

MEMORANDUM

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

FROM: Suzanne Hamilton

DATE: April 7, 2017

RE: Weekly Legislative Report

New bills this week: HB 1318, 1320, 1322, and SB 284.

HOUSE BILLS

Bill: HB17-1011

Title: Statute Of Limitation Discipline Mental Health Professional

Status Governor Signed (03/16/2017)

Senate Sponsors J. Tate (R)

House Sponsors J. Melton (D)

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

Position Monitor

Comment

Bill: HB17-1027

Title: Remove Fund Repeal & Clarify Organ Donor Process

Status Senate Committee on Appropriations Refer Unamended - Consent Calendar to Senate Committee of the Whole (04/06/2017)

Senate Sponsors L. Garcia (D)

R. Gardner (R)

House Sponsors J. Becker (R)

J. Buckner (D)

Official Summary **Section 1** of the bill clarifies that designation as an organ and tissue donor (donor) by an applicant for a driver's license, instruction

Bill: HB17-1032

Title: First Responder Peer Support Testimony Privilege

Status Governor Signed (03/16/2017)

Senate Sponsors J. Cooke (R)

House Sponsors J. Arndt (D)

Official Summary Under current law, peer support team members for certain first responders and a first responder may not be required to testify about communications made during the peer support process without the first responder's consent. The bill clarifies that the communication need not be during an individual peer support meeting.

Under current law, there is an exception to the privilege if the information provided to the peer support team member indicates certain actual or suspected crimes. The bill adds crimes against at-risk persons to the list of crimes.

Position Support

Comment

Bill: HB17-1044

Title: Autocycle Characteristics & Safety Requirements

Status Governor Signed (03/23/2017)

Senate Sponsors N. Todd (D)

House Sponsors D. Mitsch Bush (D)

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

Position Monitor

Comment

Bill: HB17-1048

Title: Prosecution Of Insurance Fraud

Status Governor Signed (03/23/2017)

Senate Sponsors I. Smallwood (R)

Bill: HB17-1057

Title: Interstate Physical Therapy Licensure Compact

Status Introduced In Senate - Assigned to Finance (04/05/2017)

Senate Sponsors A. Kerr (D)

R. Gardner (R)

House Sponsors L. Liston (R)

F. Winter (D)

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

Physical therapists and physical therapy assistants are subject to the requirements of the Michael Skolnik Medical Transparency Act of 2010.

Position Monitor

Comment

Bill: HB17-1085

Title: Women's Health Protection Act

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

Senate Sponsors

House Sponsors P. Neville (R)

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

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

Bill: HB17-1086

Title: Abortion Pill Reversal Information Act

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

Senate Sponsors V. Marble (R)

House Sponsors D. Nordberg (R)

J. Everett (R)

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

Position Monitor

Comment

Bill: HB17-1094

Title: Telehealth Coverage Under Health Benefit Plans

Status Governor Signed (03/16/2017)

Senate Sponsors L. Crowder (R)

K. Donovan (D)

House Sponsors P. Buck (R)

D. Valdez (D)

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

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

Bill: HB17-1099

Title: No Funding Trafficking Aborted Human Body Parts

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

Senate Sponsors

House Sponsors T. Leonard (R)

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

Position Monitor

Comment

Bill: HB17-1108

Title: Protect Human Life At Conception

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

Senate Sponsors T. Neville (R)

House Sponsors S. Humphrey (R)

K. Ransom (R)

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

- A licensed physician performs a medical procedure designed or intended to prevent the death of a pregnant mother, if the physician makes reasonable medical efforts under the circumstances to preserve both the life of the mother and the life of her unborn child in a manner consistent with conventional medical practice; and
- A licensed physician provides medical treatment, including chemotherapy and the removal of an ectopic pregnancy, to the mother that results in the accidental or unintentional injury to or death of the unborn child.

