radio emergency

service as a specified volunteer organization authorized to provide emergency services to state and local agencies. This section of the bill also specifies that the amateur radio emergency service is a qualified volunteer.

- Section 6 of the bill expands the activities for which a qualified volunteer may be called to service to include a training exercise, drill, or class conducted in preparation for a disaster if the exercise, drill, or class is organized or under the direction of the county sheriff, local government, local emergency planning committee, or state agency. The statutory provisions protecting qualified volunteers do not apply to a training exercise, drill, or class without the express prior consent and approval of the volunteer's employer.

- Section 7 of the bill expands the list of activities used to verify that a qualified volunteer provided volunteer services to include an organized training exercise, drill, or class.

Section 8 of the bill increases the size of the public safety communications subcommittee to the homeland security and all-hazards senior advisory committee from 23 to 24 members and makes the section

emergency coordinator for the amateur radio emergency service of the Colorado section of the amateur radio relay league or his or her designee a standing member of the subcommittee.

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Position Monitor

Comment

Bill: [HB16-1047](#)

Title: Interstate Medical Licensure Compact

Status Senate Committee on Health & Human Services Refer Amended to Finance (04/21/2016)

Senate Sponsors [L. Newell](#) (D)
[E. Roberts](#) (R)

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

Official Summary The bill enacts and authorizes the governor to enter into an interstate compact with other states to recognize and allow physicians licensed in a compact member state to obtain an expedited license, enabling them to practice medicine in Colorado or another member state.

Position Support

Comment

Bill: [HB16-1054](#)

Title: End-of-life Options For Terminally Ill Individuals

Status House Second Reading Laid Over to 6/1/2016 - No Amendments
(02/24/2016)

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

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

Official
Summary

The bill enacts the Colorado End-of-life Options Act (act), which authorizes an individual with a terminal illness to request, and the individual's attending physician to prescribe to the individual, medication

to hasten the individual's death. To be qualified to request aid-in-dying medication, an individual must be a capable adult resident of Colorado who has a terminal illness and has voluntarily expressed the wish to receive a prescription for aid-in-dying medication by making 2 oral requests and a written request to his or her attending physician. An individual who requests aid-in-dying medication may rescind the request

at any time, regardless of his or her mental state.

The act outlines the responsibilities of the attending physician, including:

- Determining whether the requesting individual has a terminal illness, is capable of making an informed decision, and is making the request for aid-in-dying medication voluntarily;
- Requesting the individual to demonstrate proof of Colorado residency;
- Referring the individual to a consulting physician to confirm that the individual is qualified to request aid-in-dying medication;
- Providing full disclosures to ensure that the individual is making an informed decision; and
- Informing the individual of the right to rescind the request at any time.

An attending physician cannot write a prescription for aid-in-dying medication unless at least 2 health care providers determine that the individual is capable of making an informed decision. The attending or consulting physician is to refer the individual to a licensed mental health professional if he or she believes the individual's ability to make an informed decision is compromised. The attending physician cannot

write
a prescription unless the mental health professional communicates, in writing, that the individual is capable.
The bill grants immunity from civil and criminal liability and from professional discipline to a person who participates in good faith under the act. The bill also specifies that actions taken in accordance with the act do not constitute suicide, assisted suicide, mercy killing, homicide, or elder abuse.
A health care provider is not obligated to prescribe aid-in-dying medication, and a health care facility may prohibit a physician from writing a prescription for a resident of the facility who intends to use aid-in-dying medication on the facility's premises.
A person commits a class 2 felony if the person purposely or knowingly:

- Alters or forges an aid-in-dying medication request without the terminally ill individual's authorization;
- Conceals or destroys a rescission of a request for aid-in-dying medication; or
- Coerces or exerts undue influence to get a terminally ill individual to request, or to destroy a rescission of a request for, aid-in-dying medication.

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Position Monitor

Comment

Bill: [HB16-1062](#)

Title: Limitation On Mental Health Disciplinary Actions

Status House Committee on Judiciary Postpone Indefinitely (02/02/2016)

Senate Sponsors

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

Official Summary The bill requires that any complaint filed with the division of professions and occupations in the department of regulatory agencies against a mental health professional alleging a maintenance of records violation must be commenced within 7 years after the alleged act or failure to act giving rise to the complaint.

Position Monitor

Comment

Bill: [HB16-1063](#)

Title:	Mental Health Professional Disclosure School Safety
Status	Senate Third Reading Passed - No Amendments (04/06/2016)
Senate Sponsors	B. Cadman (R) M. Scheffel (R)
House Sponsors	C. Duran (D) M. Foote (D)
Official Summary	<p>Except under limited circumstances, current law prohibits a licensed, registered, or certified mental health professional from disclosing, without the client's consent, confidential communications made by, or advice given to, the client in the course of the professional relationship.</p> <p>The bill grants an exception to the prohibition against disclosure when the mental health professional's client either:</p> <ul style="list-style-type: none"> • Makes a direct threat against a school or its occupants; or • Exhibits behavior that, in the mental health professional's reasonable judgment, creates a dangerous environment in a school that may jeopardize the safety or well being of students, faculty, staff, parents, or the general public. <p>The mental health professional must limit the disclosure to appropriate school district personnel and maintain confidentiality of the disclosure.</p> <p>A mental health professional is not liable for disclosing or failing to disclose a confidential communication, except to the extent the mental health professional has a duty under current law to warn and protect.</p>
Position	Monitor
Comment	

Bill: [HB16-1065](#)

Title:	Income Tax Credit For Home Health Care
Status	House Committee on Finance Postpone Indefinitely (02/24/2016)
Senate Sponsors	
House Sponsors	K. Conti (R)
Official Summary	<p>The bill creates an income tax credit to assist a qualifying senior with seeking health care in his or her home. In the first 2-years, the tax credit is for a percentage of the costs incurred by the qualifying senior for</p> <p>home modifications in each income tax year. In the next 2-years, the tax credit is for a percentage of the costs incurred by the qualifying senior for</p>

home modifications or home health care services in each income tax year.

In the following 2-years, the tax credit is for a percentage of the costs incurred by the qualifying senior for home modifications, home health care services, durable medical equipment, or telehealth equipment in each income tax year. In each year the income tax credit is subject to a maximum amount.

The bill also specifies that if the revenue estimate prepared by the staff of the legislative council in December 2015 and each December thereafter indicates that the amount of the total general fund revenues, including the impact of the tax credit allowed in this bill and including the impact of any other tax expenditures that have the same trigger, for that particular fiscal year will not be sufficient to grow the total state general fund appropriations by 6% over such appropriations for the previous fiscal year, then the credit is not allowed for any income tax year commencing during the calendar year following the year in which the estimate is prepared; except that any taxpayer who would have been eligible to claim a credit in the income tax year in which the credit is not allowed is allowed to claim the credit earned in such income tax year in the next income tax year in which the estimate indicates that the amount of the total general fund revenues will be sufficient to grow the total state general fund appropriations by 6% over such appropriations for the previous fiscal year.

Position Monitor

Comment

Bill: [HB16-1068](#)

Title: Regulation Of Methadone Treatment Facilities

Status House Committee on State, Veterans, & Military Affairs Postpone Indefinitely (01/27/2016)

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

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

Official
Summary

Current law requires the unit within the department of human services that administers behavioral health programs and services (unit) to establish standards for facilities that treat drug abusers or dispense controlled substances to drug abusers. The bill requires additional standards for methadone treatment facilities, including minimum distances for such facilities from schools, colleges, and residential child care facilities and a disclosure of infractions by the owner of the facility,

its holding company, or other facilities under the holding company. If infractions are disclosed, the unit shall determine whether the public interest requires denial of an application or other remedial action. The bill also specifies that a methadone treatment facility is not a medical clinic for zoning purposes.

Position Monitor

Comment

Bill: [HB16-1080](#)

Title: Assault By Strangulation

Status Senate Committee on Judiciary Refer Amended to Senate Committee of the Whole (04/27/2016)

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

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

Official Summary The bill adds intentionally causing serious bodily injury through strangulation as a means of committing the crime of first degree assault and intentionally causing bodily injury through strangulation as a means of committing second degree assault. The bill designates the new means of second degree assault as an extraordinary risk crime increasing the maximum presumptive sentence range.

Position Support

Comment

Bill: [HB16-1095](#)

Title: Health Insurance For Prescription Eye Drop Refills

Status Governor Signed (03/09/2016)

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

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

Official Summary The bill requires health benefit plans, except for supplemental policies, to provide coverage for the renewal of prescription eye drops if:

- The renewal is requested within a specified amount of time, depending on how many days the prescription is for; and
- The original prescription states that additional quantities are needed and the renewal does not exceed the number of quantities needed.

The bill also requires coverage for an additional bottle of prescription eye drops if the bottle is requested at the time of the original prescription and the bottle is needed for use in a day care center or school.

Position Monitor

Comment

Bill: [HB16-1101](#)

Title: Medical Decisions For Unrepresented Patients

Status Senate Third Reading Passed - No Amendments (04/25/2016)

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

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

Official
Summary

An attending physician or his or her designee (physician) may make health care treatment decisions as a patient's proxy decision-maker if:

- After making reasonable efforts, the physician cannot locate any interested persons, or none of the interested persons are willing and able to serve as proxy decision-maker;

- The attending physician has obtained an independent assessment of decisional capacity by another health care provider; and

- The physician has consulted with and obtained an agreement with the medical ethics committee of the health care facility where the patient is receiving care. If the health care facility does not have a medical ethics committee, the facility shall refer the physician to a party that can provide consultation and recommendations.

The authority of the physician to act as proxy decision-maker terminates in the event an interested person is willing to serve as proxy decision-maker or a guardian is appointed.

When acting in good faith as the proxy decision-maker, an attending physician or his or her designee is not subject to civil or criminal liability or regulatory sanction.

