

MEMORANDUM

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

FROM: Suzanne Hamilton

DATE: February 3, 2019

RE: Weekly Legislative Report

New bills this week: HB1140, 1145, 1147, 1154, 1160, 1168, and SB 110.

HOUSE BILLS

Bill: [HB19-1001](#)

Title: Hospital Transparency Measures To Analyze Efficacy

Status: House Third Reading Passed - No Amendments (01/31/2019)

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

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

Official Summary

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

- Hospital cost reports submitted to the federal centers for Medicare and Medicaid services;
- Annual audited financial statements; except that, if a hospital is part of a consolidated or combined group, the hospital may submit a consolidated or combined financial statement if the group's statement separately identifies the information for each of the group's licensed hospitals;
- The total amount of unreimbursed care;
- The gross patient service revenue;
- Any property, plant, equipment, and accumulated depreciation;
- All operating expenses;
- Staffing information;
- The total number of available beds and licensed beds;

- The total number of inpatient surgeries;
- The total number of births and newborn patient days;
- The total number of admissions from the emergency department; and

- Other gross charges categorized by primary care provider.

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

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

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

Position Monitor

Comment

Bill: [HB19-1004](#)

Title: Proposal For Affordable Health Coverage Option

Status House Committee on Health & Insurance Refer Amended to Appropriations (01/23/2019)

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

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

Official
Summary

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

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

In developing the proposal, the departments shall engage in a stakeholder process that includes public and private health insurance

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

Position Monitor

Comment

Bill: [HB19-1009](#)

Title: Substance Use Disorders Recovery

Status Introduced In House - Assigned to Public Health Care & Human Services + Appropriations (01/04/2019)

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

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

Opioid and Other Substance Use Disorders Study Committee.

The bill:

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

Official
Summary

Position Monitor

Comment

Bill: [HB19-1010](#)

Title: Freestanding Emergency Departments Licensure

Status House Committee on Finance Refer Unamended to Appropriations (01/24/2019)

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

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

The bill creates a new license, referred to as a freestanding emergency department license, for the department of public health and environment to issue on or after July 1, 2022, to a health facility that offers emergency care, that may offer primary and urgent care services, and that is either:

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

Official
Summary

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

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

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

Position Monitor

Comment

Bill: [HB19-1027](#)

Title: Clean Syringe Exchange Environmental Impact Report

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

Senate Sponsors

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

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

Official
Summary

- The number of syringes received from clean syringe exchange program participants in the previous calendar year;
- The number of syringes given to clean syringe exchange program participants in the previous calendar year;
- The agency's or nonprofit organization's plan to minimize the number of syringes near the clean syringe exchange

program location that have not been disposed of safely; and

- The agency's or nonprofit organization's plan to minimize the environmental impacts of unsafe or improper syringe disposal.

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

Position Monitor

Comment

Bill: [HB19-1028](#)

Title: Medical Marijuana Condition Autism

Status House Third Reading Laid Over Daily - No Amendments (01/31/2019)

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

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

Official
Summary

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

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

Position Monitor

Comment

Bill: [HB19-1031](#)

Title: Child Patient More Than One Primary Caregiver

Status	House Committee on Public Health Care & Human Services Refer Unamended to Appropriations (01/23/2019)
Senate Sponsors	
House Sponsors	M. Gray (D)
Official Summary	Under current law, a medical marijuana patient is limited to having one primary caregiver at a time. The bill makes an exception for a patient who is under 18 years of age and allows each parent or guardian to serve as a primary caregiver.
Position	Monitor
Comment	

Bill: [HB19-1033](#)

Title:	Local Governments May Regulate Nicotine Products
Status	Introduced In House - Assigned to Health & Insurance (01/04/2019)
Senate Sponsors	K. Priola (R) R. Fields (D)
House Sponsors	C. Kennedy (D) K. Tipper (D)