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

Bill: HB17-1112

Title: Immunity Unauthorized Practice Of Profession

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

Senate Sponsors

House Sponsors K. Van Winkle (R)

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

Position Monitor

Comment

Bill: HB17-1115

Title: Direct Primary Health Care Services

Status House Considered Senate Amendments - Result was to Laid Over Daily (04/06/2017)

Senate Sponsors J. Kefalas (D)

J. Tate (R)

House Sponsors P. Buck (R)

J. Ginal (D)

Official Summary The bill establishes parameters under which a direct primary care agreement (agreement) may be implemented. An agreement may be entered into between a direct primary health care provider (provider) and a patient for the payment of a periodic fee and for a specified period of time. The provider must be a licensed, registered, or certified individual or entity authorized to provide primary care services.

The bill establishes that the agreement is not the business of insurance or the practice of underwriting and does not fall under regulation of the division of insurance. The bill outlines the conditions under which a provider may discontinue care to a patient.

Position Monitor

Comment

Bill: HB17-1121

Title: Patient Safety Act

Status House Committee on Finance Refer Unamended to Appropriations (03/13/2017)

Senate Sponsors

House Sponsors J. Buckner (D)

Official Summary The bill requires applicants for initial licensure or certification, as well as current licensees and certificate holders, to submit to a

Bill: HB17-1122

Title: Gender Identification On Birth Certificates

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

Senate Sponsors D. Moreno (D)

House Sponsors D. Esgar (D)

Official Summary Under current law, a person born in Colorado who seeks a new birth certificate from the registrar of vital statistics (state registrar) to reflect a change in gender designation must obtain a court order indicating that the sex of the person has been changed by surgical procedure and ordering that the gender designation on the birth certificate be amended, and the person must obtain a court order with a legal name change. The bill repeals that provision and creates new requirements for the issuance of birth certificates in cases of changes to gender designation.

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

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

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

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

The state registrar is prohibited from requesting additional medical information but is authorized to contact the medical or mental health provider to verify the provider's statement. The courts in this state are

Bill: HB17-1126

Title: Medicaid Appeal Review Legal Notice Requirements

Status Governor Signed (04/06/2017)

Senate Sponsors L. Crowder (R)

House Sponsors J. Danielson (D)

D. Michaelson (D)

Official Summary **Interim Study Committee on Communication Between the Department of Health Care Policy and Financing (HCPF) and Medicaid Clients.**

The bill requires the administrative law judge hearing Medicaid appeals to review the legal sufficiency of the notice of action from which the recipient is appealing at the commencement of the appeal hearing if the notice of action concerns the termination or reduction of an existing benefit. If the notice is legally insufficient, the judge shall advise the appellant that he or she may waive the defense of insufficient notice and proceed to a hearing on the merits or may ask the judge to decide the appeal based on the judge's finding of insufficiency. The judge shall advise the appellant that a legally sufficient notice may be issued in the future and that the state may recoup benefits from the appellant.

The provisions of the bill apply to hearings conducted on and after a certain date.

Position Monitor

Comment

Bill: HB17-1139

Title: Medicaid Provider Compliance Billing Safety Rules

Status Introduced In House - Assigned to Public Health Care & Human Services (02/01/2017)

Senate Sponsors J. Kefalas (D)

B. Martinez Humenik (R)

House Sponsors L. Landgraf (R)

D. Michaelson (D)

Official Summary The bill subjects a provider of Medicaid services to a civil monetary penalty if the provider improperly bills or seeks collection from a Medicaid recipient or the estate of a Medicaid recipient.

In addition, the bill allows the department of health care policy and financing (department) to require a corrective action plan from any provider who fails to comply with rules, manuals, or bulletins issued by the department, the medical services board, or the department's fiscal agent or from a provider whose activities endanger the health, safety, or welfare of a Medicaid recipient. Based on good cause, the department

Bill: HB17-1146

Title: Parents' Rights Related To Minors

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

Senate Sponsors

House Sponsors P. Neville (R)

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

The bill allows a parent or legal guardian to opt out of the collection and storage by a local education provider of any type of data related to his or her child.

