

MEMORANDUM

TO: Barb Burgess  
Dave Friedenson, MD  
Eric Olsen, MD  
Andy French, MD  
Greg Maloney

FROM: Suzanne Hamilton

DATE: January 26, 2016

RE: Weekly Legislative Report

HOUSE BILLS

Bill: [HB16-1007](#)

Title: Offenses Against Unborn Children

Status Introduced In House - Assigned to Business Affairs and Labor  
(01/13/2016)

Senate Sponsors

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

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

Position Monitor

Comment

Bill: [HB16-1015](#)

Title: Contingent Repeal Health Ins Laws Aligning With ACA

Status Introduced In House - Assigned to State, Veterans, & Military Affairs  
(01/13/2016)

Senate Sponsors

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

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

is triggered if the comparable federal law requirement under the ACA is repealed by congress and approved by the president:

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

Position Monitor

Comment

Bill: [HB16-1034](#)

Title: Emergency Medical Responder Registration Program

Status Introduced In House - Assigned to Health, Insurance, & Environment (01/13/2016)

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

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

Official  
Summary

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

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

Position Monitor

Comment

Bill: [HB16-1040](#)

Title: Auxiliary Emergency Communications

Status Introduced In House - Assigned to Local Government (01/13/2016)

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

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

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

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

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

Official  
Summary

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

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

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

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

**Section 8** of the bill increases the size of the public safety communications subcommittee to the homeland security and all-hazards senior advisory committee from 23 to 24 members and makes the section emergency coordinator for the amateur radio emergency service of the Colorado section of the amateur radio relay league or his or her designee a standing member of the subcommittee.

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Position Monitor

Comment

Bill: [HB16-1047](#)

Title: Interstate Medical Licensure Compact

Status Introduced In House - Assigned to Health, Insurance, & Environment (01/13/2016)

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

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

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

Position Monitor

## Comment

Bill: [HB16-1054](#)

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

Status: Introduced In House - Assigned to Judiciary (01/13/2016)

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

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

## Official Summary

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

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

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

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

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

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

a prescription unless the mental health professional communicates, in

writing, that the individual is capable.

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

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

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

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

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Position Monitor

Comment

Bill: [HB16-1062](#)

Title: Limitation On Mental Health Disciplinary Actions

Status Introduced In House - Assigned to Judiciary (01/13/2016)

Senate Sponsors

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

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

Position Monitor

Comment

Bill: [HB16-1063](#)

Title: Mental Health Professional Disclosure School Safety

Status Introduced In House - Assigned to Judiciary (01/13/2016)

Senate Sponsors

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

Official  
Summary

Except under limited circumstances, current law prohibits a licensed, registered, or certified mental health professional from disclosing, without the client's consent, confidential communications made by, or advice given to, the client in the course of the professional relationship.

The bill grants an exception to the prohibition against disclosure when the mental health professional's client either:

- Makes a direct threat against a school or its occupants; or
- Exhibits behavior that, in the mental health professional's

reasonable judgment, creates a dangerous environment in a school that may jeopardize the safety or well being of students, faculty, staff, parents, or the general public.

The mental health professional must limit the disclosure to appropriate school district personnel and maintain confidentiality of the disclosure.

A mental health professional is not liable for disclosing or failing to disclose a confidential communication, except to the extent the mental health professional has a duty under current law to warn and protect.

Position

Monitor

Comment

Bill: [HB16-1065](#)

Title: Income Tax Credit For Home Health Care

Status Introduced In House - Assigned to Health, Insurance, & Environment + Finance (01/13/2016)

Senate Sponsors

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

Official  
Summary

The bill creates an income tax credit to assist a qualifying senior with seeking health care in his or her home. In the first 2-years, the tax credit is for a percentage of the costs incurred by the qualifying senior for

home modifications in each income tax year. In the next 2-years, the tax credit is for a percentage of the costs incurred by the qualifying senior for home modifications or home health care services in each income tax year.

In the following 2-years, the tax credit is for a percentage of the costs incurred by the qualifying senior for home modifications, home health

care services, durable medical equipment, or telehealth equipment in each

income tax year. In each year the income tax credit is subject to a maximum amount.