Official Summary	<p>Sections 1 through 3 of the bill authorize a county to enact a resolution or ordinance that prohibits a minor from possessing or purchasing cigarettes, tobacco products, or nicotine products. Sections 1 and 2 also authorize a county to impose regulations on cigarettes, tobacco products, or nicotine products that are more stringent than statewide regulations, including prohibiting sales to a person under 21 years of age, and section 3 expressly authorizes a county to enact a resolution or ordinance regulating the sale of cigarettes, tobacco products, or nicotine products.</p> <p>From state income tax money, the state currently apportions an amount equal to 27% of state cigarette tax revenues to cities, towns, and counties in proportion to the amount of state sales tax revenues collected within their boundaries. In order to receive their allocation of this money, cities, towns, and counties are prohibited from imposing their own fees, licenses, or taxes on cigarette sales or from attempting to impose a tax on cigarettes. Section 4 removes this prohibition, thus allowing cities, towns, and counties to impose fees, licenses, or taxes on cigarette sales without losing their apportioned state cigarette tax revenues.</p> <p>Section 5 authorizes a county, if approved by a vote of the people within the county, to impose a special sales tax on the sale of cigarettes, tobacco products, or nicotine products and provides a mechanism by which a county's special sales tax applies to a municipality within the</p>
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boundary of the county unless the municipality, if approved by a vote of the people within the municipality, enacts its own such special sales tax; however, the county and municipality may then enter into an intergovernmental agreement authorizing the county to continue to levy, collect, and enforce its special sales tax within the corporate limits of the municipality.

Position Monitor

Comment

Bill: [HB19-1038](#)

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

Status House Committee on Public Health Care & Human Services Refer Amended to Appropriations (01/23/2019)

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

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

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

Position Monitor

Comment

Bill: [HB19-1039](#)

Title: Identity Documents For Transgender Persons

Status Introduced In House - Assigned to Health & Insurance (01/04/2019)

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

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

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

The bill requires that the state registrar issue a new birth certificate rather than an amended birth certificate. The bill allows a person who has previously obtained an amended birth certificate under previous versions of the law to apply to receive a new birth certificate. A person is not required to obtain a court order for a legal name change in order to obtain a new birth certificate with a change in gender designation. The bill gives the courts in this state jurisdiction to issue a decree to amend a birth certificate to reflect a change in gender designation for persons born in another state or foreign jurisdiction if the law of such other state or foreign jurisdiction requires a court decree in order to amend a birth certificate to reflect a change in gender designation. The bill exempts transgender persons from having to submit a public notice of name change.

Position Monitor

Comment

Bill: [HB19-1041](#)

Title: Require Surgical Smoke Protection Policies

Status Introduced In Senate - Assigned to Health & Human Services
(01/29/2019)

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

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

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

Position Monitor

Comment

Bill: [HB19-1044](#)

Title: Advance Behavioral Health Orders Treatment

Status Introduced In Senate - Assigned to Health & Human Services
(01/29/2019)

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

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

Official Under current law, an adult may establish advance medical orders

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

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

The bill:

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

Position Monitor

Comment

Bill: [HB19-1049](#)

Title: Concealed Handguns On School Grounds

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

Senate Sponsors

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

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

Position Monitor

Comment

Bill: [HB19-1065](#)

Title: Public Hospital Boards Of Trustees

Status Introduced In House - Assigned to Health & Insurance (01/10/2019)

Senate Sponsors

House Sponsors

	Under current law, not more than 4 of the 7 trustees of a public hospital board of trustees (hospital board) may be residents of the city or town in which the associated hospital is located. The bill removes this restriction.
Official Summary	Current law states that a hospital board may acquire real and personal property by lease only with the approval of the board of county commissioners. The bill clarifies this requirement and creates an exception to it; that is, a hospital board that has designated its public hospital as an enterprise for purposes of section 20 of article X of the state constitution is not required to obtain such approval.
Position	Monitor
Comment	

Bill: [HB19-1070](#)

Title:	Colorado Department Of Public Health And Environment Cancer Drug Testing
Status	House Third Reading Passed - No Amendments (01/31/2019)
Senate Sponsors	J. Tate (R)
House Sponsors	J. Arndt (D)
Official Summary	Statutory Revision Committee. The bill repeals language requiring the department of public health and environment to test substances that any individual, person, firm, association, or other entity has held out to have value in the diagnosis, treatment, alleviation, or cure of cancer.
Position	Monitor
Comment	

Bill: [HB19-1076](#)

Title:	Clean Indoor Air Act Add E-cigarettes Remove Exceptions
Status	Introduced In House - Assigned to Health & Insurance (01/11/2019)
Senate Sponsors	K. Priola (R) K. Donovan (D)
House Sponsors	D. Michaelson Jenet (D) C. Larson (R)
Official Summary	The bill amends the Colorado Clean Indoor Air Act by: <ul style="list-style-type: none">• Adding a definition of electronic smoking device (ESD) to include e-cigarettes and similar devices within the scope

of the act;

- Citing the results of recent research on ESD emissions and their effects on human health as part of the legislative declaration;

- Eliminating the existing exceptions for certain places of business in which smoking may be permitted, such as airport smoking concessions, businesses with 3 or fewer employees, designated smoking rooms in hotels, and designated smoking areas in assisted living facilities; and

- Repealing the ability of property owners and managers to designate smoking and nonsmoking areas through the posting of signs.

