

MEMORANDUM

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

FROM: Suzanne Hamilton

DATE: February 24, 2017

RE: Weekly Legislative Report

One new bill this week: SB 198.

HOUSE BILLS

Bill: HB17-1011

Title: Statute Of Limitation Discipline Mental Health Professional
Status Introduced In Senate - Assigned to Health & Human Services (02/03/2017)
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 House Committee on Finance Refer Amended to Appropriations (01/23/2017)
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 permit, or license renewal remains in effect until revoked by the applicant. Section 1 also removes the repeal date of the Emily Maureen Ellen Keyes organ and tissue donation awareness fund (fund). **Section 2** of the bill continues the option that allows applicants for a driver's license, instruction permit, or license renewal to donate to the fund and, if not already a donor, to volunteer to become a donor. **Section 3** of the bill requires the state auditor to conduct an audit of the fund every 10 years beginning on July 1, 2018, and submit the report to the legislative audit committee.
Position Monitor

Bill: HB17-1032

Title: First Responder Peer Support Testimony Privilege

Status Introduced In Senate - Assigned to Judiciary (02/03/2017)

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 Monitor

Comment

Bill: HB17-1044

Title: Autocycle Characteristics & Safety Requirements

Status Introduced In Senate - Assigned to Transportation (02/08/2017)

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 Introduced In Senate - Assigned to Judiciary (02/15/2017)

Senate Sponsors J. Smallwood (R)

House Sponsors M. Foote (D)

Official Summary The bill amends language describing the criminal offense of insurance fraud.

The bill states that, for criminal offenses relating to insurance fraud, the period within which a prosecution must be commenced begins to run upon discovery of the criminal or delinquent act.

The bill adds insurance fraud to the definition of racketeering activity for purposes of the Colorado Organized Crime Control Act.

Position Monitor

Comment

Bill: HB17-1057

Title: Interstate Physical Therapy Licensure Compact

Status House Committee on Finance Refer Unamended to Appropriations (02/01/2017)

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 weeks' gestation;
- A description of the method or methods of abortion performed at the clinic;
- The name of each physician performing abortions at the clinic, along with the state of each physician's licensure, any board certifications or specialties maintained by the physician, and any disciplinary action taken against the physician in the last 5 years;
- The number of babies born alive at the clinic during the year, whether the babies were born prior to, during, or after the attempted completion of an abortion, whether or not these babies survived, whether or not they were viable, and whether or not they were transported to a hospital; and
- The number of patients, including women and born-alive infants, who were transported to a hospital from the clinic

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 J. Everett (R)

D. Nordberg (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 Introduced In Senate - Assigned to Health & Human Services (02/15/2017)

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 audio-visual communication or the use of a HIPAA-compliant application via a cellular telephone but does not include voice-only telephone communication or text messaging.

Position Monitor

Comment

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)

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 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: 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 Introduced In House - Assigned to Health, Insurance, & Environment (01/20/2017)

Senate Sponsors

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.

Bill: HB17-1121

Title: Patient Safety Act

Status Introduced In House - Assigned to Health, Insurance, & Environment (01/20/2017)

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 fingerprint-based criminal history record check for:

- Podiatrists (**sections 1 and 2**);
- Dentists and dental hygienists (**sections 3 and 4**);
- Medical doctors, physician assistants, and anesthesiologists (**sections 5 and 6**);
- Nurses (**sections 7 and 8**);
- Certified nurse aides (**sections 10 and 11**);
- Optometrists (**sections 13 through 15**); and
- Veterinarians (**sections 16 through 18**).

Section 9 of the bill eliminates the nurse alternative to discipline program.

Section 12 of the bill requires an employer of a certified nurse aide (CNA) to report whenever a CNA is terminated from employment or resigns in lieu of termination, within 30 days after the termination or resignation. The state board of nursing is authorized to fine an employer that fails to report the termination or resignation.

Section 19 amends the Medical Transparency Act of 2010 to include a person applying for nurse licensure under the Enhanced Nurse Licensure Compact within the definition of applicant.