Position Monitor

Comment

Bill: [HB16-1102](#)

Title: Drug Production Costs Transparency Requirements

Status House Committee on Health, Insurance, & Environment Postpone

Indefinitely (03/10/2016)

Senate Sponsors [L. Newell](#) (D)
[E. Roberts](#) (R)

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

The bill requires a drug manufacturer that produces a prescription drug made available in Colorado and for which the wholesale acquisition cost equals or exceeds \$50,000 per year or per course of treatment to submit a report to the Colorado commission on affordable health care (commission) detailing the production costs for the drug. The report is to include:

- Costs for research and development;
- Clinical trials and regulatory costs;
- Costs for materials, manufacturing, and administration attributable to the drug;
- Costs paid by another entity, including grants, subsidies, or other support;
- Acquisition costs, including patents and licensing costs;
- Marketing and advertising costs.

Official
Summary

Additionally, a manufacturer must report the cumulative annual history of increases in the average wholesale price and wholesale acquisition cost of the drug, the total company profits attributable to the drug, and the total amount of financial assistance the manufacturer has provided through patient prescription assistance programs.

Manufacturers must submit the report to the commission by August 1, 2016.

By June 1, 2016, the commission must develop a form for manufacturers to use to submit the report. Additionally, the commission is to submit a report to the general assembly by December 1, 2016, that outlines the information reported by drug manufacturers and contains any recommendations the commission may have regarding legislative, administrative, or other policy changes based on the data received from drug manufacturers.

Position Monitor

Comment

Bill: [HB16-1103](#)

Title: License Pathways For Mental Health Workforce

Status Governor Signed (04/15/2016)

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

	B. Martinez Humenik (R)
House Sponsors	T. Kraft-Tharp (D) L. Landgraf (R)
Official Summary	<p>The bill clarifies that licensed psychologists, licensed clinical social workers, licensed marriage and family therapists, and licensed professional counselors (occupations collectively referred to as mental health professions); candidates for licensure in a mental health profession, including licensed social workers; and individuals enrolled in</p> <p>an appropriate professional program of study for a mental health profession at an approved school or college may register with the database of registered psychotherapists; however, if they do register with</p> <p>such database, the hours accrued will not count toward licensure requirements. The bill also clarifies that a candidate in a mental health profession, including a licensed social worker, need only have completed</p> <p>his or her degree to satisfy the educational component of the licensing process.</p> <p>The individual boards for the mental health professions are authorized to promulgate rules related to the requirements for hours accrued toward licensure.</p>
Position	Monitor
Comment	
Bill:	HB16-1110
Title:	Parent's Bill Of Rights
Status	House Committee on State, Veterans, & Military Affairs Postpone Indefinitely (03/28/2016)
Senate Sponsors	T. Neville (R)
House Sponsors	P. Neville (R)
Official Summary	<p>The bill establishes a liberty interest and fundamental right for parents in the care, custody, and control of a parent's child, restricting governmental entities from infringing on such interests and rights without</p> <p>demonstrating a compelling governmental interest that cannot be accomplished through less restrictive means.</p>
Position	Monitor
Comment	

Bill: [HB16-1113](#)

Title: Protect Human Life At Conception

Status House Committee on Health, Insurance, & Environment Postpone Indefinitely (02/11/2016)

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

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

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

- A licensed physician performs a medical procedure designed or intended to prevent the death of a pregnant mother, if the physician makes reasonable medical efforts under the circumstances to preserve both the life of the mother and the life of her unborn child in a manner consistent with conventional medical practice; and
- A licensed physician provides medical treatment 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 termination of the life of an unborn child prohibition constitutes unprofessional conduct for purposes of physician licensing.

Position Monitor

Comment

Bill: [HB16-1137](#)

Title: Nicotine Products Warning Label

Status House Committee on Health, Insurance, & Environment Postpone Indefinitely (02/11/2016)

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

House Sponsors [G. Klingenschmitt](#) (R)

Official Summary The bill requires any packaged nicotine product that does not contain tobacco and is offered for sale in this state on or after January 1, 2017, to have a conspicuously placed warning label on the package stating that the product contains addictive nicotine. The labeling requirement expressly applies to nicotine-containing dissolvables, lotions,

gels, and drinks and to liquid nicotine and nicotine-containing e-liquids that are used with electronic nicotine delivery systems such as electronic cigarettes.

The penalty scheme for violations of the warning label requirement is the same as for violations of the prohibition against selling nicotine products to a minor.

Position Monitor

Comment

Bill: [HB16-1146](#)

Title: Born Alive Infant Protection Act

Status House Committee on State, Veterans, & Military Affairs Postpone Indefinitely (02/29/2016)

Senate Sponsors

House Sponsors [L. Landgraf](#) (R)
[L. Sias](#) (R)

Official Summary The bill defines, for the purposes of all statutes, child, human being, individual, and person as every infant human being who is born alive at any stage of development. The bill defines born alive as, with respect to a human being, the complete expulsion or extraction from its mother a member of the species homo sapiens, at any stage of development, who after such expulsion or extraction breathes or has a beating heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, regardless of whether the umbilical cord has been cut and regardless of whether the expulsion or extraction occurs as a result of natural or induced labor, cesarean section, or induced abortion.

Position Monitor

Comment

Bill: [HB16-1148](#)

Title: Health Benefit Exchange Rules and Policies

Status Governor Signed (03/22/2016)

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

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

Official Summary The bill gives the health insurance exchange oversight committee (committee) oversight over rules and policies proposed by the health

benefit exchange that affect bidding and awarding contracts, carrier and regulating carrier participation, regulating broker participation and compensation, interacting with other state agencies, managing and compensating the assistance network, or the handling of any type of appeal. The exchange is required to hold a public meeting for a proposed rule or policy and allow for public participation and comment. A committee member may request that the exchange present a rule or policy to the committee, and the committee may repeal the rule or policy by a majority vote. The committee has the authority to review rules and policies implemented and contracts entered into on or after January 1, 2015.

Position Monitor

Comment

Bill: [HB16-1150](#)

Title: Counties Prohibit Underage Nicotine Possession

Status House Committee on Local Government Refer Amended to House Committee of the Whole (02/17/2016)

Senate Sponsors

House Sponsors [K. Conti](#) (R)

Official Summary The bill clarifies that a county may enact an ordinance or resolution prohibiting a person who is under 18 years of age from possessing cigarettes, tobacco products, or nicotine products.

Position Monitor

Comment

Bill: [HB16-1157](#)

Title: Sunset Review Skolnik Medical Transparency Act

Status Governor Signed (04/14/2016)

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

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

Official Summary **Sunset Process - House Business Affairs and Labor Committee.** In accordance with the recommendation of the department of regulatory agencies contained in its sunset review, the bill establishes a separate, periodic sunset review for the health care professions profile

program, established in the Michael Skolnik Medical Transparency Act of 2010. The initial sunset review will occur in 2020, with a termination date of September 1, 2021, if the program is not extended.

Position Monitor

Comment

Bill: [HB16-1160](#)

Title: Sunset Surgical Assistants Surgical Technicians

Status Senate Committee on Finance Refer Unamended to Appropriations
(04/21/2016)

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

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

Official **Sunset Process - House Health, Insurance, and Environment**
Summary **Committee.** The bill continues the requirement that surgical technicians and surgical assistants register with the director of the division of professions and occupations in the department of regulatory agencies.

Position Monitor

Comment

Bill: [HB16-1164](#)

Title: Transfer Immunization Exemption Duties To CDPHE

Status House Second Reading Laid Over to 06/01/2016 - No Amendments
(04/25/2016)

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

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

Official Under current law, parents or students seeking an exemption from
Summary immunization requirements are to submit the required documentation in support of the exemption to the student's school.
The bill will require parents or students to submit the documentation to the department of public health and environment instead of the school. The department is responsible for determining the form by which the exemption is to be submitted and for posting on its website exemption rates for each school.

Position Monitor

Comment

Bill: [HB16-1168](#)

Title: Sunset Rural Alcohol & Substance Abuse Treatment Program

Status: Governor Signed (04/14/2016)

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

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

Official Summary: **Sunset Process - House Public Health Care and Human Services Committee.** The bill extends the rural alcohol and substance abuse prevention and treatment program (program) through September 1, 2025.

Position: Monitor

Comment:

Bill: [HB16-1180](#)

Title: Free Exercise Of Religion

Status: House Committee on State, Veterans, & Military Affairs Postpone Indefinitely (03/16/2016)

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

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

Official Summary: The bill:

- Specifies that no state action may burden a person's exercise of religion, even if the burden results from a rule of general applicability, unless it is demonstrated that applying the burden to a person's exercise of religion is essential to further a compelling governmental interest and the least restrictive means of furthering that compelling governmental interest;
- Defines exercise of religion as the practice or observance of religion. The bill specifies that exercise of religion includes the ability to act or refuse to act in a manner substantially motivated by a person's sincerely held religious beliefs, whether or not the exercise is compulsory or central to a larger system of religious belief; except that it does not include the ability to act or refuse to act based on race or ethnicity.
- Provides a claim or defense to a person whose exercise of religion is burdened by state action; and
- Specifies that nothing in the bill creates any rights by an

employee against an employer unless the employer is a government employer.

Position Monitor

Comment

Bill: [HB16-1200](#)

Title: AG Authority Over Fetal Tissue Transfers

Status House Committee on State, Veterans, & Military Affairs Postpone Indefinitely (04/04/2016)

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

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

Official Summary Under current law, it is unlawful to transfer fetal tissue from an induced termination of pregnancy for valuable consideration to an institution that conducts fetal tissue research. The department of public health and environment and state registrar are tasked with enforcement of the prohibition. The bill gives the attorney general the authority to investigation violations and punish any violation.

Position Monitor

Comment

Bill: [HB16-1201](#)

Title: Health Professionals Companion Animals

Status House Committee on Health, Insurance, & Environment Postpone Indefinitely (03/03/2016)

Senate Sponsors

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

Official Summary The bill requires the following medical professionals, when approached by a patient seeking a companion or emotional support animal, to make a finding regarding whether the patient has a disability or a finding that there is insufficient evidence to make a disability determination:

- Physicians, physician assistants, and anesthesiologist assistants (**section 1** of the bill);
- Nurses (**section 2**); and
- Psychologists, social workers, clinical social workers, marriage and family therapists, licensed professional counselors, and addiction counselors (**section 3**).

