

# 2016 Legislative Report







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Use this to identify the bill number for the legislation being discussed. Additional details on the bill are available in the CHA Bill Summary (Page 10).



## Introduction

As each legislative session approaches, policy wonks and politicians alike look into their crystal balls and make predictions of what the future holds, and 2016 was no different. Many advocacy organizations, business interests and others set their sights on passing major legislation, including creating a Hospital Provider Fee (HPF) enterprise, boosting transportation and education funding, reaching compromise on construction defects litigation, staving off unfavorable initiatives on November's statewide ballot and more.

However, the politically savvy fortune-tellers cautioned that in a presidential election year with "split chambers" – Republicans controlling the State Senate and Democrats controlling the State House of Representatives – legislators were unlikely to produce significant results. And largely, they were right. None of the major efforts being pushed by the Governor, the Speaker of the House or the Senate President were successfully passed, and the legislative session ended with contentious conflicts and stalled negotiations on virtually all high-profile issues.

But for health care and hospitals, the 2016 legislative session tells a slightly different story. Heading into this year's legislative session, the Colorado Hospital Association (CHA) established several priority areas, including continuing efforts to create an HPF enterprise, increasing portability of physician licenses across state lines, improving the process for emergency mental health holds, creating a regulatory framework for community paramedics and preventing unworkable regulatory burdens for hospitals and health systems. At the end of the day, CHA was successful in achieving a vast majority of these objectives, as detailed in this report. In retrospect, the 108 bills in which CHA was actively involved cross five themes:

- Protecting Critical State Investments in Health Care
- Supporting the Promise of Increased Coverage and Access
- Pursuing Efforts to Contain Health Care Costs
- Improving Clinical Care and Quality
- Building a Strong Health Care Workforce

A complete summary of bills monitored by CHA is available beginning on page 10 of this report.

While there were continued attacks on components of the Affordable Care Act (ACA) and renewed efforts to pass legislation requiring increased consumer disclosures and protecting consumers from "surprise billing," all of these efforts failed. But negotiations around these bills evidenced increasing interest in looking beyond the achievements and impacts of the ACA and toward greater state involvement in controlling health care costs and easing health care burdens on consumers.

Looking forward to the 2016 election cycle and beyond, Colorado hospitals and health systems need to be increasingly vigilant of the needs and experiences of health care consumers and collectively engage their communities on appropriate use of the health care system. Addressing common issues proactively may be the best strategy to avoid increasing regulatory and legislative demands on the hospital and health system industry, while being responsive to calls for more transparency and a better customer experience.

# Protecting Critical State Investments in Health Care

One of CHA's recurring objectives each year is to protect the resources the state invests in health care services for the people of Colorado. In particular, Medicaid rates and the HPF are of paramount importance to the continued sustainability of Colorado hospitals.

## The Hospital Provider Fee Enterprise



The CHA-led effort to create an HPF enterprise was unarguably the most significant issue addressed by the General Assembly in 2016. An effort to significantly improve the long-term viability of the state's budget, creating an HPF enterprise would free up roughly \$1 billion over five years to help pay for other priorities, such as transportation and education, while insulating the HPF from annual debates over the state budget and ensuring this resource was maximized to the benefit of Colorado hospitals. CHA first established the need for this change as a key priority for the 2015 session and this year worked to build an ironclad coalition of more than 300 organizations supportive of the change, representing all major constituencies and stretching across the state. However, even with such a strong alliance, partisan political pressures made passage of the legislation unlikely and ultimately, out of reach for another year.

## FIX THE GLITCH

Early in 2016, CHA began working with a number of other advocacy organizations to create the "Fix the Glitch" coalition. This group advocated that the HPF should have been created as an enterprise when it was first introduced in 2009, but because it wasn't, it was the job of the General Assembly to fix the issue and relieve pressure on the state budget. By the end of the legislative session, more than 300 organizations from across the state supported the legislation to "fix the glitch" – including major business coalitions, statewide and local chambers of commerce, education and human services organizations, transportation leaders and Colorado health care organizations.

Before the 2016 session even began, Senate President Bill Cadman (R-Colorado Springs) publicly expressed his opposition to the HPF enterprise proposal, citing concerns over its constitutionality. In contrast, House Speaker Dickey Lee Hullinghorst (D-Boulder) and Governor John Hickenlooper both established the HPF enterprise as their top legislative priority.