Section 20 of the bill repeals the current Nurse Licensure Compact and adopts the Enhanced Nurse Licensure Compact.

Position Monitor

Comment

Bill: HB17-1122

Title: Gender Identification On Birth Certificates

Status Introduced In House - Assigned to Judiciary (01/24/2017)

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

Bill: HB17-1126

Title: Medicaid Appeal Review Legal Notice Requirements

Status House Third Reading Passed - No Amendments (02/21/2017)

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 may suspend the enrollment of a Medicaid provider for a period of time set forth in the bill. The provider has the right to appeal the suspension administratively.

Position Monitor

Comment

Bill: HB17-1146

Title: Parents' Rights Related To Minors

Status Introduced In House - Assigned to Health, Insurance, & Environment + Appropriations (02/02/2017)

Senate Sponsors

House Sponsors P. Neville (R)

Bill: HB17-1156

Title: Prohibits Conversion Therapy Mental Health Provider

Status Introduced In House - Assigned to Public Health Care & Human Services (02/06/2017)

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 House - Assigned to Business Affairs and Labor + Appropriations (02/06/2017)

Senate Sponsors

House Sponsors S. Lebsack (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:

Bill: HB17-1173

Title: Health Care Providers And Carriers Contracts

Status House Committee on Health, Insurance, & Environment Refer Amended to House Committee of the Whole (02/21/2017)

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 Monitor

Comment

Bill: HB17-1179

Title: Immunity For Emergency Rescue From Locked Vehicle

Status Introduced In House - Assigned to Health, Insurance, & Environment (02/07/2017)

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 agency;
- Use no more force than reasonably necessary to enter the locked vehicle;
- Remain with the at-risk person or animal in a safe location close to the vehicle until law enforcement or other first responder arrives at the scene; except that, if the person rendering assistance has to leave the scene before the owner or operator of the vehicle returns, prior to leaving the scene, the person rendering assistance shall leave a notice on the vehicle with his or her name and contact information and the name and location, if any, of the facility to which he or she took the at-risk person or animal. Also prior to leaving the scene, the person rendering

Bill: HB17-1183

Title: Mental Health Professional Disclosures Repeal Effect Clause

Status Introduced In House - Assigned to Education (02/13/2017)

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 Introduced In House - Assigned to Public Health Care & Human Services (02/14/2017)

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 Introduced In House - Assigned to Health, Insurance, & Environment (02/14/2017)

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

SENATE BILLS

Bill: SB17-003

Title: Repeal Colorado Health Benefit Exchange

Status Senate Committee on Finance Refer Unamended to Appropriations (02/07/2017)

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 Senate Second Reading Laid Over to 02/27/2017 - No Amendments (02/22/2017)

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 recipient would be responsible for the cost of the medical services.

Position Monitor

Comment

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

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.

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 Introduced In House - Assigned to Health, Insurance, & Environment (02/10/2017)

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 Introduced In Senate - Assigned to Finance (01/13/2017)

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

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 Introduced In House - Assigned to Health, Insurance, & Environment (02/15/2017)

Senate Sponsors K. Lundberg (R)

House Sponsors S. Lontine (D)

Official Summary The bill creates the Transparency in Health Care Prices Act, which requires health care professionals and health care facilities to make available to the public the health care prices they assess directly for common health care services they provide. Health care professionals and facilities are not required to submit their health care prices to any government agency for review or approval. Additionally, the act prohibits health insurers, government agencies, or other persons or entities from penalizing a health care recipient, provider, facility, employer, or other person or entity who pays directly for health care services or otherwise exercises rights under or complies with the act. The bill takes effect January 1, 2018.

Position Monitor

Comment

Bill: SB17-074

Title: Create Medication-assisted Treatment Pilot Program

Status Senate Committee on Health & Human Services Refer Amended to Appropriations (02/08/2017)

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 Monitor

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)

Official Summary Current law requires the department of human services to establish standards for facilities that treat drug abusers or dispense controlled substances to drug abusers. This authority includes standards for methadone treatment facilities.

The bill defines methadone treatment facilities, removes regulatory authority over methadone treatment facilities from the department of human services, and authorizes regulatory authority of methadone treatment facilities by the department of public health and environment.