Position Monitor

Comment

Bill: HB17-1156

Title: Prohibits Conversion Therapy Mental Health Provider

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

Senate Sponsors S. Fenberg (D)

House Sponsors P. Rosenthal (D)

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

Position Monitor

Comment

Bill: HB17-1165

Title: Department Of Regulatory Agencies Boards Disciplinary Action Resolution Process

Status Introduced In Senate - Assigned to Business, Labor, & Technology (04/05/2017)

Senate Sponsors I. Aguilar (D)

House Sponsors S. Lebsock (D)

Official Summary **Section 2** of the bill directs the Colorado dental board to conduct a review of its disciplinary procedures, identify inefficiencies, devise improvements, and implement the improvements.

Section 3 defines health care prescriber board to mean the following boards in the department of regulatory agencies: The Colorado podiatry board; the Colorado dental board; the Colorado medical board; the state board of nursing; the state board of optometry; and the state board of veterinary medicine. Section 3 also adjusts the boards' disciplinary procedures as follows:

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

Bill: HB17-1173

Title: Health Care Providers And Carriers Contracts

Status Governor Signed (04/06/2017)

Senate Sponsors T. Neville (R)

House Sponsors C. Hansen (D)

Official Summary The bill requires a contract between a health insurance carrier (carrier) and a health provider (provider) to include a provision that prohibits a carrier from taking an adverse action against the provider due to a provider's disagreement with a carrier's decision on the provision of health care services. Current law requires the contract to state that the carrier cannot terminate the contract for these same reasons.

The bill also requires the contract to contain provisions that prohibit a carrier from: Taking adverse actions for communicating with public officials on health care issues; filing complaints or reporting to public officials about conduct by a carrier that might negatively affect patient care; provides information in a forum concerning the required contract provisions; reporting alleged carrier violations; or participating in an investigation of an alleged violation.

Position Support

Comment

Bill: HB17-1179

Title: Immunity For Emergency Rescue From Locked Vehicle

Status Sent to the Governor (04/04/2017)

Senate Sponsors L. Court (D)

V. Marble (R)

House Sponsors J. Ginal (D)

L. Saine (R)

Official Summary The bill provides immunity from civil and criminal liability for a person who forcibly enters a locked vehicle for the purpose of rendering assistance to an at-risk person or animal. To receive immunity, the person must:

- Have a good faith belief that the person or animal is in imminent danger of death or suffering great bodily injury;
- Verify the vehicle is locked;
- Make a reasonable effort to locate the owner or operator of the vehicle;
- Contact a law enforcement or other first responder agency prior to forcibly entering the vehicle and not interfere with the actions of any such responding law enforcement

Bill: HB17-1183

Title: Mental Health Professional Disclosures Repeal Effect Clause

Status Governor Signed (04/06/2017)

Senate Sponsors R. Gardner (R)

House Sponsors M. Foote (D)

Official Summary In 2016, the general assembly enacted House Bill 16-1063, which allows mental health professionals to disclose to school and school district personnel and law enforcement agencies communications with a client if the client makes statements or exhibits behaviors that create an articulable and significant threat against a school or its occupants. The effect of the legislation was contingent on receipt from the secretary of the federal department of health and human services (HHS) of an exception to the privacy rule under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The state received notice from HHS that the legislation is not contrary to the HIPAA privacy rule and therefore does not qualify for an exception. Accordingly, the bill repeals the contingency provision.

Position Monitor

Comment

Bill: HB17-1185

Title: Reports Of Suspected Child Abuse Or Neglect

Status Senate Committee on Health & Human Services Refer Unamended - Consent

Calendar to Senate Committee of the Whole (04/06/2017)

Senate Sponsors J. Smallwood (R)

House Sponsors J. Singer (D)

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

Current law requires the county department of human or social services to report certain information to a mandatory reporter within 30 days after the filing of a report. The bill extends the period to 60 days.