With public attention focused on whether an HPF enterprise could be created legally – rather than whether it should be created – an independent and bipartisan legal analysis, commissioned by CHA, written by former chief legal counsels to Governors Bill Owens and Bill Ritter and endorsed by former Attorney General and Colorado Springs Mayor John Suthers, paved a path to a constitutionally permissible HPF enterprise. Soon thereafter, Attorney General Cynthia Coffman, released her own legal analysis that proved creating an enterprise was indeed a legal option. Despite these successes on the legal front, political opposition remained strong, and pressures on the budget turned out to be weaker than expected, lessening the urgency for a creation of the enterprise.

While the politics were tough, a bill was introduced by bipartisan cosponsors – Speaker Hullinghorst and Senator Larry Crowder (R-Alamosa) – in late March to create the HPF enterprise, renamed the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE). The coalition of HPF enterprise supporters worked hard to strike a five-year funding compromise that would satisfy both Democrats and Republicans, but ultimately, legislative leaders failed to compromise, and CHASE was killed in the Senate on the penultimate day of the legislative session.



## Safeguarding Against Budget Cuts



While spearheading the HPF enterprise effort, the Association also engaged in significant efforts to protect the existing HPF program and other Medicaid funding from cuts to help relieve pressure on the State's overall budget. Governor Hickenlooper's budget request proposed a \$100 million cut to the HPF, in addition to an across-the-board rate cut to Medicaid providers and elimination of the Medicaid primary care "bump." After CHA and others worked with the Joint Budget Committee, cuts to the HPF were reduced to \$73 million, provided partial funding of \$20 million to the primary care bump and avoided the across-the-board provider rate cut entirely, representing a reduction in cuts of \$146 million as compared with the Governor's proposal.

## New Fiscal Ideas to Support Health Care Providers



The 2016 session was also infused with new and innovative ideas to incent health care providers to deliver more services to Medicaid clients, without directly funding providers through the state budget. Although ultimately unsuccessful, one piece of legislation aimed to create a tax credit for providers to make up for the unreimbursed portion of Medicaid, and providers from all sectors of health care came together to discuss constant shortfalls associated with serving Medicaid patients. On average, hospitals are reimbursed just 74 percent of what it costs to provide care to this population. Another ultimately unsuccessful, but original, idea attempted to cut the State's lobbying expenses and shift the allocation – \$4.6 million – to Medicaid provider reimbursement.

## PRIMARY CARE BUMP

The ACA temporarily raised Medicaid primary care rates into parity with Medicare rates in order to improve Medicaid beneficiaries' access to primary care. While federal funding for this "bump" ended in 2014, Colorado continued funding through the fiscal year ending June 2016. Unfortunately, funding for the primary care bump was not included in the Governor's proposed budget for State Fiscal Year 2016-17, but efforts of CHA and others led to the continuation of partial funding in the coming year.



# Supporting the Promise of Increased Coverage and Access

During the 2016 legislative session, CHA witnessed a “replay” of numerous debates on health care reform that took place at the Capitol in 2015. Many of the same legislative ideas killed under the dome last year were reintroduced this year with the hope of passing – and almost all of them failed once again. There was a continued vigor to increase regulatory oversight and exercise the state’s authority over pieces of the ACA governed by state law, and there was also sustained scrutiny over health insurance carriers’ bargaining power during network contract negotiations. Despite politically divided chambers and the current political polarization of health policy in Colorado, legislators were able to come together to support important efforts to increase access to health care services for vulnerable Coloradans.

## Connect for Health Colorado and Health Insurance Network Restrictions



This year, four bills targeted Colorado’s health insurance marketplace, Connect for Health Colorado (C4HC). A bill enacted with CHA’s support encourages the use of advisory groups to provide guidance to the C4HC board on issues affecting consumers. CHA also helped defeat two bills, one of which would have referred a question to the November statewide ballot of whether C4HC’s current use of fees imposed on health plans can continue to support its ongoing operations. CHA opposed the bill in order to maintain a consistent position with the Association’s support for the HPF distinguishing fees from taxes under the Taxpayers’ Bill of Rights (TABOR). The second bill CHA opposed – which failed in both 2015 and 2016 – sought to repeal portions of state law created to align with the ACA if the ACA were to be repealed under Federal law. Another failed bill would have allowed Coloradans eligible for Medicaid to purchase subsidized health insurance through the marketplace. C4HC has been an integral part of expanding access to care, and the Association anticipates it will continue to be at the center of many debates during the 2017 legislative session.



CHA engaged in two bills – both of which failed this year – that would have negatively impacted hospitals’ operations by imposing limitations on health insurers’ ability to establish competitive networks with health care providers. The first would have required insurers to contract with any pharmacy in the state that was a willing participant in the health plan, eliminating carriers’ ability to build competitive pharmacy networks. CHA successfully amended the legislation to exempt inpatient hospital pharmacy services, and the bill subsequently died due to strong opposition from the insurance industry. Additionally, the Association worked to defeat a bill that established rigorous contracting requirements for agreements between insurers and providers of physical rehabilitation services and would have set an unfavorable precedent for state oversight of private contracts.