The bill also specifies that if the revenue estimate prepared by the staff of the legislative council in December 2015 and each December thereafter indicates that the amount of the total general fund revenues, including the impact of the tax credit allowed in this bill and including the

impact of any other tax expenditures that have the same trigger, for that particular fiscal year will not be sufficient to grow the total state general fund appropriations by 6% over such appropriations for the previous fiscal year, then the credit is not allowed for any income tax year commencing during the calendar year following the year in which the estimate is prepared; except that any taxpayer who would have been eligible to claim a credit in the income tax year in which the credit is not allowed is allowed to claim the credit earned in such income tax year in the next income tax year in which the estimate indicates that the amount of the total general fund revenues will be sufficient to grow the total state

general fund appropriations by 6% over such appropriations for the previous fiscal year.

Position Monitor

Comment

Bill: [HB16-1068](#)

Title: Regulation Of Methadone Treatment Facilities

Status Introduced In House - Assigned to State, Veterans, & Military Affairs (01/13/2016)

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

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

Official Summary Current law requires the unit within the department of human services that administers behavioral health programs and services (unit) to establish standards for facilities that treat drug abusers or dispense controlled substances to drug abusers. The bill requires additional standards for methadone treatment facilities, including minimum distances for such facilities from schools, colleges, and residential child care facilities and a disclosure of infractions by the owner of the facility, its holding company, or other facilities under the holding company. If infractions are disclosed, the unit shall determine whether the public interest requires denial of an application or other remedial action. The bill also specifies that a methadone treatment facility is not a



medical clinic for zoning purposes.

Position Monitor

Comment

Bill: [HB16-1095](#)

Title: Health Insurance For Prescription Eye Drop Refills

Status Introduced In House - Assigned to Health, Insurance, & Environment  
(01/19/2016)

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

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

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

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

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

Position Monitor

Comment

Bill: [HB16-1101](#)

Title: Medical Decisions For Unrepresented Patients

Status Introduced In House - Assigned to Health, Insurance, & Environment  
(01/19/2016)

Senate Sponsors

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

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

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

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

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

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

Position Monitor

Comment

Bill: [HB16-1102](#)

Title: Drug Production Costs Transparency Requirements

Status Introduced In House - Assigned to Health, Insurance, & Environment (01/19/2016)

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

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

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

Official  
Summary

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

Additionally, a manufacturer must report the cumulative annual

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

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

By June 1, 2016, the commission must develop a form for manufacturers to use to submit the report. Additionally, the commission is to submit a report to the general assembly by December 1, 2016, that outlines the information reported by drug manufacturers and contains any

recommendations the commission may have regarding legislative, administrative, or other policy changes based on the data received from drug manufacturers.

Position Monitor

Comment

Bill: [HB16-1103](#)

Title: License Pathways For Mental Health Workforce

Status Introduced In House - Assigned to Public Health Care & Human Services (01/19/2016)

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

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

Official  
Summary

The bill clarifies that licensed psychologists, licensed clinical social workers, licensed marriage and family therapists, and licensed professional counselors (occupations collectively referred to as mental health professions); candidates for licensure in a mental health profession, including licensed social workers; and individuals enrolled in

an appropriate professional program of study for a mental health profession at an approved school or college may register with the database of registered psychotherapists; however, if they do register with

such database, the hours accrued will not count toward licensure requirements. The bill also clarifies that a candidate in a mental health profession, including a licensed social worker, need only have completed

his or her degree to satisfy the educational component of the licensing process.

The individual boards for the mental health professions are

authorized to promulgate rules related to the requirements for hours accrued toward licensure.

Position Monitor

Comment

Bill: [HB16-1110](#)

Title: Parent's Bill Of Rights

Status Introduced In House - Assigned to State, Veterans, & Military Affairs (01/20/2016)

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

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

Official Summary The bill establishes a liberty interest and fundamental right for parents in the care, custody, and control of a parent's child, restricting governmental entities from infringing on such interests and rights without demonstrating a compelling governmental interest that cannot be accomplished through less restrictive means.

Position Monitor

Comment

Bill: [HB16-1113](#)

Title: Protect Human Life At Conception

Status Introduced In House - Assigned to Health, Insurance, & Environment (01/20/2016)

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

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

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

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

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

A

conviction related to the termination of the life of an unborn child prohibition constitutes unprofessional conduct for purposes of physician licensing.