Position Monitor

Comment

Bill: [HB16-1203](#)

Title: Women's Health Protection Act

Status House Committee on Health, Insurance, & Environment Postpone Indefinitely (04/07/2016)

Senate Sponsors

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

Official
Summary

The bill requires all abortion clinics to be licensed by the attorney general. Licensure is valid for one year. Prior to licensure or relicensure, the attorney general shall conduct an on-site inspection of the abortion clinic. The bill requires the attorney general to promulgate rules regarding:

- The abortion clinic's physical facilities;
- The abortion clinic's supply and equipment standards;
- The abortion clinic's personnel, including requiring that the clinic employ at least one doctor with admitting privileges at a hospital within the state within 30 miles of the abortion clinic;
- Medical screening and evaluation of each patient;
- The abortion procedure;
- Minimum recovery room standards;
- Follow-up care for abortion patients; and
- Minimum incident reporting.

The bill creates criminal and civil penalties for violations of the requirements of the bill.

Position Monitor

Comment

Bill: [HB16-1210](#)

Title: Prohibit Conversion Therapy Mental Health Provider

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (04/11/2016)

Senate Sponsors [P. Steadman](#) (D)

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

Official
Summary

The bill prohibits a licensed physician specializing in psychiatry or a licensed or registered mental health care provider from engaging in conversion therapy with a patient under 18 years of age. A licensee who

engages in these efforts is subject to disciplinary action by the appropriate licensing board. Conversion therapy means efforts that seek to change an individual's sexual orientation, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attraction or feelings toward individuals of the same sex.

Position Monitor

Comment

Bill: [HB16-1218](#)

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

Status House Committee on Health, Insurance, & Environment Postpone Indefinitely (04/21/2016)

Senate Sponsors [T. Neville](#) (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 child in utero. The bill ensures that women have the opportunity to see or forego the opportunity to see the ultrasound. The bill allows women the opportunity to find a provider of ultrasound technology that will provide the service free of charge. The bill requires that a woman provide voluntary and informed consent to an abortion. The bill describes the information that constitutes voluntary and informed consent that the physician performing the abortion provides to the woman. 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 a violation of the requirements a crime.

Position Monitor

Comment

Bill: [HB16-1221](#)

Title: Budget Cuts To Increase Medicaid Provider Rates

Status House Committee on State, Veterans, & Military Affairs Postpone Indefinitely (03/14/2016)

Senate Sponsors

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

The bill requires the general assembly to separately appropriate money to a state agency in the executive branch for lobbying expenses and for costs associated with memberships to professional, subject matter, trade, or other organizations. For fiscal year 2016-17, and each fiscal year thereafter, the amount the general assembly appropriates to a state agency for:

Official
Summary

- Lobbying expenses shall not exceed an amount equal to 50% of the amount that the state agency spent on lobbying expenses for the 2015-16 fiscal year; and
- Membership costs shall not exceed an amount equal to 50% of the amount that the state agency spent on membership costs for the 2015-16 fiscal year.

The general assembly is required to appropriate an amount equal to the savings from the cuts to the executive agencies for lobbying expenses and membership costs to the department of health care policy and financing to increase the provider rates paid under the Colorado Medical Assistance Act.

Position

Monitor

Comment

Bill: [HB16-1236](#)

Title: Sunset Infection Control Advisory Committee

Status Governor Signed (04/15/2016)

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

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

Official
Summary **Sunset Process - Health, Insurance, and Environment Committee.** The bill continues the infection control advisory committee until July 1, 2021.

Position

Monitor

Comment

Bill: [HB16-1277](#)

Title: Appeal Process For Changes To Medicaid Benefits

Status Introduced In Senate - Assigned to Health & Human Services

(04/18/2016)

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

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

The bill requires the department of health care policy and financing (state department) to give a Medicaid recipient a 20-day advance notice if medical assistance benefits are being suspended, terminated, or modified, (intended action) unless certain conditions are met.

Under current law, the state department allows an applicant or recipient to file an appeal within 30 days after the date of notice of the intended action. The bill extends the time for appeal to 60 days after the effective date of the intended action. If the recipient files an appeal prior to the effective date of the intended action, the recipient's medical assistance benefits will continue unchanged until the completion of the appeal process. If authorized under federal law, the state department may

Official
Summary

permit a recipient's medical benefits to continue even though the appeal is filed after the effective date of the intended action.

The bill permits an applicant or recipient to request the county dispute resolution process either prior to appeal to the state department or as part of the filing of the appeal.

The county's dispute resolution process must be completed within 30 days of the filing of a request to the county or no later than 10 days before the date of the hearing on the appeal to the state department, whichever is earlier. If the dispute is resolved, the county will assist the applicant or recipient in requesting the dismissal of the state-level appeal.

Except as provided in the bill, the bill requires the person or persons involved in making the decision relating to the intended action to be available for cross-examination if requested by the appellant.

Position Monitor

Comment

Bill: [HB16-1280](#)

Title: Update Air Ambulance Regulation

Status Senate Committee on Appropriations Refer Unamended to Senate Committee of the Whole (04/29/2016)

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

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

Official
Summary

Under current law, Colorado requires air ambulance services to be accredited by the Commission on Accreditation of Medical Transport Systems (CAMTS) in order to operate legally in the state. However, some of the CAMTS standards relate to an air carrier's rates, routes, and service, which are matters that have been determined to be exclusively subject to federal, not state, regulation. The bill removes direct references to CAMTS accreditation as the necessary and sufficient condition for Colorado licensure and substitutes a regulatory structure in which CAMTS accreditation is one of a number of factors considered by the department of public health and environment in its licensing decisions. Other factors relate to patient care and the health, safety, and welfare of the general public, which are matters subject to state jurisdiction. The state board of health is granted rule-making authority to set minimum standards for licensure of air ambulance services; issue provisional licenses and recognize licenses issued by other states; waive certain requirements if health and safety are not adversely affected; establish fees; and take disciplinary action, including the assessment of civil penalties, for violation of the rules.

Position

Support

Comment

Bill: [HB16-1294](#)

Title: Contraception Coverage Public & Private Insurance

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (04/11/2016)

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

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

Official
Summary

Starting January 1, 2018, the bill requires Medicaid managed care plans and health benefit plans that are required under the federal Patient Protection and Affordable Care Act to provide contraceptive coverage as a preventive health service to cover, at no cost to the woman covered by the plan:

- All FDA-approved contraceptive drugs, devices, and other products for women, including those prescribed by the covered person's health care provider or otherwise authorized under state or federal law;

- Voluntary sterilization procedures;
- Patient education and counseling on contraception; and
- Follow-up services related to the covered contraceptive drugs, devices, products, or procedures, including management of side effects, counseling for continued adherence, and device insertion and removal.

Health insurers and Medicaid managed care entities are prohibited from restricting or delaying coverage for contraceptives and must make the coverage available to all persons covered under the health plan or Medicaid managed care plan, respectively.

Position Monitor

Comment

Bill: [HB16-1312](#)

Title: Licensed Professional Redundant Disciplinary Action

Status Introduced In House - Assigned to State, Veterans, & Military Affairs (03/02/2016)

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

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

Under current law, licensed professionals holding more than one professional license can be investigated simultaneously about the same act or transaction. The bill requires that, for licensed professionals with multiple licenses, in the event of redundant disciplinary actions by multiple state disciplinary authorities arising from the same act or transaction, if one of the disciplinary authorities takes action to resolve an investigation, any other disciplinary authority from which the licensed professional has a license and that is investigating the same act or transaction is required to take action on the matter within 160 days after the conclusion of the action by the first disciplinary authority. If any other disciplinary authority fails to take action on the matter within 160 after the conclusion of the action by the first disciplinary authority, any other disciplinary authority is barred from taking action against the licensed professional for that same act or transaction.

Position Monitor

Comment

Bill: [HB16-1321](#)

Title: Medicaid Buy-in Certain Medicaid Waivers

Status Senate Committee on Health & Human Services Refer Unamended to Finance (04/27/2016)

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

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

Official Summary The bill directs the department of health care policy and financing to seek federal authorization for and to implement a Medicaid buy-in program for persons who are eligible for home- and community-based services under the supported living services Medicaid waiver.

Position Monitor

Comment

Bill: [HB16-1322](#)

Title: Health Coverage Prescription Contraceptives Supply

Status House Third Reading Passed - No Amendments (04/25/2016)

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

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

Official Summary The bill requires health benefit plans that are required under the federal Patient Protection and Affordable Care Act to provide contraception coverage as a preventive health service for women to reimburse providers or dispensing entities for dispensing prescription contraceptives in a 3-month supply for the first dispensing to the insured person and for a 12-month supply for subsequent dispensings of the same prescription contraceptive to the insured person.

Position Monitor

Comment

Bill: [HB16-1326](#)

Title: Consumer Access To Physical Rehab Services

Status Introduced In Senate - Assigned to State, Veterans, & Military Affairs (03/29/2016)

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

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

Official The bill requires a health insurance carrier that is providing

Summary benefits for physical rehabilitation services and an intermediary who has contracted with the carrier to:

- Base coverage authorization and medical necessity determinations on generally accepted and evidence-based criteria and disclose the criteria to health care providers and policyholders;
- Disclose the process that must be followed to obtain coverage authorizations and medical necessity determinations to providers and policyholders;
- Ensure that the authorizations and determinations are made by a licensed provider in good standing in the same field or specialty as the requesting provider; and
- Categorize care for a recurring condition as a new episode if the same provider has not treated the policyholder within the last 30 days.

The contract between the health care provider and intermediary must not:

- Allow for utilization management or utilization review as direct medical care or quality improvement;
- Impose different or tiered authorization standards and criteria for participating providers of the same licensed profession in the same network;
- Require prior authorization for coverage for the evaluation and management in the initial visit; or
- Require a provider to discount billed charges for physical rehabilitation services or products not covered under a health coverage plan unless the carrier or intermediary has disclosed to the provider and the carrier's policyholders in writing that providers are required to give the discount.