## Access to Health Care Services



This year, the legislature supported two bills to expand access to health care services through existing Medicaid coverage. The first bill closes an unintended coverage gap by allowing individuals currently covered through three Medicaid waiver programs to participate in the HPF-funded Medicaid buy-in program for working adults with disabilities, enabling access to home- and community-based services for this population. The second bill allows all Medicaid enrollees to order and receive prescribed medications by mail. Prior to the passage of this bill, most Medicaid clients were not able to participate in mail-order pharmacy programs.

Overall, with a historically low uninsured rate of 6.7 percent in 2015, the Association anticipates that future legislative sessions will shift further away from passing bills aimed at increasing coverage and toward bills aimed at breaking down access to care barriers for vulnerable Coloradans.



# Pursuing Efforts to Contain Health Care Costs

As CHA anticipated, the high cost of health care in Colorado was a major topic of interest at the legislature this year. Legislators' efforts aimed at improving price transparency for consumers, as well as identifying innovative statewide strategies for reducing health care cost growth. Although the majority of bills addressing this issue failed, a few bills with bipartisan support made it to the Governor's desk. The growing emphasis this year on containing health care costs will continue to be a high priority for legislators in the coming legislative sessions.

## Price Transparency and Notice to Consumers



Three bills introduced this year urged both payers and providers to play a role in helping consumers understand the intricacies of the health care payment and delivery system. The first bill would have required freestanding Emergency Departments (FSEDs) to provide up-front disclosures to consumers about the costs of emergency care and information about urgent or primary care options. Although CHA supports efforts to expand transparency and provide consumers with information that enables them to make informed choices about their health care, the Association opposed this legislation due to concerns that it would force conflicts with federal EMTALA requirements. While the bill ultimately died in the Senate, the final version would have created a task force to examine these issues, as well as other, more comprehensive regulatory models like Certificate of Need.

## FSED TASK FORCE AND RECOMMENDATIONS

The Association is currently taking proactive measures to improve consumer experiences with FSEDs by working with members, health insurance carriers and consumer advocates to develop a consumer education campaign. The goal of the campaign is to increase Coloradans' health literacy levels by providing consumers with information about appropriate uses of primary, urgent and emergency care.



The second bill, a version of which was introduced and failed in 2015 and was reintroduced and failed again this year, sought to extend consumer protections when patients receive health care services from an out-of-network provider at an in-network facility. A considerable amount of effort was dedicated to this issue during the interim, including active negotiations between health insurers and physicians and the creation of model legislation endorsed by the National Association of Insurance Commissioners. Despite this, the bill gained little traction this year, and "surprise billing" problems for consumers remain.



Finally, the only bill passed this year addressing transparency for consumers requires the Colorado Department of Health Care Policy and Financing (HCPF) to issue explanations of benefits (EOBs) to Medicaid clients. Prior to the introduction of this legislation, HCPF was pursuing a pilot that would have enabled the use of EOBs. CHA monitored but did not take a support or oppose position on the bill because although it provides more information to Medicaid clients about their health care services, it may also lead to confusion about whether or not they are required to pay providers.





# Pursuing Efforts to Contain Health Care Costs

## Pursuing Additional Studies on Health Care Cost



CHA closely monitored three bills this year aimed at identifying innovative strategies to contain health care costs. The only successful bill will lead to a study later this year by the Colorado Division of Insurance assessing the impact and viability of creating a single geographic rating area – instead of the current nine rating areas – for purposes of determining premium rates for individual health insurance plans. The bill sponsors' chief concern is addressing health care cost differences across the state.



In a similar vein, another bill directed the Colorado Commission on Affordable Health Care (Cost Commission) to develop a proposal to change hospital reimbursements in certain high-cost rural areas. Specifically, it would have allowed for multi-payer rate setting under a cost-based reimbursement model. Although the legislation failed, the sponsor, Senator Ellen Roberts (R-Durango) is committed to bringing the issue back during the 2017 legislative session.



The final failed bill relating to price transparency targeted prescription drug costs. It would have required drug manufacturers to report information about high-cost drugs that could be analyzed by the Cost Commission, with a summary and recommendations subsequently reported to the legislature.





# Improving Clinical Care and Quality

The legislative session saw many efforts to improve the quality of health care in Colorado, specifically for those in need of behavioral health services. The General Assembly debated bills involving medical emergencies, substance abuse treatment, suicide, incapacitated patients and infection control. While some bills never made it to the Governor's desk, a number of important measures were passed that will shape clinical care in Colorado.