Position Monitor

Comment

Bill: HB17-1186

Title: Health Coverage Prescription Contraceptives Supply

Status Senate Committee on State, Veterans, & Military Affairs Refer Unamended to Senate Committee of the Whole (04/05/2017)

Senate Sponsors D. Coram (R)

House Sponsors L. Landgraf (R)

B. Pettersen (D)

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

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

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

Position Monitor

Comment

Bill: HB17-1215

Title: Mental Health Support For Peace Officers

Status Senate Committee on Local Government Refer Amended to Senate Committee of the Whole (04/04/2017)

Senate Sponsors D. Kagan (D)

R. Gardner (R)

House Sponsors J. Coleman (D)

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

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

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

Bill: HB17-1224

Title: Misbranded Adulterated Counterfeit Drugs Penalty

Status Senate Committee on Health & Human Services Refer Unamended - Consent
Calendar to Senate Committee of the Whole (04/05/2017)

Senate Sponsors R. Gardner (R)

House Sponsors T. Kraft-Tharp (D)

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

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

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

Position Monitor

Comment

Bill: HB17-1235

Title: Financial Relief Defray Individual Health Plan Cost

Status House Committee on Health, Insurance, & Environment Refer Amended to
Appropriations (03/30/2017)

Senate Sponsors D. Coram (R)

L. Crowder (R)

House Sponsors M. Hamner (D)

D. Mitsch Bush (D)

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

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

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

Bill: HB17-1236

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

Status House Third Reading Passed - No Amendments (03/29/2017)

Senate Sponsors D. Coram (R)

J. Smallwood (R)

House Sponsors C. Kennedy (D)

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

- Hospital cost reports submitted to the federal centers for Medicare and Medicaid services;

- Annual audited financial statements; except that, if a hospital is part of a consolidated or combined group, the hospital may submit a consolidated or combined financial statement if the group's statement separately identifies the information for each of the group's licensed hospitals.

- Utilization and staffing information and standard units of measure.

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

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

- A description of the analysis methods and definitions of report components;

- Uncompensated care costs; and

- The percentage that different categories of expenses contribute to overall expenses of hospitals.

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

Position Monitor

Comment

Bill: HB17-1246

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

Status Introduced In Senate - Assigned to Health & Human Services (03/31/2017)

Senate Sponsors L. Garcia (D)

J. Tate (R)

House Sponsors T. Kraft-Tharp (D)

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

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

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

Position Monitor

Comment

Bill: HB17-1247

Title: Patient Choice Health Care Provider

Bill: HB17-1253

Title: Protect Seniors From Financial Abuse

Status Introduced In Senate - Assigned to Finance (04/05/2017)

Senate Sponsors L. Crowder (R)

House Sponsors J. Danielson (D)

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

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

The bill provides immunity to qualified individuals, broker-dealers, and investment advisers making reports, disclosures, or delaying disbursements under the bill.

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

Position Monitor

Comment

Bill: HB17-1254

Title: Noneconomic Damages Cap Wrongful Death Of Child

Status Introduced In House - Assigned to State, Veterans, & Military Affairs (03/10/2017)

Senate Sponsors D. Kagan (D)

House Sponsors J. Salazar (D)

K. Becker (D)

Official Summary The bill eliminates the cap on noneconomic damages for the wrongful

Bill: HB17-1286

Title: State Employee Health Carrier Requirements

Status Introduced In House - Assigned to Health, Insurance, & Environment (03/21/2017)

Senate Sponsors L. Crowder (R)

House Sponsors D. Esgar (D)

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

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

Position Monitor

Comment

Bill: HB17-1318

Title: Division Of Insurance Annual Report Pharmaceutical Costs Data

Status Introduced In House - Assigned to Health, Insurance, & Environment (04/04/2017)

Senate Sponsors J. Kefalas (D)

D. Coram (R)

House Sponsors J. Ginal (D)

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

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

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

Bill: HB17-1320

Title: Age Of Consent Outpatient Psychotherapy For Minors

Status Introduced In House - Assigned to Public Health Care & Human Services
(04/05/2017)

Senate Sponsors D. Coram (R)