Position Monitor

Comment

Bill: [HB19-1077](#)

Title: Pharmacist Dispense Drug Without Prescription In Emergency

Status Introduced In Senate - Assigned to Health & Human Services (01/29/2019)

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

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

Official
Summary

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

- The pharmacist is unable to obtain authorization to refill the prescription from a health care provider;
- The pharmacist has a record of a prescription in the name of the patient who is requesting the emergency supply of the chronic maintenance drug or, in the pharmacist's professional judgment, the refusal to dispense an emergency supply will endanger the health of the patient;
- The amount of the chronic maintenance drug dispensed does not exceed the amount of the most recent prescription or the standard quantity or unit of use package dispensed of the drug; and
- The pharmacist has not dispensed an emergency supply of the chronic maintenance drug to the same patient in the previous 12-month period.

The bill requires the state board of pharmacy to promulgate rules to establish standard procedures for dispensing chronic maintenance drugs. A pharmacist, the pharmacist's employer, and the original prescriber of the drug are not civilly liable for dispensing a chronic maintenance drug unless there is negligence, recklessness, or willful or

wanton misconduct.

Position Monitor

Comment

Bill: [HB19-1080](#)

Title: Benefits For First Responders With A Disability

Status House Committee on Rural Affairs & Agriculture Refer Amended to Appropriations (01/31/2019)

Senate Sponsors

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

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

Position Monitor

Comment

Bill: [HB19-1088](#)

Title: Modify Income Tax Credit Health Care Preceptors

Status House Committee on Rural Affairs & Agriculture Refer Amended to Finance (01/28/2019)

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

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

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

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

Position Monitor

Comment

Bill: [HB19-1089](#)

Title: Exemption From Garnishment For Medical Debt

Status Introduced In House - Assigned to Finance (01/14/2019)

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

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

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

Position Monitor

Comment

Bill: [HB19-1095](#)

Title: Physician Assistants Supervision And Liability

Status Introduced In House - Assigned to Health & Insurance (01/14/2019)

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

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

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

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

Current law states that a licensed physician may be responsible for the direction and supervision of up to 4 physician assistants at any one time and may be responsible for the direction and supervision of more than 4 physician assistants upon receiving specific approval from the Colorado medical board (board). The bill eliminates this restriction. The bill adds 2 more physician assistants as members of the board, for a total of 3 physician assistant members. Current law requires the president of the board to establish a licensing panel consisting of 3

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

Position Monitor

Comment

Bill: [HB19-1103](#)

Title: Protect Human Life At Conception

Status Introduced In House - Assigned to Health & Insurance (01/14/2019)

Senate Sponsors

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

Official
Summary

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

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

The pregnant mother upon whom termination of the life of an unborn child is performed or attempted is not subject to a criminal penalty. The sale and use of contraception is not prohibited by the bill. A conviction related to the prohibition of the termination of the life of an unborn child constitutes unprofessional conduct for purposes of physician licensing.

Position Monitor

Comment

Bill: [HB19-1105](#)

Title: Nurse Practitioner Workers' Compensation

Status Introduced In House - Assigned to Health & Insurance (01/14/2019)

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

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

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

Position Monitor

Comment

Bill: [HB19-1109](#)

Title: Convalescent Centers As Pharmacies

Status Introduced In House - Assigned to Public Health Care & Human Services (01/14/2019)

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

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

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

Position Monitor

Comment

Bill: [HB19-1117](#)

Title: Regulation Of Professions And Occupations Reform

Status Introduced In House - Assigned to Business Affairs & Labor + Appropriations (01/16/2019)

Senate Sponsors

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

Official Summary Current law requires the department of regulatory agencies to analyze whether to begin or continue the regulation of a profession or

occupation based on several factors. The bill elaborates on these factors and requires the department to find a present, significant, and substantiated harm to consumers before recommending regulation. The bill further requires the department to recommend only the least restrictive regulation necessary to address the harm and sets guidelines for recommended regulation.