## Prioritizing the Need for Behavioral Health Services



Building from several years' work, CHA prioritized improvements to the "27-65" statute to improve the process for individuals experiencing a psychiatric emergency and placed on a 72-hour hold. Current law allows a patient in a mental health crisis to go to a "designated" facility that provides specialty psychiatric treatment or to jail. Although there are roughly 20 Colorado hospitals designated to treat these patients, these are concentrated along the Front Range and often lack capacity due to high demand. Other hospitals that are not designated and lack psychiatric care would serve as a safe holding place for a patient waiting for a more appropriate level of care. CHA teamed up with the County Sheriffs of Colorado to create a bill allowing patients to be taken to an "emergency medical services facility" (i.e., a non-designated emergency department) if a designated facility is unavailable. The bill also clarifies that jail must be a destination of last resort and is only an option if any available hospital does not have the capacity or capability to treat the individual without law enforcement assistance. While the bill successfully passed through the General Assembly with 88 votes, after much consideration – including a conversation with CHA about the merits of the bill – Governor Hickenlooper vetoed the legislation. In his veto letter, the Governor directed the Colorado Department of Human Services (CDHS) to convene a task force to develop solutions to the underlying problems that this bill tried to address before the end of this year. CHA plans to participate in the task force on behalf of member hospitals and health systems.



In response to Colorado's climbing suicide rate, Senator Linda Newell (D-Littleton) led an effort to streamline suicide prevention in clinical settings, and although the initial version of the bill was significantly scaled back, \$100,000 was allocated for suicide prevention grants.



A number of other, smaller behavioral health bills received broad support from stakeholders and legislators. The legislature reauthorized the Rural Alcohol and Substance Abuse Program, which was originally passed in 2009 to distribute funds to rural counties to mitigate alcohol and substance abuse. Similarly, the Joint Budget Committee sponsored a bill that will assess the sufficiency of substance abuse services for Medicaid clients in certain geographic areas and develop community action plans based on the findings. CHA supported a bill that sought to protect patient data submitted to the Office of Behavioral Health (OBH) within CDHS. The Association supported this effort in order to more clearly identify the roles and responsibilities of OBH in statute and ensure patient data was protected by this state agency. Unfortunately, the bill was killed due to high costs projected by CDHS.

## Patient Safety and Clinical Excellence



Since 2006, CHA and member hospitals have been deeply involved in the Health Facility Acquired Infection Control Advisory Committee facilitated by the Colorado Department of Public Health and Environment (CDPHE). The committee was due for reauthorization this year, and the Association secured changes to the composition of the group, such that one rural hospital and one urban hospital will be guaranteed representation.

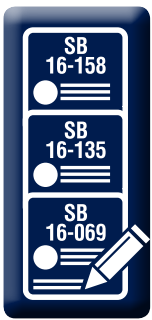


Other efforts to improve clinical practices and outcomes were met with mixed results. Efforts to increase drug screenings for newborns and create a reporting system for heart attack data – stemming from recommendations of the STEMI Task Force, in which CHA and member hospitals participated – were voted down by legislative committees. However, the General Assembly passed a bill establishing a protocol for making non-emergent medical decisions for patients when they lack capacity and also lack family or friends willing to act as decision-makers. After extensive negotiations, CHA supported the final version of the bill, which allows a physician to act as a proxy decision-maker under a number of enumerated conditions.

# Building a Strong Health Care Workforce

In recent years – and due in large part to the successes of the ACA and other state-based health reforms in which CHA has played a major role – Colorado’s uninsured rate has dropped significantly and now stands at only 6.7 percent, leaving just more than 350,000 people without health insurance. However, increased access to coverage is putting stress on access to care and exacerbating existing health care workforce shortages and maldistribution issues. As such, CHA has been deeply involved in health care workforce development and had strong success on workforce bills this year.

## Strengthening the Health Care Workforce



CHA engaged in a number of bills passed by the General Assembly that increase workforce flexibility and allow treating clinicians to delegate certain duties to other professionals. The first bill will allow physicians to delegate greater responsibilities to physician assistants, and the second will allow physicians and advanced practice nurse practitioners to enter into collaborative agreements with pharmacists, allowing pharmacists to perform routine medical procedures, such as chronic care management, within their scope of practice. In addition, CHA helped craft a bill creating a regulatory structure for the credentialing of “community paramedics,” which will enable both regulatory and non-regulatory structures for the delivery of community-based integrated social and health care services. These community-based structures may (but are not required to) use community paramedics to meet community-defined service gaps.