S. Fenberg (D)

House Sponsors L. Landgraf (R)

D. Michaelson (D)

Official Summary The bill lowers the age of consent from 15 years of age and older to 10 years of age and older for a minor to seek and obtain outpatient psychotherapy services from a licensed mental health professional. The bill allows a minor 10 years of age or older to receive such outpatient psychotherapy services without the consent of his or her parent or guardian. The licensed mental health professional is immune from civil or criminal liability for providing outpatient psychotherapy services unless he or she acts negligently or outside the scope of his or her practice. The bill clarifies that the age of consent for a minor seeking inpatient psychotherapy or other inpatient mental health services without the consent of a parent or legal guardian remains 15 years of age or older.

Position Monitor

Comment

Bill: HB17-1322

Title: Domestic Violence Reports By Medical Professionals

Status Introduced In House - Assigned to Judiciary (04/05/2017)

Senate Sponsors K. Donovan (D)

House Sponsors L. Landgraf (R)

D. Esgar (D)

Official Summary Current law requires any licensed physician, physician assistant, or anesthesiologist assistant (licensee) who attends or treats any of certain injuries, including injuries resulting from domestic violence, to report the injury at once to the police of the city, town, or city and county or the sheriff of the county in which the licensee is located.

The bill states that a licensee shall not report an injury that the licensee has reason to believe involves an act of domestic violence if:

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

SENATE BILLS

Bill: SB17-003

Title: Repeal Colorado Health Benefit Exchange

Status Senate Committee on Appropriations Refer Amended to Senate Committee of the Whole (04/06/2017)

Senate Sponsors J. Smallwood (R)

House Sponsors P. Neville (R)

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

Position Monitor

Comment

Bill: SB17-004

Title: Access To Providers For Medicaid Recipients

Status Introduced In House - Assigned to State, Veterans, & Military Affairs (03/07/2017)

Senate Sponsors J. Tate (R)

House Sponsors C. Wist (R)

Official Summary Under current law, recipients of services under the Colorado medical assistance program (Medicaid) are not responsible for the cost of services by a medical provider or the cost remaining after payment by Medicaid or another private insurer, regardless of whether the medical provider is enrolled in the Medicaid program, unless the medical services provided are nonreimbursable by Medicaid. The bill amends the statute so that the prohibition on charging Medicaid recipients for medical services applies only if the medical provider is enrolled in Medicaid. Prior to providing medical services to a Medicaid recipient, a nonenrolled provider must enter into a written agreement with the recipient as specified in the bill. If the requirements are met, the Medicaid

Bill: SB17-009

Title: Business Personal Property Tax Exemption

Status Senate Committee on Finance Refer Amended to Appropriations (02/02/2017)

Senate Sponsors L. Crowder (R)

House Sponsors T. Leonard (R)

Official Summary There is an exemption from property tax for business personal property that would otherwise be listed on a single personal property schedule that is equal to \$7,300 for the current property tax year cycle.

The bill triples the exemption to \$21,900 for the next 2 property tax years and adjusts it for inflation for subsequent property tax cycles.

Position Monitor

Comment

Bill: SB17-032

Title: Prescription Drug Monitoring Program Access

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

Senate Sponsors M. Merrifield (D)

House Sponsors

Official Summary Current law gives law enforcement officials and state regulatory boards access to the prescription drug monitoring program with a request that is accompanied by an official court order or subpoena. The bill changes this requirement to an official court order or warrant issued upon a showing of probable cause.

Position Monitor

Comment

Bill: SB17-033

Title: Delegate Dispensing Over-the-counter Medications

Status Governor Signed (03/30/2017)

Senate Sponsors I. Aguilar (D)

House Sponsors P. Lawrence (R)

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

Position Monitor

Comment

Bill: SB17-057

Title: Colorado Healthcare Affordability & Sustainability Enterprise

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

Senate Sponsors L. Guzman (D)

House Sponsors

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

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

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

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

- Increase publicly funded insurance reimbursement rates to hospitals; and

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

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

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

- Charge and collect the fee from hospitals;
- Leverage fee revenue collected to obtain federal matching money;

Bill: SB17-064

Title: License Freestanding Emergency Departments

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

Senate Sponsors J. Kefalas (D)

House Sponsors S. Lontine (D)

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

Starting on the date the bill takes effect through June 30, 2019, the department is prohibited from issuing a new license to a person to operate a freestanding health facility that provides emergency care, whether independent from or operated by a hospital, unless the facility will serve an area of the state that has limited access to emergency care.