Position Monitor

Comment

Bill: [HB19-1120](#)

Title: Youth Mental Health Education And Suicide Prevention

Status Introduced In House - Assigned to Public Health Care & Human Services + Appropriations (01/16/2019)

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

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

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

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

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

Position Monitor

Comment

Bill: [HB19-1122](#)

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

Status Introduced In House - Assigned to Public Health Care & Human Services (01/16/2019)

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

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

[L. Landgraf](#) (R)

Official
Summary

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

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

Position

Monitor

Comment

Bill: [HB19-1125](#)

Title: Mental Health Professional Access To Dismissed Complaint

Status Introduced In House - Assigned to Public Health Care & Human Services (01/23/2019)

Senate Sponsors

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

Official
Summary

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

Position

Monitor

Comment

Bill: [HB19-1129](#)

Title: Prohibit Conversion Therapy for A Minor

Status Introduced In House - Assigned to Public Health Care & Human

Services (01/24/2019)

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

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

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

Position Monitor

Comment

Bill: [HB19-1140](#)

Title: Live And Let Live Act

Status Introduced In House - Assigned to State, Veterans, & Military Affairs
(01/28/2019)

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

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

Official
Summary The bill establishes the Live and Let Live Act in Colorado. [The bill prohibits any governmental entity from taking negative action against a business, organization, or state employee from refusing to recognize gay marriage – CJH summary]

Position Monitor

Comment

Bill: [HB19-1145](#)

Title: Primary Residence Exempt Liens For Medical Debt

Status Introduced In House - Assigned to Finance (01/29/2019)

Senate Sponsors

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

Official
Summary The bill exempts a person's primary residence from attachment or execution of a lien as the result of a judgment for medical debt. A person

recording a transcript of judgment must record an affidavit with the transcript stating that the signer is an authorized agent of the judgment creditor and whether the judgment is for medical debt. A judgment debtor may record an affidavit with the county stating the debtor's name, a description of the debtor's interest in the property, and that the property is the debtor's primary residence. A primary residence is defined as a person's dwelling place and includes the dwelling, the lot or lots on which the dwelling is situated, including a farm of any number of acres, and any appurtenances.

The bill takes effect on January 1, 2020, and applies to judgments entered on or after that date.

Position Monitor

Comment

Bill: [HB19-1147](#)

Title: Revise Traumatic Brain Injury Program

Status Introduced In House - Assigned to Public Health Care & Human Services (01/29/2019)

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

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

Official
Summary

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

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

other offenses for the benefit of the trust fund.

Position Monitor

Comment

Bill: [HB19-1154](#)

Title: Patient Choice Of Pharmacy

Status Introduced In House - Assigned to Health & Insurance (01/29/2019)

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

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

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

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

Position Monitor

Comment

Bill: [HB19-1160](#)

Title: Mental Health Facility Pilot Program

Status Introduced In House - Assigned to Public Health Care & Human Services + Appropriations (01/30/2019)

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

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

Official Summary The bill creates a new 3-year mental health facility pilot program to provide residential care, treatment, and services to persons with both

a mental health diagnosis and a physical health diagnosis. It contains requirements for applicants and directs the department of public health and environment to select one or 2 applicants for the pilot program.

Position Monitor

Comment

Bill: [HB19-1168](#)

Title: State Innovation Waiver Reinsurance Program

Status Introduced In House - Assigned to Health & Insurance (02/01/2019)

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

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

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

Position Monitor

Comment

SENATE BILLS

Bill: [SB19-001](#)

Title: Expand Medication-assisted Treatment Pilot Program

Status Introduced In Senate - Assigned to Health & Human Services (01/04/2019)

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

House Sponsors

Official Summary In 2017, the general assembly enacted Senate Bill 17-074, which created a 2-year medication-assisted treatment (MAT) expansion pilot program, administered by the university of Colorado college of nursing, to expand access to medication-assisted treatment to opioid-dependent patients in Pueblo and Routt counties. The 2017 act directs the general

assembly to appropriate \$500,000 per year for the 2017-18 and 2018-19 fiscal years from the marijuana tax cash fund to the university of Colorado board of regents, for allocation to the college of nursing to implement the pilot program. The pilot program repeals on June 30, 2020.