The bill prohibits a carrier from providing incentives to an intermediary who has a contract for its coverage authorizations and medical necessity determinations for services provided to a policyholder.

The bill makes a violation of these terms an unfair or deceptive trade practice in the business of insurance.

Position Monitor

Comment

Bill: [HB16-1336](#)

Title: Study Single Geographic Area Individual Health Plans

Status House Considered Senate Amendments - Result was to Laid Over Daily (04/25/2016)

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

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

Official Summary Under current law, health insurers are permitted to consider the geographic location of the policyholder when establishing health insurance rates for individual and group insurance plans. The bill directs the commissioner of insurance to study the impacts and viability of creating a single geographic rating area, consisting of the entire state, for purposes of determining premium rates for individual health benefit plans.

Position Monitor

Comment

Bill: [HB16-1344](#)

Title: Special Offender When Death Results After Use

Status House Committee on Judiciary Postpone Indefinitely (04/19/2016)

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

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

Official Summary Under current law there are certain circumstances that if present in a drug crime elevate the crime to special offender offense which carries a drug level felony 1 penalty. The bill adds the circumstance of a person dying as a result of the use of a distributed controlled substance to the list of special offender circumstances.

Position Monitor

Comment

Bill: [HB16-1357](#)

Title: Implement STEMI Task Force Recommendations

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (04/27/2016)

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

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

Official Summary In 2013, the general assembly enacted SB 13-225, which established a task force in the department of public health and environment (department) to study and make recommendations for

developing a statewide plan to improve quality of care to STEMI heart attack patients. (STEMI is an acronym for ST-elevation myocardial infarctions.) The study was to explore, among other things, the creation of a database for collecting data on STEMI care and access to aggregated

STEMI data from the database for purposes of improving STEMI heart attack care.

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

- Requires hospitals that are recognized as heart attack receiving centers to report to a specified national heart attack database data that is consistent with nationally recognized guidelines on individuals with confirmed heart attacks within the state;
- Upon receipt of quarterly reports from the heart attack database, requires hospitals to submit those reports to the department for Colorado-specific data analysis;
- Establishes a heart attack advisory committee in the department to provide general technical expertise on matters related to heart attack care and data analysis; and
- Allows the department to share blinded data from the database with the heart attack advisory committee.

Position Support

Comment

Bill: [HB16-1358](#)

Title: Protect Privacy Of Substance Use Disorder Patients

Status House Committee on Public Health Care & Human Services Refer Amended to Appropriations (04/26/2016)

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

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

Official Summary Under current law, each approved public and private treatment facility must file with the unit in the department of human services that administers behavioral health programs and services (unit), on request, data, statistics, schedules, and information the unit reasonably requires. The bill states that the unit is not authorized to collect information or records that disclose an individual patient's name, social security number, or other personal identifying information. Additionally, on or before December 1, 2016, the unit shall take sufficient actions to ensure that

none of the data, statistics, schedules, or information that it has collected and retained include any information or records that disclose an individual patient's name, social security number, or other personal identifying information.

Position Monitor

Comment

Bill: [HB16-1360](#)

Title: Continue Regulation Direct-entry Midwives

Status Senate Third Reading Passed - No Amendments (04/26/2016)

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

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

Official
Summary

Sunset Process - House Health, Insurance, and Environment Committee.

The bill implements the recommendations of the department of regulatory agencies (department) contained in the sunset review of direct-entry midwives, with some modifications, as follows:

- Continues the regulation of direct-entry midwives by the director of the division of professions and occupations (division) in the department for 7 years, through September 1, 2023;
- Authorizes direct-entry midwives to perform sutures of first- and second-degree perineal tears and to obtain and administer local anesthetics in connection with the sutures procedure after demonstrating to the director that the registrant has received approved education and training in suturing within the previous 6 months;
- Requires direct-entry midwives to inform parents of the importance of and perform, if appropriately trained and equipped, or refer to another provider to perform, newborn pulse oximetry screenings to detect critical congenital heart disease in newborns under their care;
- Repeals the requirement that the director send letters of admonition to direct-entry midwives via certified mail;
- Establishes failure to properly address a physical or mental illness or condition that affects one's ability to practice direct-entry midwifery with reasonable skill and safety to clients as a grounds for disciplining a direct-entry midwife and authorizes the director to enter into a confidential agreement with the direct-entry midwife to limit his or her practice;

- Requires a direct-entry midwife to sign a disclosure statement acknowledging his or her lack of coverage under a liability insurance policy and also include in the disclosure a statement indicating that, by signing the disclosure, the client is not waiving any rights against the direct-entry midwife for negligent acts;
- Requires the executive director of the department to convene a working group to investigate ways to manage risks in the practice of midwifery and report its findings to the executive director by October 1, 2016; and
- Requires the director of the division to convene a task force to review direct-entry midwives' data reporting requirements and report its findings to specified legislative committees by January 21, 2017.

Position Oppose

Comment Oppose DE midwives performing VBAC, otherwise monitor.

Bill: [HB16-1361](#)

Title: Patient Choice In Pharmacy

Status Senate Committee on State, Veterans, & Military Affairs Refer
Unamended to Finance (04/25/2016)

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

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

Official
Summary

The bill prohibits a health benefit plan or pharmacy benefit management firm that covers pharmaceutical services, including prescription drug coverage, 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 co-payment, 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: [HB16-1374](#)

Title: Required Notice & Disclosures Freestanding ERs

Status House Second Reading Laid Over to 05/02/2016 - No Amendments
(04/28/2016)

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

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

Official
Summary

The bill requires a freestanding emergency room that provides emergency services in a facility, charges a facility fee, and is not attached to a hospital to post notices throughout the facility indicating that the facility is an emergency room that provides emergency services to treat emergency medical conditions. Additionally, a freestanding emergency room, after performing an initial medical examination, must inform a patient who is determined not to have an emergency medical condition of, and provide to the patient a written statement containing, the following information:

- That the freestanding emergency room charges rates comparable to those charged by a hospital emergency room, including a facility fee of a specified amount;
- That the freestanding emergency room or a physician providing medical care at the center may not be a participating provider under the patient's health benefit plan;
- That the physician providing medical care at the freestanding emergency room may bill the patient separately from the center; and
- That for nonemergency medical conditions, the patient may wish to confer with his or her primary care physician or other primary care provider.

The freestanding emergency room must explain the contents of the written statement to the patient, obtain the patient's signature on the document, provide the patient with a copy of the signed document, and maintain the signed document in the patient's medical record.

Position Oppose

Comment

Bill: [HB16-1379](#)

Title: Psychologists Continuing Professional Development Program
Status Sent to the Governor (04/27/2016)
Senate Sponsors [B. Martinez Humenik](#) (R)
House Sponsors [T. Kraft-Tharp](#) (D)
The bill clarifies and amends portions of the continuing professional development program for licensed psychologists, enacted in 2015. The substantive amendments are as follows:
• Credit hours awarded for teaching or giving presentations may be awarded more than once for the same material, but only once during the same licensure cycle;
• Credit hours awarded for writing, editing, or reviewing a psychology publication are not limited to the first year of its publication or distribution; and
• Credit hours awarded for review of a journal article are limited to review of an article in a peer-reviewed journal, at the request of the editor.
Official Summary
Position Monitor
Comment

Bill: [HB16-1381](#)

Title: Health Care Coverage For Cancer Screening
Status Introduced In Senate - Assigned to State, Veterans, & Military Affairs (04/22/2016)
Senate Sponsors [N. Todd](#) (D)
House Sponsors [D. Primavera](#) (D)
Current law requires health care coverage for certain cancers. The bill requires annual health care coverage for breast cancer screening using the breast imaging modality appropriate for each individual as determined by the individual's physician or radiologist.
Official Summary
Position Monitor
Comment

Bill: [HB16-1387](#)

Title: Health Insurance For Protein Allergic Conditions
Status Introduced In Senate - Assigned to Health & Human Services

(04/22/2016)

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

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

Official
Summary

The bill requires health benefit plans, except for supplemental policies, to provide coverage for severe protein allergic conditions including immunoglobulin E and nonimmunoglobulin E-mediated allergies to multiple food proteins; severe food protein induced enterocolitis syndrome; eosinophilic disorders as evidenced by the results of a biopsy; and impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, and motility of the gastrointestinal tract. This includes coverage for amino acid-based elemental formulas.

Position

Monitor

Comment

Bill: [HB16-1390](#)

Title: Immunity When Overdoses Reported

Status Senate Third Reading Passed - No Amendments (04/28/2016)

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

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

Official
Summary

Under current law, a person who reports an emergency drug or alcohol overdose event is immune from criminal prosecution for certain drug-related offenses if certain conditions are satisfied. The bill immunizes the reporter from arrest as well as from prosecution. Under current law, an underage person who calls 911 and reports that another underage person is in need of medical assistance due to alcohol or marijuana consumption is immune from criminal prosecution for certain offenses if certain conditions are satisfied. The bill immunizes the reporter from arrest as well as from prosecution. The bill also extends immunity to the underage person who was in need of medical assistance.