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

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

Position Monitor

Comment

Bill: SB17-065

Title: Transparency In Direct Pay Health Care Prices

Status Sent to the Governor (04/04/2017)

Bill: SB17-074

Title: Create Medication-assisted Treatment Pilot Program

Status Introduced In House - Assigned to Public Health Care & Human Services (03/23/2017)

Senate Sponsors L. Garcia (D)

House Sponsors D. Esgar (D)

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

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

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

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

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

Position Support

Comment

Bill: SB17-082

Title: Regulation Of Methadone Treatment Facilities

Status Introduced In Senate - Assigned to Health & Human Services (01/13/2017)

Senate Sponsors K. Lambert (R)

House Sponsors P. Lundeen (R)

Bill: SB17-084

Title: Coverage For Drugs In A Health Coverage Plan

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

Senate Sponsors C. Jahn (D)

House Sponsors J. Singer (D)

D. Esgar (D)

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

Position Monitor

Comment

Bill: SB17-088

Title: Participating Provider Network Selection Criteria

Status House Third Reading Passed - No Amendments (04/04/2017)

Senate Sponsors A. Williams (D)

C. Holbert (R)

House Sponsors K. Van Winkle (R)

E. Hooton (D)

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

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

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

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

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

Bill: SB17-104

Title: Catastrophic Plans In Geographic Rating Areas

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

Senate Sponsors K. Donovan (D)

House Sponsors

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

Position Monitor

Comment

Bill: SB17-106

Title: Sunset Registration Of Naturopathic Doctors

Status Senate Considered House Amendments - Result was to Not Concur - Request
Conference Committee (03/29/2017)

Senate Sponsors D. Coram (R)

I. Aguilar (D)

House Sponsors J. Singer (D)

Official Summary **Sunset Process - Senate Health and Human Services**

Committee. The bill implements the recommendations of the department of regulatory agencies, as contained in the department's sunset review of naturopathic doctors, as follows:

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

Bill: SB17-108

Title: Sunset Speech-language Pathology Practice Act

Status Senate Considered House Amendments - Result was to Concur - Repass
(04/05/2017)

Senate Sponsors L. Crowder (R)

House Sponsors J. Buckner (D)

Official Summary **Sunset Process - Senate Health and Human Services**

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

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

Position Monitor

Comment

Bill: SB17-133

Title: Insurance Commissioner Investigation Of Provider Complaints

Status Introduced In Senate - Assigned to Business, Labor, & Technology (01/31/2017)

Senate Sponsors J. Tate (R)

House Sponsors D. Young (D)

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

Position Support

Comment

Bill: SB17-146

Title: Access To Prescription Drug Monitoring Program

Status Sent to the Governor (04/03/2017)

Senate Sponsors C. Jahn (D)

House Sponsors J. Ginal (D)

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

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

Position Monitor

Comment

Bill: SB17-151

Title: Consumer Access To Health Care

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

Senate Sponsors L. Crowder (R)

House Sponsors J. Ginal (D)

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

- Base health care coverage authorizations and medical necessity determinations on generally accepted and evidence-based standards and criteria of clinical practice;
- Disclose to a carrier's policyholders and providers the evidence-based standards and criteria of clinical practice

Bill: SB17-181

Title: Collateral-Source Rule Evidence Of Insurance

Status Introduced In House - Assigned to State, Veterans, & Military Affairs (03/21/2017)

Senate Sponsors R. Gardner (R)

House Sponsors Y. Willett (R)