The bill requires additional standards for methadone treatment facilities, including minimum distances for such facilities from schools, colleges, residential child care facilities, and public parks, and a disclosure of infractions by the owner of the facility, its holding company, and any other entity under the holding company. When infractions are disclosed, the department must determine whether the public interest requires denial of an application or other remedial action.

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 Senate Committee on Business, Labor, & Technology Refer Amended to Appropriations (02/13/2017)

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.

At least 45 days before implementing a decision to terminate, deny, restrict, limit, or otherwise condition a provider's participation in one or more provider networks, a carrier must notify the affected provider in writing and inform the provider of the right to request that the carrier reconsider its decision. The bill requires the carrier to develop procedures for providers to request reconsideration and sets forth minimum requirements for, components of, and deadlines for the procedures.

At least annually, and within 30 days after adding or removing a network plan or product, a carrier must provide to providers participating in at least one of its networks a complete list of all network plans and products it offers to consumers, indicating the participating provider's status within each network plan or product.

A carrier that violates a requirement of the bill engages in an unfair or deceptive act or practice in the business of insurance and is

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 Third Reading Passed - No Amendments (02/23/2017)

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 appears in the act (**section 3**).

Position Monitor

Comment

Bill: SB17-108

Title: Sunset Speech-language Pathology Practice Act

Status Introduced In House - Assigned to Health, Insurance, & Environment (02/17/2017)

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:

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 Monitor
Comment

Bill: SB17-142

Title: Breast Density Notification Required
Status Senate Second Reading Laid Over to 02/27/2017 - No Amendments (02/22/2017)
Senate Sponsors A. Williams (D)
House Sponsors J. Danielson (D)
Official Summary The bill requires that each mammography report provided to a patient include information that identifies the patient's breast tissue classification based on the breast imaging reporting and data system established by the American college of radiology. If the health care facility that performed the mammography determines that a patient has dense breast tissue, the facility is required to notify the patient of the determination using specific language.
Position Monitor
Comment

Bill: SB17-146

Title: Access To Prescription Drug Monitoring Program
Status Senate Second Reading Laid Over to 02/27/2017 - No Amendments (02/22/2017)
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

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 and processes that the carrier uses for coverage authorizations and medical necessity determinations of health care services;
- Ensure that coverage authorizations and medical necessity determinations are performed by a health care provider;
- Categorize a condition as a new episode of care if the same provider has not treated the policyholder for the condition within the previous 30 days; and
- Ensure that tiered prior authorization criteria are based on generally accepted and evidence-based standards and criteria of clinical practice.

The bill prohibits:

- An intermediary from requiring coverage authorization or a medical necessity determination prior to the evaluation and management services provided by a health care provider to a policyholder during an initial health care visit; and
- A carrier from creating incentives to reduce or deny coverage authorizations or medical necessity determinations.

Position Monitor

Comment

Bill: SB17-181

Title: Collateral-Source Rule Evidence Of Insurance

Status Introduced In Senate - Assigned to Judiciary (02/14/2017)

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

Bill: SB17-193

Title: Research Center Prevention Substance Abuse Addiction

Status Introduced In Senate - Assigned to Health & Human Services (02/14/2017)

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: SB17-198

Title: Public Participate Review Acquire Control Insurer

Status Introduced In Senate - Assigned to Business, Labor, & Technology (02/17/2017)

Senate Sponsors K. Priola (R)

House Sponsors A. Garnett (D)

Official Summary Current law requires an opportunity for public notice and a hearing for proposed transactions that would result in the acquisition of control of a domestic insurer, which is one that is incorporated or formed pursuant to Colorado law. **Section 1** of the bill expands the public notice for acquisition of a domestic insurer that offers health plans by requiring the commissioner of insurance to make the entire preacquisition notification available for public inspection promptly after filing. **Section 2** requires the commissioner to subject proposed transactions that would result in the acquisition of control of a foreign insurer that offers health plans to public participation requirements that are analogous to those that would be required for domestic insurers that offer health plans.

Position Monitor

Comment