Position

Monitor

Comment

Bill: [HB16-1393](#)

Title: Search Warrant For Communicable Disease Testing

Status	House Second Reading Special Order - Passed with Amendments - Committee (04/28/2016)
Senate Sponsors	J. Cooke (R)
House Sponsors	M. Foote (D) D. Esgar (D)
Official Summary	<p>Current law provides that a person may be required to submit to a medical test for communicable diseases if the person's or another person's bodily fluid came into contact with another person related to a conviction or finding of probable cause related to an assault in the first, second, or third degree. The bill repeals these provisions and substitutes a provision authorizing a court to issue a search warrant for a person's bodily fluid if probable cause exists to believe that an assault has been committed and that the person's or another person's bodily fluid came into contact with another person.</p>
Position	Monitor
Comment	

Bill: [HB16-1394](#)

Title:	Aligning Issues Around At-risk Persons
Status	House Second Reading Special Order - Passed with Amendments - Committee, Floor (04/28/2016)
Senate Sponsors	K. Grantham (R)
House Sponsors	D. Young (D)
Official Summary	<p>The bill implements the following recommendations of the at-risk adults with intellectual and developmental disabilities mandatory reporting implementation task force:</p> <ul style="list-style-type: none"> • Standardizing statutory definitions among the Colorado Criminal Code, the adult protective services in the department of human services, and the office of community living in the department of health care policy and financing; • Specifying that enhanced penalties for crimes against an at-risk person apply to all persons 70 years of age or older and to all persons with a disability; and • Clarifying and expanding the definitions of persons who are required to report instances of mistreatment of at-risk elders or at-risk adults with an intellectual and developmental disability (adults with IDD). <p>The bill also:</p>

- Reduces the time when a law enforcement agency or county department is required to prepare a written report from 48 hours to 24 hours;
- Specifies that a county department of human or social services is to conduct an investigation of allegations of mistreatment of an at-risk adult; and
- Clarifies that the human rights committee is responsible for ensuring that an investigation of mistreatment of an adult with IDD occurred.

Position Monitor

Comment

Bill: [HB16-1399](#)

Title: Workers' Compensation For PTSD

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (04/27/2016)

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

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

Official Summary The bill clarifies that a workers' compensation claim for mental impairment may not be denied based on the occupation of the worker. Each claimant is required to be evaluated by a licensed, level II fully accredited physician, psychiatrist, or psychologist.

Position Monitor

Comment

Bill: [HB16-1408](#)

Title: Cash Fund Allocations For Health-related Programs

Status Sent to the Governor (04/25/2016)

Senate Sponsors [P. Steadman](#) (D)

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

Official Summary **Joint Budget Committee.** The bill modifies the allocation of cash fund revenues to various health-related programs as follows:

- The allocation of revenues annually received by the state pursuant to the tobacco litigation settlement (settlement moneys) is modified and streamlined by replacing the current 2-tier allocation system that includes both percentage-based and fixed amount allocations of settlement moneys with a single set of exclusively

percentage-based allocations and replacing settlement moneys funding for specified programs with marijuana tax cash fund funding;

- An additional allocation of settlement moneys is made to the university of Colorado health sciences center for the sole purpose of funding cancer research; and

- On July 1, 2016, \$20 million is transferred from the children's basic health plan trust to a newly created accountable care collaborative fund on July 1, 2016, for the purpose of funding department of health care policy and financing (HCPF) rate incentives for primary care medical providers, other than providers who are reimbursed on a cost-basis, in the accountable care collaborative established by HCPF.

The bill also makes and reduces various appropriations in order to accomplish its purposes and repeals various obsolete statutory provisions relating to the past allocation of settlement moneys and past transfers to and from cash funds.

Position Monitor

Comment

Bill: [HB16-1410](#)

Title: Competency Evaluation Location

Status Sent to the Governor (04/25/2016)

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

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

Official
Summary

Joint Budget Committee. Under current law, the court determines the location of a competency evaluation. The bill specifies the evaluation must be done on an outpatient basis or where the defendant is held in custody. The bill allows a defendant to be placed in the custody of the Colorado mental health institute at Pueblo (CMHIP) for purposes of the examination if:

- The court finds the defendant may be a danger to self or others;
- The court finds that an inadequate forensic evaluation and report has been completed or two or more conflicting forensic evaluations and reports have been completed;
- The court finds that an observation period is necessary to determine if the defendant is competent to stand trial;
- The court receives a recommendation from the CMHIP

court services evaluator that conducting the examination at the CMHIP is appropriate because the evaluator conducting the evaluation for the CMHIP determines that the defendant has been uncooperative or the defendant has clinical needs that warrant transfer to the CMHIP; or

- The court receives written approval for the evaluation to be conducted at the CMHIP from the executive director of the department of human services, or his or her designee.

The court is prohibited from considering whether the defendant is going to have a competency evaluation when deciding whether to grant bond to the defendant. If a defendant needs to return to the county jail after completing the evaluation, the bill directs the county sheriff to make all reasonable efforts to return the defendant to the jail as soon as possible after the defendant's evaluation is completed. Under current law, the CMHIP must bill the court for the costs associated with the evaluation. The bill repeals this provision.

Position Monitor

Comment

Bill: [HB16-1414](#)

Title: Funding Base For Telecom Relay Services

Status Sent to the Governor (04/25/2016)

Senate Sponsors [P. Steadman](#) (D)

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

Official

Summary

Joint Budget Committee. Telecommunications relay services are telecommunications services that provide 2-way communication for individuals with hearing or speech disabilities. Telecommunications relay services are funded in Colorado through the Colorado disabled telephone users fund (fund). Money in the fund is provided through a surcharge that the public utilities commission (commission) assesses on each telephone landline in Colorado. **Section 4** of the bill renames the fund the Colorado telephone users with disabilities fund, with conforming amendments in **sections 1, 5, and 6.** **Sections 2 and 3** apply the surcharge to customers of mobile wireless providers, referred to as commercial mobile radio service providers, and voice-over-internet protocol service providers in

Colorado.

Section 7 appropriates \$172,778 in the 2016-17 state fiscal year from the Colorado telephone users with disabilities fund to the Colorado commission for the deaf and hard of hearing cash fund and reappropriates the money to the department of human services for implementation of the bill by the Colorado commission for the deaf and hard of hearing.

Position Monitor

Comment

Bill: [HB16-1420](#)

Title: CO Healthcare Affordability & Sustainability Enter

Status House Second Reading Passed with Amendments - Committee (04/28/2016)

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

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

Official
Summary

The bill creates the Colorado healthcare affordability and sustainability enterprise (enterprise) as a **type 2** agency and government-owned business within the department of health care policy and financing (HCPF) for the purpose of participating in the implementation and administration of a state Colorado healthcare affordability and sustainability program (program) on and after July 1, 2016, and creates a board consisting of 13 members appointed by the governor with the advice and consent of the senate to govern the enterprise. The business purpose of the enterprise is, in exchange for the payment of a new healthcare affordability and sustainability fee (fee) by hospitals to the enterprise, to administer the program and thereby support

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

- Participating in a federal program that provides additional matching money to states;
- Using fee revenue, which must be credited to a newly created healthcare affordability and sustainability fee fund and used solely for purposes of the program, and federal matching money to:
- Reduce the amount of uncompensated care that hospitals provide by increasing the number of individuals covered by publicly funded health insurance; and

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

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

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

The existing hospital provider fee program is repealed and the existing hospital provider fee oversight and advisory board is abolished, effective July 1, 2016.

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

TABOR state fiscal year spending limit or the referendum C cap, the higher statutory state fiscal year spending limit established after the voters

of the state approved referendum C in 2005. The bill clarifies that the creation of the new enterprise to charge and collect the fee is the creation

of a new government-owned business that provides business services to hospitals as an enterprise for purposes of TABOR and related statutes and

does not constitute the qualification of an existing government-owned business as a new enterprise that would require or authorize downward adjustment of the TABOR state fiscal year spending limit or the

referendum C cap.

In order to compensate for a proposed reduction in the amount of the fiscal year 2016-17 long bill appropriation of revenue from fees collected by HCPF from hospitals and federal matching money, the bill appropriates \$146,693,573 in healthcare affordability and sustainability fees and federal funds to the enterprise for fiscal year 2016-17.

Position Support

Comment

Bill: [HB16-1421](#)

Title: Allocate Additional FY 2016-17 Gen Fund Revenues

Status House Second Reading Laid Over to 05/02/2016 - No Amendments (04/28/2016)

Senate Sponsors

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

Contingent upon the passage of legislation (the CHASE Act) that eliminates the hospital provider fee at the end of fiscal year 2015-16, the bill:

- Requires legislative council staff, as part of its 2016 economic and revenue forecast, to estimate the total amount of general fund revenues that the state would have been required to make unavailable for expenditure in fiscal year 2016-17 and refund in fiscal year 2017-18 but for the enactment of the CHASE Act; and
- Requires the amount estimated by legislative council staff to be allocated as follows:
 - On September 30, 2016, the state treasurer must transfer the lesser of the full amount or \$50 million to the highway users tax fund (HUTF);
 - On September 30, 2016, the state treasurer must transfer the lesser of the full amount remaining after the HUTF transfer has been made or a total amount of \$16.2 million in equal parts to the state severance tax trust fund and the local government severance tax fund as repayment of money diverted from those funds to the general fund in fiscal year 2014-15;
 - The lesser of the full amount remaining after the HUTF and severance tax fund transfers have been made or a total amount of \$40 million must be used to reduce the 2016-17 public school finance negative factor; and
 - The lesser of the full amount remaining after the

Official
Summary

HUTF and severance tax fund transfers and the negative factor allocation have been made or \$49.5 million is allocated to governing boards of state-supported institutions of higher education to reduce fiscal year 2017-18 tuition increases and provide additional student financial assistance.
1

Position Monitor

Comment

Bill: [HB16-1424](#)

Title: Qualified Medication Administration Personnel

Status Introduced In Senate - Assigned to Health & Human Services
(04/18/2016)

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

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

Official
Summary

Under current law, the department of public health and environment (CDHPE) oversees the administration of medications in prisons, jails, mental health facilities, and other state facilities. **Section 1** of the bill specifies that facility also includes all services in support of persons with intellectual and developmental disabilities that are funded through and regulated by the department of health care policy and financing (changed from the department of human services). Current law requires an unlicensed person who is a qualified manager to successfully complete a test pertaining to the administration of medication every 4 years. Section 1 of the bill eliminates the 4-year testing cycle and substitutes a requirement to successfully complete a competency evaluation.

Sections 2 and 3 of the bill requires the department of human services, the department of health care policy and financing, and the department of corrections to develop and conduct a medication administration program. The bill permits CDPHE to establish the minimum requirements for course content, including competency evaluations, for medication administration and to determine compliance with the requirements for facilities.