## EMPLOYER BILLS

Several legislators prioritized bills that added regulations to employers in order to protect employees. Most proposals failed with split political control, but two bills are now law and create new requirements for employers: HB 16-1432, which allows employees limited access to their personnel records, and HB 16-1438, which aligns state and federal laws providing disability protections to pregnant employees.

## Streamlining and Improving Regulation



CHA supported a number of successful bills that create more rational regulatory structures for health care professionals and the services they offer. One of CHA’s top-priority bills for this legislative session was creating greater interstate portability of physician licenses by authorizing Colorado to join a newly developed multi-state licensure compact. The bill is also expected to increase the number of physicians practicing telehealth in the coming years, improving access to health care services in rural and underserved areas of the state. CHA also supported a bill that better aligns requirements for mental health professionals and eliminates existing disincentives to achieve certain types of licensure. In addition, in response to recent drug diversion incidents heavily reported by the media, CHA supported continued regulation of surgical technologists and assistants that includes a requirement for employers to complete background checks and to report confirmed positive pre-employment drug screens to the Department of Regulatory Agencies.



Some forms of medical transportation were also on the minds of state legislators this year. CHA supported a bill that will ease regulatory burdens for companies that provide non-emergent medical transportation to Medicaid clients by allowing them to bypass complex limitations imposed by the Public Utilities Commission. For air ambulance licensure, the Association also supported legislation that removed direct references to accreditation through the Commission on Accreditation of Medical Transport Systems (CAMTS) as the necessary and sufficient condition for Colorado licensure, instead substituting a regulatory structure in which CAMTS accreditation is one of a number of factors considered by CDPHE in its licensing decisions.



# Conclusion

CHA achieved great success on behalf of its member hospitals and health systems in 2016. Despite that success, there is a significant amount of unfinished business that remains and may be revisited in 2017. In addition to large-scale issues like the HPF enterprise and partisan calls for entitlement reform or reinforcing Colorado's social safety net, the bipartisan chorus of those calling for increased regulatory oversight of health care products, services and professionals is growing. Although the November 2016 elections may dictate the success or failure of any particular legislative proposal, CHA remains committed to efforts that improve access to affordable, quality health care across Colorado.





# 2016 CHA Bill Summary

Bill #	Sponsors	Bill Summary	Position	Final Status & Implementation Date
<b>HB 16-1001</b> State Contractors Certify Compliance With Equal Pay Laws	Rep. Danielson (D)	The bill added certain requirements to the Department of Public Administration to certify equal pay laws among potential project bidders.	Monitor	<b>Failed</b>
<b>HB 16-1002</b> Employee Leave Attend Child's Academic Activities	Rep. Buckner (D) Sen. Kerr (D)	The bill required employers to grant employees up to 18 hours of unpaid leave to attend their child's academic activities.	Monitor	<b>Failed</b>
<b>HB 16-1015</b> Contingent Repeal Health Insurance Laws Aligning With ACA	Rep. Klingenschmitt (R)	The bill required the repeal of current state insurance laws (created by HB 13-1266) upon repeal of all or part of the ACA.	Oppose	<b>Failed</b>
<b>HB 16-1020</b> No Drones Near Airports Or Jails	Rep. Rosenthal (D) Sen. Cooke (R)	The bill created a class I misdemeanor for any person who operates an unmanned drone in certain airspace, including near hospitals.	Monitor	<b>Failed</b>
<b>HB 16-1034</b> Emergency Medical Responder Registration Program	Rep. Sias (R) Sen. Garcia (D)	The bill transfers oversight duties of the EMS responder registration from the Department of Public Safety to CDPHE.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: Aug. 10, 2016</i>
<b>HB 16-1047</b> Interstate Medical Licensure Compact	Rep. Buck (R) Sen. Newell (D)	The bill allows Colorado to enter into the Interstate Medical Licensure Compact which will allow physicians licensed in member states to practice in Colorado.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: June 8, 2016</i>
<b>HB 16-1054</b> End-of-life Options For Terminally Ill Individuals	Rep. Court (D) Sen. Merrifield (D)	The bill set up certain requirements for individuals with a terminal illness to request and self-administer life ending medication if approved by a physician.	Monitor	<b>Failed</b>
<b>HB 16-1062</b> Limitation On Mental Health Disciplinary Actions	Rep. Melton (D)	The bill enacted a statute of limitations within the DORA for complaints against mental health professionals.	Oppose	<b>Failed</b>
<b>HB 16-1065</b> Income Tax Credit For Home Health Care	Rep. Conti (R)	The bill created a state income tax credit for taxpayers 75 or older to defray out of pocket health care costs.	Monitor	<b>Failed</b>
<b>HB 16-1081</b> Remove Obsolete Reporting for the Department of Health Care Policy & Financing	Rep. Ransom (R) Sen. Lundberg (R)	The bill removes obsolete reporting requirements for the Department of Health Care Policy & Financing.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: Aug. 10, 2016</i>
<b>HB 16-1089</b> Endowment or Institutional Fund Gift Tax Credit	Rep. Moreno (D) Sen. Holbert (R)	The bill created an income tax credit for contributions made to an endowment of a Colorado charitable organization.	Monitor	<b>Failed</b>
<b>HB 16-1095</b> Health Insurance For Prescription Eye Drop Refills	Rep. McCann (D) Sen. Crowder (R)	The bill specifies that health insurance plans must provide coverage for renewing an eye drop medication prescription under certain conditions.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: Jan. 1, 2017</i>
<b>HB 16-1097</b> PUC Permit For Medicaid Transportation Providers	Rep. Coram (R) Sen. Scott (R)	The bill allows providers of non-emergency transportation to Medicaid clients to operate under a limited regulation permit from the Public Utilities Commission.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: May 20, 2016</i>
<b>HB 16-1101</b> Medical Decisions For Unrepresented Patients	Rep. Young (D) Sen. Lundberg (R)	The bill allows an attending physician to designate another willing physician to act as a patient's proxy decision-maker for non-emergent health care treatment under certain conditions.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: Aug. 10, 2016</i>
<b>HB 16-1102</b> Drug Production Costs Transparency Requirements	Rep. Ginal (D) Sen. Newell (D)	The bill required drug manufacturers to submit a report to the Colorado Commission on Affordable Health Care outlining information about certain drugs sold in Colorado.	Monitor	<b>Failed</b>