The bill:

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

Position Monitor

Comment

Bill: [SB19-004](#)

Title: Address High-cost Health Insurance Pilot Program

Status Introduced In Senate - Assigned to Health & Human Services (01/04/2019)

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

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

Official
Summary

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

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

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

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

Position Monitor

Comment

Bill: [SB19-005](#)

Title: Import Prescription Drugs From Canada

Status Senate Committee on Health & Human Services Refer Amended to Appropriations (01/31/2019)

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

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

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

Position Monitor

Comment

Bill: [SB19-008](#)

Title: Substance Use Disorder Treatment In Criminal Justice System

Status Introduced In Senate - Assigned to Judiciary (01/04/2019)

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

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

Official **Opioid and Other Substance Use Disorders Study Committee.**

Summary

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

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

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

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

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

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

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

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

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

Position Monitor
Comment

Bill: [SB19-010](#)

Title: Professional Behavioral Health Services For Schools
Status Senate Committee on Health & Human Services Refer Amended to Appropriations (01/17/2019)

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

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

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

Official Summary The bill allows a community provider to commit money to schools. It also changes the amount the department can expend to offset the costs incurred in implementing the program from 3% to 5% of money appropriated for the program.
The bill allows school districts to enter into agreements with specified groups to implement evidence-based, school-wide behavior supports and strategies to build and support positive school climates, including providing behavioral health services and supports; implement strategies to reduce the incidence of suspension and expulsion; and implement alternatives to suspension or expulsion.

Position Monitor
Comment

Bill: [SB19-012](#)

Title: Use Of Mobile Electronic Devices While Driving
Status Introduced In Senate - Assigned to Transportation & Energy (01/04/2019)

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

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

Official Summary Current law prohibits the use of wireless telephones while driving for individuals who are younger than 18 years of age. The bill:
• Extends the prohibition to drivers of all ages;

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

Position Monitor

Comment

Bill: [SB19-013](#)

Title: Medical Marijuana Condition Opiates Prescribed For

Status Introduced In Senate - Assigned to Health & Human Services (01/04/2019)

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

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

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

Position Monitor

Comment

Bill: [SB19-015](#)

Title: Create Statewide Health Care Review Committee

Status Senate Committee on Health & Human Services Refer Unamended to Appropriations (01/17/2019)

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

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

Official Summary The bill recreates the former health care task force, renamed as the statewide health care review committee, to study health care issues that affect Colorado residents throughout the state. The committee consists of the members of the house of representatives committees on health and insurance and public health care and human services and the senate committee on health and human services. The committee is permitted to meet up to 2 times during the interim between legislative sessions, including 2 field trips.

Position Monitor

Comment

Bill: [SB19-027](#)

Title: County Authority Unclaimed Body Final Disposition

Status Introduced In House - Assigned to Judiciary (01/24/2019)

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

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

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

Position Monitor

Comment

Bill: [SB19-041](#)

Title: Health Insurance Contract Carrier And Policyholder

Status Introduced In Senate - Assigned to Health & Human Services (01/04/2019)

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

House Sponsors

Official Summary Current law requires a contract between a health insurance carrier and a policyholder to contain a provision that requires the policyholder to pay premiums for each individual covered under the policy through the date that the policyholder notifies the carrier that an individual covered under the policy is no longer covered. The bill requires the contract to state that, in the alternative, the policyholder is required to

pay premiums to the carrier through the date that the individual covered under the policy is no longer eligible or covered if the policyholder notifies the carrier within 10 business days after the date of ineligibility or noncoverage.

Position Monitor

Comment

Bill: [SB19-044](#)

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

Status Introduced In House - Assigned to Public Health Care & Human Services (01/24/2019)

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

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

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

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

Position Monitor

Comment

Bill: [SB19-049](#)

Title: Statute Of Limitation Failure Report Child Abuse

Status Introduced In Senate - Assigned to Judiciary (01/07/2019)

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

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

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

Position Monitor

Comment

Bill: [SB19-052](#)

Title: Emergency Medical Service Provider Scope Of Practice

Status Introduced In Senate - Assigned to Health & Human Services

(01/08/2019)

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

House Sponsors

Emergency medical service (EMS) providers are authorized to practice under the medical direction of a physician. **Section 1** of the bill expands an EMS provider's scope of practice by authorizing a provider to practice under the medical direction of an advanced practice nurse or a physician assistant.