Section 4 of the bill prohibits an unlicensed person from filling and labeling medication reminder boxes until the person has successfully completed a competency evaluation from an approved training entity or approved by an authorized agency.

Position Monitor

Comment

Bill: [HB16-1435](#)

Title: Low-wage Employer Corporate Responsibility Act

Status Introduced In House - Assigned to Health, Insurance, & Environment + Appropriations (04/06/2016)

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

House Sponsors [C. Duran](#) (D)
[K. Becker](#) (D)

Official Summary

The bill, known as the Corporate Responsibility Act, creates the employment-related public benefits enterprise (enterprise) as a government-owned business and **type 1** agency within the department of health care policy and financing (HCPF). The enterprise has the business

purpose of improving the health of the pool of workers for low-wage employment and their families and thereby benefitting low-wage employers by giving them access to a healthier pool of workers. The board of directors of the enterprise (board) consists of 7 members appointed by the governor: 2 who are representatives of employers; 2 who

are representatives of organized labor; one who is employed and is receiving assistance under a state-subsidized health care assistance program; one who represents a nonprofit organization that provides health

care services to low-income individuals; and one who represents a nonprofit organization that advocates in support of health care services for low-income individuals. Various powers of the enterprise are specified.

On and after January 1, 2017, the enterprise must impose an employment-related public benefits fee (fee) based on a per-hour worked

basis for each employee of a low-wage employer that employs 250 or more employees in Colorado, but a low-wage employer may credit health

care expenditures to or on behalf of a low-wage employee against the public benefits fee for each low-wage employee's hours. The enterprise must set the fee in an amount that is reasonably calculated to reflect the benefit received by such employers from the provision of state-subsidized

health care program assistance to low-wage employees in the state and the

costs to the state of providing that assistance but is neither less than 25

cents nor more than one dollar per hour worked. So long as the enterprise meets the constitutional requirements for enterprise status under the taxpayer's bill of rights, fee revenue does not count against the state fiscal year spending limit.

The employment-related public benefits fee fund (fund) is created in the state treasury, and all fee revenue and interest and income derived from the deposit and investment of the fund is credited to the fund. The enterprise may expend money from the fund to support and improve health care services provided to individuals who are eligible to receive services under the Colorado Medical Assistance Act and to defray its administrative expenses in implementing and administering provisions of the bill. It is prohibited to transfer money in the fund to any other state fund or department or agency of state government.

Employers are prohibited from taking various specified actions, including the discharge of low-wage employees during a specified period following the implementation of the fee, for the purpose of avoiding or reducing their liability for the fee. Employers are prohibited from retaliating against employees for whistleblowing or taking various other specified actions relating to implementation or enforcement of the bill, such retaliation is defined as an unfair employment practice, and an employee retaliated against may file a complaint with the Colorado civil rights division. The attorney general and district attorneys are concurrently responsible for the enforcement of the Corporate Responsibility Act.

Position Monitor

Comment

Bill: [HB16-1438](#)

Title: Employer Accommodations Related To Pregnancy

Status House Second Reading Special Order - Passed with Amendments - Committee (04/28/2016)

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

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

Official Summary The bill makes it an unfair employment practice if an employer fails to provide reasonable accommodations for an applicant for employment or an employee for conditions related to pregnancy or childbirth. The bill requires each employer to provide a notice of rights regarding the unfair employment practice to his or her employees.

Position Monitor
Comment

SENATE BILLS

Bill: [SB16-002](#)

Title: Health Exchange Voter Approval To Impose Tax
Status Introduced In House - Assigned to State, Veterans, & Military Affairs (04/26/2016)
Senate Sponsors [K. Lundberg](#) (R)
House Sponsors [L. Sias](#) (R)

Official Summary The bill directs the secretary of state to submit to the voters, at the November 2016 statewide election, the question of whether the Colorado health benefit exchange can impose a tax to support its ongoing operations.

Position Monitor
Comment

Bill: [SB16-009](#)

Title: Prohibit Referral Fees When Dividing Dental Fees
Status Governor Signed (03/09/2016)
Senate Sponsors [K. Grantham](#) (R)
House Sponsors [D. Primavera](#) (D)

Official Summary Current law prohibits dentists from sharing fees in a way that could be interpreted to make fee-sharing within a dental service organization grounds for disciplinary action. The bill repeals this prohibition and substitutes language derived from the fee-sharing prohibitions that apply to physicians.

Position Monitor
Comment

Bill: [SB16-019](#)

Title: Videotape Mental Condition Evaluations
Status Senate Committee on Judiciary Refer Amended to Appropriations (02/29/2016)

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

House Sponsors [M. Foote](#) (D)
[L. Saine](#) (R)

Official Summary The bill requires a court-ordered mental condition examination to be video and audio recorded. A copy of the recording must be included with the evaluator's report.

Position Monitor

Comment

Bill: [SB16-024](#)

Title: Private Student Loan Cap Act

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (02/10/2016)

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

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

Official Summary The bill establishes a cap on the annual interest rate that a nongovernmental lender may charge for a student loan taken for the purpose of financing undergraduate, graduate, or professional education and related expenses of 2 percentage points over the rate that the federal government would charge the student for a direct unsubsidized student loan made for the same purpose.

Position Monitor

Comment

Bill: [SB16-025](#)

Title: End-of-life Options For Terminally Ill Individuals

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (02/03/2016)

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

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

Official Summary The bill enacts the Colorado End-of-life Options Act (act), which authorizes an individual with a terminal illness to request, and the individual's attending physician to prescribe to the individual, medication to hasten the individual's death. To be qualified to request aid-in-dying medication, an individual must be a capable adult resident of Colorado

who has a terminal illness and has voluntarily expressed the wish to receive a prescription for aid-in-dying medication by making 2 oral requests and a written request to his or her attending physician. An individual who requests aid-in-dying medication may rescind the request

at any time, regardless of his or her mental state.

The act outlines the responsibilities of the attending physician, including:

- Determining whether the requesting individual has a terminal illness, is capable of making an informed decision, and is making the request for aid-in-dying medication voluntarily;
- Requesting the individual to demonstrate proof of Colorado residency;
- Referring the individual to a consulting physician to confirm that the individual is qualified to request aid-in-dying medication;
- Providing full disclosures to ensure that the individual is making an informed decision; and
- Informing the individual of the right to rescind the request at any time.

An attending physician cannot write a prescription for aid-in-dying medication unless at least 2 health care providers determine that the individual is capable of making an informed decision. The attending or consulting physician is to refer the individual to a licensed mental health professional if he or she believes the individual's ability to make an informed decision is compromised. The attending physician cannot write

a prescription unless the mental health professional communicates, in writing, that the individual is capable.

The bill grants immunity from civil and criminal liability and from professional discipline to a person who participates in good faith under the act. The bill also specifies that actions taken in accordance with the act do not constitute suicide, assisted suicide, mercy killing, homicide, or elder abuse.

A health care provider is not obligated to prescribe aid-in-dying medication, and a health care facility may prohibit a physician from writing a prescription for a resident of the facility who intends to use aid-in-dying medication on the facility's premises.

A person commits a class 2 felony if the person purposely or knowingly:

- Alters or forges an aid-in-dying medication request without the terminally ill individual's authorization;
- Conceals or destroys a rescission of a request for aid-in-dying medication; or

- Coerces or exerts undue influence to get a terminally ill individual to request, or to destroy a rescission of a request for, aid-in-dying medication.

1

Position Monitor

Comment

Bill: [SB16-034](#)

Title: Tampering With A Deceased Human Body

Status Governor Signed (04/07/2016)

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

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

The bill creates the crime of tampering with a deceased human body by making it a crime for a person to:

- Tamper with human remains with the intent to impair or alter its appearance or availability for an official proceeding; or
- Observe human remains with reason to believe that a crime has been committed and intentionally fail to notify law enforcement.

Official
Summary

Tampering with a deceased human body is:

- A class 3 felony if the remains relate to a class 1 or class 2 felony;
- A class 4 felony if the remains relate to a class 3 or class 4 felony;
- A class 5 felony if the remains relate to a class 5 or class 6 felony; or
- A class 1 misdemeanor if the remains relate to any class of misdemeanor.

Position Monitor

Comment

Bill: [SB16-042](#)

Title: Immunity For Persons Involved In Overdose Events

Status Senate Committee on Judiciary Postpone Indefinitely (02/17/2016)

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

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

Official
Summary

Under current law, a person who reports an emergency drug or alcohol overdose event is immune from criminal prosecution for certain drug-related offenses if certain conditions are satisfied. The bill amends these circumstances and extends this immunity to (1) apply to one or 2 other persons who also satisfy the reporting conditions and (2) immunize

the reporters from arrests as well as from prosecutions.

Under current law, an underage person who calls 911 and reports that another underage person is in need of medical assistance due to alcohol or marijuana consumption is immune from criminal prosecution for certain offenses if certain conditions are satisfied. The bill amends these circumstances and extends this immunity to (1) apply to one or 2 other persons who also satisfy the reporting conditions and (2) immunize

the reporters from arrests as well as from prosecutions. The bill also extends this immunity to the underage person who was in need of medical assistance.

A person who reports an emergency drug or alcohol overdose event and who meets the requirements for immunity is not subject to a violation of any condition of pretrial release, probation, or parole if the violation arises from the same course of events from which the emergency drug or alcohol overdose event arose.

If a person reports an emergency drug or alcohol overdose event, and the person meets the requirements for immunity, and the person is subject to an arrest warrant, a law enforcement officer responding to the emergency drug or alcohol overdose event, in lieu of making an arrest, shall issue a summons to the person if:

- The warrant involves a failure to appear, a failure to pay a fine, or any misdemeanor, petty offense, or traffic offense; and

- The warrant does not involve a felony alleged to have been committed by the person.