Position Monitor

Comment

Bill: [HB16-1137](#)

Title: Nicotine Products Warning Label

Status Introduced In House - Assigned to Health, Insurance, & Environment (01/20/2016)

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

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

Official Summary The bill requires any packaged nicotine product that does not contain tobacco and is offered for sale in this state on or after January 1, 2017, to have a conspicuously placed warning label on the package stating that the product contains addictive nicotine. The labeling requirement expressly applies to nicotine-containing dissolvables, lotions, gels, and drinks and to liquid nicotine and nicotine-containing e-liquids that are used with electronic nicotine delivery systems such as electronic cigarettes. The penalty scheme for violations of the warning label requirement is the same as for violations of the prohibition against selling nicotine products to a minor.

Position Monitor

Comment

Bill: [HB16-1146](#)

Title: Born Alive Infant Protection Act

Status Introduced In House - Assigned to State, Veterans, & Military Affairs (01/21/2016)

Senate Sponsors

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

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

Bill: [HB16-1148](#)

Title:	Health Benefit Exchange Rules and Policies
Status	Introduced In House - Assigned to State, Veterans, & Military Affairs (01/21/2016)
Senate Sponsors	<a href="#">E. Roberts</a> (R) <a href="#">J. Kefalas</a> (D)
House Sponsors	<a href="#">L. Sias</a> (R)

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

## SENATE BILLS

Bill: [SB16-002](#)

Title: Health Exchange Voter Approval To Impose Tax

Status: Introduced In Senate - Assigned to Health & Human Services (01/13/2016)

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

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

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

Position: Monitor

Comment:

Bill: [SB16-009](#)

Title: Prohibit Referral Fees When Dividing Dental Fees

Status: Introduced In Senate - Assigned to Health & Human Services (01/13/2016)

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

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

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

Position: Monitor

Comment:

Bill: [SB16-019](#)

Title: Videotape Mental Condition Evaluations

Status: Introduced In Senate - Assigned to Judiciary (01/13/2016)

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

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

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

with the evaluator's report.

Position Monitor

Comment

Bill: [SB16-024](#)

Title: Private Student Loan Cap Act

Status Introduced In Senate - Assigned to State, Veterans, & Military Affairs  
(01/13/2016)

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

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

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

Position Monitor

Comment

Bill: [SB16-025](#)

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

Status Introduced In Senate - Assigned to State, Veterans, & Military Affairs  
(01/13/2016)

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

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

Official Summary The bill enacts the Colorado End-of-life Options Act (act), which authorizes an individual with a terminal illness to request, and the individual's attending physician to prescribe to the individual, medication to hasten the individual's death. To be qualified to request aid-in-dying medication, an individual must be a capable adult resident of Colorado who has a terminal illness and has voluntarily expressed the wish to receive a prescription for aid-in-dying medication by making 2 oral requests and a written request to his or her attending physician. An individual who requests aid-in-dying medication may rescind the request at any time, regardless of his or her mental state.



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

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

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

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

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

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

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

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

Comment

Bill: [SB16-034](#)

Title: Tampering With A Deceased Human Body

Status: Introduced In Senate - Assigned to Judiciary + Appropriations (01/13/2016)

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

House Sponsors:

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

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

Official Summary: Tampering with a deceased human body is:

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

Position: Monitor

Comment

Bill: [SB16-069](#)

Title: Community Paramedicine Regulation

Status: Introduced In Senate - Assigned to Health & Human Services (01/19/2016)

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

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

Official Summary: Community paramedics are certified emergency medical service providers who provide community-based, out-of-hospital medical services to medically underserved and medically served, yet vulnerable, populations. Under current law, community paramedics and community paramedicine agencies are not subject to regulation by any state agency.

**Section 1** of the bill defines the terms community paramedic and community paramedicine. **Section 2** authorizes the executive director of the Colorado department of public health and environment (department) to adopt rules for the endorsement of emergency medical service providers as community paramedics.

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

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

Position Monitor

Comment

Bill: [SB16-075](#)

Title: DNA Collection Misdemeanor Vulnerable Persons

Status Introduced In Senate - Assigned to Judiciary (01/19/2016)

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

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

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

Official  
Summary

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

Position Monitor

Comment