Official Summary The bill modifies the collateral-source rule, which generally states that in a civil action for damages the jury should not be told about insurance coverage or other sources from which the plaintiff has received or may receive compensation (collateral sources). The bill allows evidence of collateral sources unless the plaintiff agrees to have the jury's award reduced by the lesser of:

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

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

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

Position Monitor

Comment

Bill: SB17-193

Title: Research Center Prevention Substance Abuse Addiction

Status Introduced In House - Assigned to Public Health Care & Human Services (03/23/2017)

Senate Sponsors K. Lundberg (R)

C. Jahn (D)

House Sponsors B. Pettersen (D)

B. Rankin (R)

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

The bill makes an appropriation.

Position Monitor

Comment

Bill: SB17-108

Bill: SB17-203

Title: Prohibit Carrier From Requiring Alternative Drug

Status Introduced In House - Assigned to Health, Insurance, & Environment (03/23/2017)

Senate Sponsors N. Todd (D)

House Sponsors C. Kennedy (D)

P. Covarrubias (R)

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

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

A carrier that requires step therapy must have an override process for health care providers.

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

Position Monitor

Comment

Bill: SB17-206

Title: Out-of-network Providers Payments Patient Notice

Status Introduced In Senate - Assigned to Business, Labor, & Technology (03/03/2017)

Senate Sponsors R. Gardner (R)

House Sponsors J. Singer (D)

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

The bill outlines the method for a health insurer to use in determining the amount it must pay an out-of-network provider that rendered covered services to a covered person at an in-network facility and requires the health insurer to pay the out-of-network provider

Bill: SB17-207

Title: Strengthen Colorado Behavioral Health Crisis System

Status Senate Committee on Judiciary Refer Amended to Appropriations (03/22/2017)

Senate Sponsors J. Cooke (R)

D. Kagan (D)

House Sponsors J. Salazar (D)

L. Sias (R)

Official Summary The bill clarifies the intent of the general assembly for establishing a coordinated behavioral health crisis response system (crisis system).

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

The bill expands and strengthens the current crisis system in the following ways:

- Encourages crisis system contractors in each region to develop partnerships with the broad array of crisis intervention services in the region;
- Requires crisis system contractors to be responsible for community engagement, coordination, and system navigation for key partners in the crisis system. The goals of community coordination are to formalize key relationships within contractually defined regions, pursue collaborative programming for behavioral health services, and coordinate interventions as necessary with behavioral health crises in the region.
- Increases the ability of all crisis services facilities, including walk-in centers, acute treatment units, and crisis stabilization units within the crisis system, regardless of facility licensure, to adequately care for an individual brought to the facility in need of an emergency 72-hour mental health hold;

Bill: SB17-250

Title: Student Exemption From Immunization Requirements

Status Introduced In Senate - Assigned to Health & Human Services (03/16/2017)

Senate Sponsors T. Neville (R)

V. Marble (R)

House Sponsors S. Lebsock (D)

P. Neville (R)

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

Position Monitor

Comment

Bill: SB17-256

Title: Hospital Reimbursement Rates

Status House Second Reading Laid Over Daily - No Amendments (04/06/2017)

Senate Sponsors K. Lambert (R)

House Sponsors M. Hamner (D)

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

Position Monitor

Comment

Bill: SB17-267

Title: Sustainability Of Rural Colorado

Status Introduced In Senate - Assigned to Finance + Appropriations (03/27/2017)

Senate Sponsors J. Sonnenberg (R)

L. Guzman (D)

House Sponsors J. Becker (R)

K. Becker (D)

Official Summary **Section 3** of the bill eliminates annual statutory transfers of general fund revenue to the highway users tax fund (HUTE) and the

Bill: SB17-284

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

Status Senate Committee on State, Veterans, & Military Affairs Refer Unamended to Appropriations (04/05/2017)

Senate Sponsors K. Lundberg (R)

V. Marble (R)

House Sponsors L. Saine (R)

K. Ransom (R)

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

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

Position Monitor

Comment