If a person suffers an emergency drug or alcohol overdose event, the event is reported in good faith, and the person is subject to an arrest warrant, a law enforcement officer responding to the emergency drug or alcohol overdose event, in lieu of making an arrest, shall issue a summons

to the person if:

- The warrant involves a failure to appear, a failure to pay a fine, or any misdemeanor, petty offense, or traffic offense; and

- The warrant does not involve a felony alleged to have been committed by the person.

Position

Monitor

Comment

Bill: [SB16-069](#)

Title: Community Paramedicine Regulation

Status: Senate Appropriations Refer to the Senate Floor (04/28/2016)

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

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

Community paramedics are certified emergency medical service providers who provide community-based, out-of-hospital medical services to medically underserved and medically served, yet vulnerable, populations. Under current law, community paramedics and community paramedicine agencies are not subject to regulation by any state agency. **Section 1** of the bill defines the terms community paramedic and community paramedicine. **Section 2** authorizes the executive director of the Colorado department of public health and environment (department) to adopt rules for the endorsement of emergency medical service providers as community paramedics.

Official Summary: Part 11 in **section 3** authorizes a licensed ambulance service, fire department, or fire protection district to establish a community outreach and health education program in its community. The emergency medical and trauma services advisory council (council) may establish guidelines for the development and implementation of such programs. Part 11 also requires a program operator to report annually to the council on the progress of the program.

Part 12 in section 3 authorizes the department to issue licenses to community paramedicine agencies and authorizes the state board of health to promulgate rules concerning the minimum standards for operating a community paramedicine agency. Part 12 also creates the community paramedicine agencies cash fund.

Position: Monitor

Comment

Bill: [SB16-075](#)

Title: DNA Collection Misdemeanor Vulnerable Persons

Status: Senate Committee on Finance Postpone Indefinitely (03/29/2016)

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

House Sponsors: [D. Pabon](#) (D)
[P. Lawrence](#) (R)

Official
Summary

Under current law, an offender convicted of a misdemeanor involving unlawful sexual conduct must provide a DNA sample for inclusion in the Colorado bureau of investigation's DNA database. The bill would require collection of a DNA sample from a person convicted of any of the following misdemeanors:

- Third degree assault;
- Menacing;
- Reckless endangerment;
- Theft;
- Criminal mischief;
- Child abuse;
- Violation of a protection order;
- Solicitation of a prostitute; and
- Harassment.

Position Monitor

Comment

Bill: [SB16-084](#)

Title: Uniform Substitute Health Care Decision-making Documents

Status Senate Committee on Judiciary Postpone Indefinitely (03/02/2016)

Senate Sponsors [P. Steadman](#) (D)

House Sponsors

Official
Summary

Colorado Commission on Uniform State Laws. The bill adopts, with amendments, the Uniform Recognition of Substitute Health Care Decision-making Documents Act as Colorado law. The bill establishes the circumstances under which a substitute health care decision-making document (document) is valid in this state. A person may assume in good faith that a document is genuine, valid, and still in effect and that the decision-maker's authority is genuine, valid, and still in effect. A person who is asked to accept a document shall do so within a reasonable amount of time. The person may not require an additional or different form of document for authority granted in the document presented. A person who refuses to accept a document is subject to:

- A court order mandating acceptance of the document; and
- Liability for reasonable attorney's fees and costs incurred in an action or proceeding that mandates acceptance of the document.

A person is not required to accept a document under certain described conditions.

Position Monitor

Comment

Bill: [SB16-090](#)

Title: Marijuana Health Effects Data Regional Level

Status Governor Signed (03/23/2016)

Senate Sponsors [P. Steadman](#) (D)

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

Official Summary **Joint Budget Committee.** Under current law, the department of public health and environment is directed to collect data on the health effects of marijuana use at a county level. The bill allows the department to determine whether to collect the data at a county or regional level.

Position Monitor

Comment

Bill: [SB16-110](#)

Title: Child Victim Privacy Criminal Justice Records

Status Governor Signed (04/14/2016)

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

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

Official Summary The bill requires that, before releasing a criminal justice record related to a child-victim crime, the releasing agency delete the name and any other information that would identify a child victim of the offense. The bill specifies the crimes that are child-victim crimes. The bill makes an exception for sharing information between identified government entities.

Position Monitor

Comment

Bill: [SB16-118](#)

Title: Screening To Identify Prenatal Substance Exposure

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (02/23/2016)

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

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

The bill directs the department of public health and environment (department) to identify a screening questionnaire related to prenatal substance exposure. Information gathered from a screening questionnaire may not be used for either criminal purposes or to justify contact with county departments of human or social services, unless a program's or entity's mandatory reporter of abuse and neglect status is triggered. Home visitation programs, the juvenile justice system, the child welfare system, early childhood providers, schools, and school districts developing a individualized family service plan or a child's initial individualized education program are required to use a screening questionnaire. Birthing facilities and health care providers are strongly encouraged to adopt a consistent practice of screening and documentation for prenatal substance exposure. Prenatal substance exposure is defined in the bill as prenatal exposure to regular or binge use of alcohol, over-the-counter and prescription medications, or controlled substances.

Official
Summary

Position

Monitor

Comment

Bill: [SB16-120](#)

Title: Review By Medicaid Client For Billing Fraud

Status Introduced In House - Assigned to Public Health Care & Human Services + Appropriations (04/26/2016)

Senate Sponsors [E. Roberts](#) (R)

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

Official
Summary

The bill requires the department of health care policy and financing (department), by a certain date, to develop and implement an explanation of benefits for Medicaid recipients. The purpose of the explanation of benefits is to inform a Medicaid client of a claim for reimbursement made for services provided to the client or on his or her behalf, so that the client may discover and report administrative or provider errors or fraudulent claims for reimbursement. The bill specifies certain information that must be included in the explanation of benefits. Specifically, the explanation of benefits must include information regarding at least one method for a Medicaid client to report errors in the explanation of benefits.

The department shall work with Medicaid clients and Medicaid advocates to develop an explanation of benefits and educational materials that are understandable to Medicaid clients. The explanation of benefits must be sent to clients not less than bimonthly, and the department shall determine the most cost-effective means for producing and distributing the explanation of benefits, which means may include e-mail or distribution with existing communications to clients.

Position Monitor

Comment

Bill: [SB16-127](#)

Title: Repeal Medical Clean Claims Task Force

Status Governor Signed (04/05/2016)

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

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

Official Summary In 2010, the general assembly passed the Medical Clean Claims Transparency and Uniformity Act (Act). The purpose of the Act was to require the executive director of the department of health care policy and financing to establish a task force of industry and government representatives to develop a standardized set of payment rules and claim edits to be used by payers and health care providers in Colorado. The bill repeals the Act.

Position Monitor

Comment

Bill: [SB16-134](#)

Title: Professional Licensing For Military Veterans

Status House Third Reading Passed - No Amendments (04/25/2016)

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

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

Official Summary **Section 1** of the bill requires the Colorado department of public health and environment (CDPHE) to consider crediting a military

veteran's training, education, and experience toward the qualifications for certification as an emergency medical service provider.
Section 2 of the bill requires the Colorado department of revenue (DOR) to consider crediting a military veteran's training, education, and experience toward the qualifications for a commercial driver's license.
Section 3 of the bill requires the division of veterans affairs to make reasonable efforts to notify a discharged member of the obligations of CDPHE and DOR under sections 1 and 2 of the bill and of the duties and functions of a professional licensing authority that is regulated by the department of regulatory agencies.

Position Monitor

Comment

Bill: [SB16-135](#)

Title: Collaborative Pharmacy Practice Agreements

Status Introduced In House - Assigned to Health, Insurance, & Environment (03/30/2016)

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

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

Official
Summary

The bill allows a health benefit plan to provide coverage for health care services provided by a pharmacist if the pharmacist meets specified requirements. The bill also allows a pharmacist to enter into a collaborative pharmacy practice agreement with one or more physicians if:

- The pharmacist holds a current license to practice in Colorado;
- The pharmacist is engaged in the practice of pharmacy;
- The pharmacist has earned a doctorate of pharmacy degree or completed at least 5 years of experience as a licensed pharmacist;
- The pharmacist carries adequate malpractice insurance;
- The pharmacist agrees to devote a portion of his or her practice to collaborative pharmacy practice; and
- There is a mechanism in place to document changes to medical records.

The bill prohibits the employment of a physician or advanced practice nurse for collaborative practice agreements if the physician or advanced practice nurse does not have a separate medical practice. The bill grants rule-making authority to the state board of

pharmacy, the Colorado medical board, and the state board of nursing.

Position Monitor

Comment

Bill: [SB16-139](#)

Title: Waiver Proposal Total-cost-of-care Model Hospitals

Status Senate Committee on Health & Human Services Postpone Indefinitely (03/17/2016)

Senate Sponsors [M. Hodge](#) (D)
[E. Roberts](#) (R)

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

Official Summary The bill directs the Colorado commission on affordable health care to develop a proposal under any applicable federal law to enable the state to modify the system for reimbursing hospitals located in certain rural areas of the state for treating Medicare and privately insured patients using a total-cost-of-care model rather than a fee-for-service model. The commission is to develop and submit the proposal to the governor and specified legislative committees within 60 days after the bill takes effect and present its proposal to a joint meeting of the legislative committees.

Position Monitor

Comment

Bill: [SB16-146](#)

Title: Modernize Statutes Sexually Transmitted Infections

Status Senate Committee on Judiciary Refer Amended to Senate Committee of the Whole (04/26/2016)

Senate Sponsors [P. Steadman](#) (D)

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

Official Summary The bill updates the statutes related to sexually transmitted infections (STIs) to conform with current medical knowledge by applying provisions that previously only applied to HIV to all STIs. A new definition is established to include HIV and relevant types of hepatitis in the sexually transmitted infection definition. The bill allows for all STIs to be treated uniformly under Colorado law, rather than specifically prosecuting people based on HIV status. HIV criminalization language in

statute is repealed.