Section 1 also:

- Specifies that a provider may practice in a hospital or clinic; and

Official
Summary

- Authorizes the state board of health to promulgate rules to authorize other types of medical professionals to provide medical direction to EMS providers or to allow EMS providers to practice in other types of licensed health care facilities or health care-related settings.

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

Sections 2, 4, and 5 make conforming amendments.

Position

Monitor

Comment

Bill: [SB19-061](#)

Title: Self-contained Breathing Apparatus Testing And Certification

Status Introduced In Senate - Assigned to Health & Human Services
(01/10/2019)

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

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

Official
Summary

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

Section 1 of the bill declares that, with the emergence of new technology to test the continuing safety of vessels that are at the end of their initial recommended service life, vessels that remain safe can and should be recertified for an additional period rather than discarded,

resulting in a saving of tax dollars for local governments.

Sections 2 through 4 give the executive director of the department of public health and environment the authority to inspect SCBA equipment and, if necessary, to write rules governing the inspection and certification of pressure vessels. Any such rules must incorporate or recognize current DOT or NIOSH standards for certification and recertification with regard to any technology that is accepted by those federal agencies.

Position Monitor

Comment

Bill: [SB19-065](#)

Title: Peer Assistance Emergency Medical Service Provider

Status Introduced In Senate - Assigned to Health & Human Services
(01/10/2019)

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

House Sponsors

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

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

Official
Summary

Position Monitor
Comment

Bill: [SB19-073](#)

Title: Statewide System Of Advance Medical Directives

Status Introduced In Senate - Assigned to Health & Human Services
(01/10/2019)

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

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

The bill requires the department of public health and environment (department) to create and administer a statewide electronic system (system) that allows qualified individuals to upload and access advance medical directives.

The bill defines an advance medical directive as a directive concerning medical orders for scope of treatment and requires the department to contract with one or more health information organization networks for the administration and maintenance of the system. The bill also requires the department to promulgate rules to administer the system.

The bill clarifies that it is the responsibility of the adult whose medical treatment is the subject of the advance medical directive, or the authorized surrogate decision-maker, to ensure that the advance medical directive uploaded to the system is current and accurate.

The bill does not allow for any civil or criminal liability or regulatory sanctions for any emergency personnel, health care provider, health care facility, or any other person that complies with a legally executed advance medical directive that is accessed from the system.

Official
Summary
Position Monitor
Comment

Bill: [SB19-093](#)

Title: Firearms Rights Of Medical Marijuana Users

Status Introduced In Senate - Assigned to State, Veterans, & Military Affairs
(01/23/2019)

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

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

Official
Summary
Current law prohibits a person from carrying a firearm if the person has a prior conviction for a felony or conspiracy to commit a felony pursuant to Colorado law, the law of any other state, or federal law. The bill clarifies that a person is not prohibited from carrying a

firearm if the prior conviction was for the possession or use of marijuana that was lawfully possessed or used pursuant to the Colorado constitution.

Under current law, a sheriff may deny an application for a permit to carry a concealed handgun when the applicant is ineligible to possess a firearm pursuant to Colorado or federal law or the applicant is an unlawful user of, or addicted to, a controlled substance, as defined by federal law or regulation. The bill clarifies that a person is not considered to be ineligible to possess a firearm pursuant to federal law nor considered to be an unlawful user of, or addicted to, a controlled substance because of the possession or use of medical marijuana pursuant to the Colorado constitution.

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

Position Monitor

Comment

Bill: [SB19-098](#)

Title: Cost-based Reimbursement For Rural Hospitals

Status Introduced In Senate - Assigned to Finance + Appropriations
(01/23/2019)

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

House Sponsors

Official
Summary

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

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

Position Monitor

Comment

Bill: [SB19-110](#)

Title: Licensing Regulation Ambulatory Surgical Centers

Status	Introduced In Senate - Assigned to State, Veterans, & Military Affairs (01/31/2019)
Senate Sponsors	L. Crowder (R)
House Sponsors	R. Pelton (R)
Official Summary	Under current law, certain freestanding and office-based facilities performing outpatient procedures such as liposuction and radiation treatments are not regulated to the same extent as facilities within a hospital and, in some cases, not at all. The bill extends the jurisdiction of the department of public health and environment to license these facilities and to adopt rules governing their operation.
Position	Monitor
Comment	