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Bill #	Sponsors	Bill Summary	Position	Final Status & Implementation Date
<b>HB 16-1103</b> License Pathways For Mental Health Workforce	Rep. Kraft-Tharp (D) Sen. Martinez-Humenik (R)	The bill specifies that candidates seeking licensure as a mental health professional may register with the database of registered psychotherapists after completing their degree.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: Jan. 1, 2017</i>
<b>HB 16-1107</b> DORA Admin Complaint Time Frames	Rep. Joshi (R)	The bill created a statute of limitations for administrative complaints filed against all professionals regulated by the DORA.	Support	<b>Failed</b>
<b>HB 16-1110</b> Parent's Bill Of Rights	Rep. Neville, P. (R) Sen. Neville, T. (R)	The bill codified parents' fundamental liberty interests in the care, custody and control of their children.	Monitor	<b>Failed</b>
<b>HB 16-1113</b> Protect Human Life At Conception	Rep. Humphrey (R) Sen. Lundberg (R)	The bill prohibited licensed physicians from performing abortions except in certain circumstances.	Monitor	<b>Failed</b>
<b>HB 16-1138</b> General Fund Transfers For State Infrastructure	Rep. Brown (R)	The bill increased funding to transportation.	Monitor	<b>Failed</b>
<b>HB 16-1142</b> Rural & Frontier Health Care Preceptor Tax Credit	Rep. Buck (R) Sen. Crowder (R)	The bill creates a three-year state income tax credit for licensed Colorado health care professionals who provide uncompensated personalized instruction, training and supervision to one or more graduate medical students.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: Aug. 10, 2016</i>
<b>HB 16-1148</b> Health Benefit Exchange Rules and Policies	Rep. Sias (R) Sen. Roberts (R)	The bill requires Connect for Health Colorado to create technical and advisory groups and operate them on an ongoing basis.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: June 1, 2016</i>
<b>HB 16-1160</b> Sunset Surgical Assistants Surgical Technicians	Rep. Ginal (D) Sen. Tate (R)	The bill continues the regulation of surgical assistants and surgical technologists and requires employers to notify DORA of a positive drug test.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: Aug. 10, 2016</i>
<b>HB 16-1168</b> Sunset Rural Alcohol & Substance Abuse Treatment Program	Rep. Ginal (D) Sen. Scott (R)	The bill continues the Rural Alcohol and Substance Abuse Prevention and Treatment Program through 2025.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: April 14, 2016</i>
<b>HB 16-1185</b> Gender Identification On Birth Certificates	Rep. Moreno (D) Sen. Ulibarri (D)	The bill required the state to issue new birth certificates to any person born in Colorado whose gender is different from the gender denoted on that person's birth certificate.	Monitor	<b>Failed</b>
<b>HB 16-1195</b> Home Modification Services In Medicaid Waivers	Rep. Landgraf (R) Sen. Crowder (R)	The bill expanded access to home modification services for Medicaid clients receiving home- and community-based services under specified services.	Monitor	<b>Failed</b>
<b>HB 16-1197</b> Military Veteran Occupational Credentials	Rep. Carver (R) Sen. Todd (D)	The bill expands access to state occupational certifications, licenses and registrations for military personnel and veterans.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: Aug. 10, 2016</i>
<b>HB 16-1200</b> Attorney General Authority Over Fetal Tissue Transfers	Rep. Ransom (R) Sen. Lundberg (R)	This bill transferred enforcement and investigative authority concerning fetal transfer prohibition from CDPHE to the Attorney General.	Monitor	<b>Failed</b>
<b>HB 16-1201</b> Health Professionals Companion Animals	Rep. Willett (R)	This bill required medical professionals to assess whether a disability exists for individuals seeking a companion or service animal.	Monitor	<b>Failed</b>
<b>HB 16-1202</b> Mandatory Employer E-verify Participation	Rep. Wist (R) Sen. Tate (R)	The bill required Colorado employers to enroll and participate in the federal E-Verify program to verify the work eligibility status of all newly hired employees.	Monitor	<b>Failed</b>
<b>HB 16-1203</b> Women's Health Protection Act	Rep. Neville (R)	The bill required all abortion clinics in the state to be licensed by the Attorney General.	Monitor	<b>Failed</b>