The bill expands rights for victims of crime by allowing for testing for a sexually transmitted infection under circumstances where the victim has been exposed to blood or other bodily fluids under circumstances that are medically demonstrated to pose a risk of transmission of a sexually transmitted infection. A victim of crime in such circumstances must also be provided with adequate counseling by a health care provider concerning prophylaxis and treatment of infections until cured, where possible; treatment to prevent progression of any infection; the necessity of regular medical evaluations; and measures for preventing transmission of the infection to others.

Public health orders or restrictive measures directed to a person with a sexually transmitted infection must only be used as the last resort when all other measures to protect the public health have failed, including efforts to obtain the voluntary cooperation of the person who may be subject to the public health order or restrictive measure. Any public health order or restrictive measure that is applied must be applied serially with the least intrusive measures used first.

Position Monitor

Comment

Bill: [SB16-147](#)

Title: Suicide Prevention Through Zero Suicide Model

Status Introduced In House - Assigned to Health, Insurance, & Environment (04/05/2016)

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

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

Official
Summary

The bill establishes the Colorado zero suicide model (Colorado model) within the office of suicide prevention (office) in the department of public health and environment (department). The goal and purpose of the Colorado model is to reduce suicide rates and numbers in Colorado through system-level training and strategies for health care systems, including mental and behavioral health systems; physical and mental health clinics in educational institutions; and primary care providers, including pediatricians.

The Colorado model, together with the office of suicide

prevention, the office of behavioral health, the department, and the department of health care policy and financing, is encouraged to promote coordination of existing data across health systems. Health care and mental and behavioral health systems and organizations throughout the state, including hospitals, state crisis services and regional health systems, community mental health centers, community health systems, health management organizations, and behavioral health organizations, including substance abuse treatment organizations, are encouraged to adopt the 7 core tenets of the national zero suicide model. The office and the department are encouraged to collaborate with relevant entities to coordinate existing data to help gain a more complete understanding of suicide and how to prevent it and to identify groups at the greatest risk. The office shall include a summary of the activities of the Colorado model in the report submitted annually to the general assembly.

Position Monitor

Comment

Bill: [SB16-152](#)

Title: Changes And Notices For Health Care Services

Status Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (03/16/2016)

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

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

Official
Summary

The bill requires:

- A facility that is in network to provide a covered person with a written disclosure concerning charges for out-of-network services whenever the network facility schedules a procedure or seeks prior authorization from a carrier for nonemergency services for the covered person;
- An out-of-network, facility-based provider to include specific notices regarding charges in plain language on any billing notice sent to a covered person; and
- A carrier to provide a list in plain language to a covered person or the covered person's authorized representative at the time of preauthorization for a covered benefit to be provided at a facility that is in network.

The bill requires carriers to submit information about the use of an out-of-network provider to the commissioner of insurance.

Position Monitor

Comment

Bill: [SB16-158](#)

Title: Physician Duties Delegated To Physician Assistant

Status Senate Considered House Amendments - Result was to Concur - Repass (04/26/2016)

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

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

Official
Summary

The bill clarifies the duties that a physician may delegate to a physician assistant (PA) within his or her scope of practice, including:

- In several areas of law where a statement from a physician is required to verify a medical condition, allowing a PA to issue the statement;
- In workers' compensation matters, permitting a licensed PA to obtain level I accreditation;
- Under health care coverage laws requiring direct access to certain health care providers, adding PAs to the list of providers of reproductive health care and gynecological care, treatment for intractable pain, and pediatric health care to whom a covered person is entitled to have direct access under a health benefit plan;
- Allowing up to 4 PAs to work under the direction and supervision of a licensed podiatrist;
- Applies the requirement that a prescription issued by a PA be imprinted with the name of the supervising physician or podiatrist, as applicable, only to prescriptions for schedule II controlled substances and, for all other prescriptions, requires the name and address of the facility where the PA practices to be imprinted on the prescription; and
- Adding PAs to the list of health care providers who may serve as the public health director for a county or district board of health or who may issue a certificate of immunization for a college student or a certification that a student should be exempted from immunization for medical reasons.

Position Monitor

Comment

Bill: [SB16-159](#)

Title: Music Therapist Title Protection

Status Senate Committee on Business, Labor, & Technology Postpone

Indefinitely (03/30/2016)

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

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

Official Summary The bill makes the use of the title certified music therapist or music therapist a deceptive trade practice in the course of a person's business, vocation, or occupation if the person using the title does not maintain the proper credentials.

Position Monitor

Comment

Bill: [SB16-161](#)

Title: Regulate Athletic Trainers

Status Senate Committee on Appropriations Refer Amended to Senate Committee of the Whole (04/29/2016)

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

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

Official Summary Prior to July 1, 2015, athletic trainers practicing in Colorado were regulated by the director of the division of professions and occupations (director) in the department of regulatory agencies. In the 2015 legislative session, the general assembly did not enact legislation to continue the director's authority to regulate athletic trainers, resulting in the repeal of the director's authority on July 1, 2015. The bill reinstates the director's authority to regulate athletic trainers, requiring athletic trainers to obtain a registration from the director in order to practice athletic training in Colorado. The bill restores the Athletic Trainer Practice Act, as it existed on June 30, 2015, with the following substantive changes:

- Deletes from the definition of what constitutes the practice of athletic training and moves to a provision specifying the requirements for engaging in the practice of athletic training in this state a requirement that an athletic trainer practice under the direction of a physician, dentist, or other licensed health care professional;
- Adds title protection for the abbreviation A.T.C., limiting its use to registered athletic trainers;
- Requires an applicant for an athletic trainer registration to provide evidence of current certification by the national certifying agency;
- Requires a registrant applying to renew his or her

registration to submit, if requested by the director, evidence of current certification by the national certifying agency;

- With regard to exceptions to the requirements of the practice act, changes the term student athletic trainer to athletic training student; and
- Adds as grounds for discipline the failure of an athletic trainer to practice pursuant to the direction of a Colorado-licensed or otherwise lawfully practicing physician, dentist, or health care professional and the failure to practice in a manner that meets generally accepted standards of athletic training practice.

The bill repeals the regulation of athletic trainers on September 1, 2026, and requires the department of regulatory agencies, prior to the repeal, to conduct a sunset review of the regulation of athletic trainers.

Position Support

Comment

Bill: [SB16-162](#)

Title: Medicaid Recipient Access To Medical Professionals

Status Senate Third Reading Passed - No Amendments (04/26/2016)

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

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

Official Summary Under current law, recipients of services under the medical assistance program (Medicaid) are not responsible for the cost of services by a medical provider or the cost remaining after payment by Medicaid or another private insurer, regardless of whether the medical provider is enrolled in the Medicaid program, unless the medical services provided are nonreimbursable by Medicaid. The bill amends the statute so that the prohibition on charging Medicaid recipients for medical services applies only if the medical provider is enrolled in the Medicaid program.

Position Monitor

Comment

Bill: [SB16-163](#)

Title: COLS OLLS Study Organizational Recodify Title 12

Status Senate Committee on Appropriations Refer Amended to Legislative Council (04/22/2016)

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

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

Committee on Legal Services. The bill directs the office of legislative legal services, overseen by the committee on legal services, to conduct a study of an organizational recodification of title 12 of the Colorado Revised Statutes. In conducting the study, the office must solicit input, including regarding the potential fiscal impacts of a recodification, from the judicial department, state agencies, local governments, and other entities with regulation and enforcement responsibilities established by provisions of the title as well as from representatives of the regulated professions and occupations and from the public. The office must periodically report to the committee about the status of the study. The bill requires the committee to determine by December 31, 2017, whether to direct the office to present proposed legislation to the committee for an organizational recodification. The proposed recodification should be largely organizational and nonsubstantive, including only those substantive provisions necessary to promote the public purposes of an organizational recodification, such as changes that will make similar but repetitive provisions uniform and capable of consolidation and changes that will eliminate archaic or obsolete provisions.

Official
Summary

Position Monitor

Comment

Bill: [SB16-169](#)

Title: Emergency 72-hour Mental Health Procedures

Status House Committee on Judiciary Witness Testimony and/or Committee Discussion Only (04/28/2016)

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

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

Official
Summary

The bill clarifies the difference between a designated facility, an emergency medical services facility, and a law enforcement facility, as those terms are used in connection with the 72-hour emergency mental health procedure. In current law, a person who is being detained under a

72-hour emergency mental health procedure must be taken to a facility that was previously designated or approved by the executive director of the department of human services (designated facility). The bill expands this to allow individuals to be admitted to a law enforcement facility if space is not available in a designated facility or an emergency medical services facility, provided certain conditions are met, including that the person cannot be held for longer than 24 hours in the law enforcement facility without a court order granting a one-time extension, not to exceed

72 additional hours.

Current law allows for the facility in which the person is receiving treatment and evaluation to hold the person for a period not to exceed 72 hours from the time of his or her admission to the facility providing treatment and evaluation, excluding Saturdays, Sundays, and holidays, if treatment and evaluation is not available on those days. The bill also excludes from the 72-hour calculation any time required for non-psychiatric medical screening or treatment. It requires that a person who is taken into custody through the emergency procedure must receive

an evaluation as soon as possible and receive appropriate treatment for his

or her condition for the full period that he or she is in emergency custody.

If, at any time during the 72-hour custody, a mental health or medical professional determines the person can be properly cared for without being detained any longer, the person must be discharged as soon as possible.

Position Monitor

Comment

Bill: [SB16-170](#)

Title: Health Benefit Exchange For Medicaid Eligible

Status Senate Third Reading Passed - No Amendments (04/27/2016)

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

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

Official Summary The bill authorizes the department to purchase individual health insurance through the exchange for individuals who are eligible for Medicaid but prefer private insurance.

The bill directs the department of health care policy and financing to apply to the secretary of the federal department of health and human services for all waivers necessary to allow the state to use the subsidy

available under the federal Patient Protection and Affordable Care Act to purchase a health benefit plan through the Colorado Health Benefit Exchange (exchange).

The bill requires the board of the exchange to provide information to the public about the process of purchasing private insurance through the exchange for a person who is eligible for Medicaid.

Position

Monitor

Comment