# 2016 CHA Bill Summary

Bill #	Sponsors	Bill Summary	Position	Final Status & Implementation Date
<b>HB 16-1212</b> Temporary Tax Incentive For Unreimbursed Medicaid Fees	Rep. Roupe (R)	The bill created an income tax credit for health care providers serving Medicaid patients in tax years 2016, 2017 and 2018.	Monitor	<b>Failed</b>
<b>HB 16-1218</b> A Woman's Right To Accurate Health Care Information	Rep. Saine (R) Sen. Neville (R)	The bill specified conditions under which abortions could performed in Colorado.	Monitor	<b>Failed</b>
<b>HB 16-1221</b> Budget Cuts To Increase Medicaid Provider Rates	Rep. Joshi (R)	The bill restricted spending by the state on lobbying and membership fees and shifted funds to Medicaid provider rates.	Monitor	<b>Failed</b>
<b>HB 16-1230</b> Transparency Online Project Include County Information	Rep. Dore (R)	The bill adds counties to the Transparency Online Project and will require annual financial reporting of county budgets starting in 2018.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: Aug. 10, 2016</i>
<b>HB 16-1236</b> Sunset Infection Control Advisory Committee	Rep. Primavera (D) Sen. Crowder (R)	The bill continues the Health Facility Acquired Infection Control Advisory Committee until 2021.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: April 15, 2016</i>
<b>HB 16-1257</b> Rule Review Bill	Rep. McCann (D) Sen. Scheffel (R)	The bill provides for the continuation of certain state agency rules and regulations and the expiration of others.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: May 9, 2016</i>
<b>HB 16-1277</b> Appeal Process For Changes To Medicaid Benefits	Rep. Lontine (D) Sen. Kefalas (D)	The bill requires HCPF to give Medicaid clients at least 10 days advanced notice prior to suspending, terminating or modifying a client's medical assistance benefits.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: Sept. 1, 2016</i>
<b>HB 16-1280</b> Update Air Ambulance Regulation	Rep. Winter (D) Sen. Lambert (R)	The bill gives CDPHE additional authority to establish state-level licensing of air ambulances.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: June 1, 2016</i>
<b>HB 16-1312</b> Licensed Professional Redundant Disciplinary Action	Rep. Wist (R) Sen. Tate (R)	The bill put limitations on duplicative disciplinary actions for professionals that hold multiple state-regulated licenses.	Monitor	<b>Failed</b>
<b>HB 16-1320</b> Regulation of Massage Therapy	Rep. Foote (D) Sen. Cooke (R)	The bill continues regulation of Massage Therapists.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: June 8, 2016</i>
<b>HB 16-1321</b> Medicaid Buy-in Certain Medicaid Waivers	Rep. Young (D) Sen. Merrifield (D)	The bill expands access to the Medicaid buy-in program to individuals eligible to receive home- and community-based services.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: June 10, 2016</i>
<b>HB 16-1326</b> Consumer Access To Physical Rehabilitation Services	Rep. Primavera (D) Sen. Crowder (R)	This bill established requirements for health insurers and intermediaries to perform certain duties if physical rehabilitation services are provided.	Oppose	<b>Failed</b>
<b>HB 16-1328</b> Use Of Restraint And Seclusion On Individuals	Rep. Lee (D) Sen. Lundberg (R)	The bill limits the use of restraint and seclusion for juveniles in facilities operated by the state's Division of Youth Corrections.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: June 10, 2016</i>
<b>HB 16-1336</b> Study Single Geographic Area Individual Health Plans	Rep. Hamner (D) Sen. Donovan (D)	The bill requires the state to conduct a feasibility study of a single geographic area to establish premium rates for individual health insurance plans.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: May 17, 2016</i>
<b>HB 16-1347</b> Employer Information Concerning Wage Law Violation	Rep. Danielson (D) Sen. Ulibarri (D)	The bill required the state to treat information pertaining to a wage law violation as public record.	Monitor	<b>Failed</b>



# 2016 CHA Bill Summary

Bill #	Sponsors	Bill Summary	Position	Final Status & Implementation Date
<b>HB 16-1357</b> Implement STEMI Task Force Recommendations	Rep. Primavera (D) Sen. Garcia (D)	The bill implemented several recommendations of the STEMI Task Force to improve medical care for heart attack patients.	Support	<b>Failed</b>
<b>HB 16-1358</b> Protect Privacy Of Substance Use Disorder Patients	Rep. Singer (D) Sen. Lundberg (R)	The bill required CDHS to conduct a review of its collection and protection of data with substance use disorder patients' personal identifying information.	Support	<b>Failed</b>
<b>HB 16-1360</b> Continue Regulation Direct-entry Midwives	Rep. Landgraf (R) Sen. Lundberg (R)	The bill continues state regulation of direct-entry midwives.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: Aug. 10, 2016</i>
<b>HB 16-1361</b> Patient Choice In Pharmacy	Rep. Primavera (D) Sen. Sonnenberg (R)	The bill prohibited a health insurers from limiting a patient's ability to select a pharmacy.	Monitor	<b>Failed</b>
<b>HB 16-1374</b> Required Notice & Disclosures Freestanding Emergency Rooms	Rep. McCann (D) Sen. Kefalas (D)	The bill required CDPHE to convene a stakeholder group to address various issues relating to freestanding emergency rooms.	Oppose	<b>Failed</b>
<b>HB 16-1376</b> Expand Authority Office Of Consumer Counsel	Rep. Esgar (D)	The bill expanded the authority of the Attorney General to represent customers of common carriers and public utilities.	Monitor	<b>Failed</b>
<b>HB 16-1380</b> Add In-home Support Services Certain Medicaid Waivers	Rep. Young (D)	Subject to federal authorization, the bill expanded access to in-home support services to Medicaid clients receiving services through the Brain Injury and Community Mental Health Supports waivers.	Monitor	<b>Failed</b>
<b>HB 16-1385</b> Definition of Child Abuse Substance Exposure	Rep. Singer (D) Sen. Newell (D)	The bill expanded the definitions of abuse and neglect regarding children's exposure to controlled substances.	Monitor	<b>Failed</b>
<b>HB 16-1388</b> Employer Hiring Criminal History Employee	Rep. McCann (D)	This bill limited employers' ability to inquire about criminal history of job applicants.	Monitor	<b>Failed</b>
<b>HB 16-1390</b> Immunity When Overdoses Reported	Rep. Moreno (D) Sen. Guzman (D)	The bill specifies individuals that are immune from arrest when reporting a drug or alcohol overdose.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: Aug. 10, 2016</i>
<b>HB 16-1393</b> Search Warrant For Communicable Disease Testing	Rep. Esgar (D) Sen. Cooke (R)	The bill requires law enforcement to ask a person to consent to a blood test absent an admission that the person has a communicable disease.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: June 10, 2016</i>
<b>HB 16-1394</b> Aligning Issues Around At-risk Persons	Rep. Young (D) Sen. Grantham (R)	This bill changes some mandatory reporting requirements related to at-risk adults with intellectual and developmental disabilities.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: July 1, 2016</i>
<b>HB 16-1398</b> Implement Respite Care Task Force Recommendations	Rep. Young (D)	The bill requires CDHS to competitively bid for a contractor to implement the recommendations of the Respite Care Task Force.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: July 1, 2016</i>
<b>HB 16-1399</b> Workers' Compensation For PTSD	Rep. Singer (D) Sen. Newell (D)	The bill prohibited workers' compensation insurers from denying a claim for mental impairment benefits based on the worker's occupation.	Monitor	<b>Failed</b>
<b>HB 16-1403</b> Colorado Secure Savings Plan	Rep. Pettersen (D) Sen. Todd (D)	The bill required employers to fund a state retirement savings plan for private sector workers whose employers do not provide a retirement plan.	Monitor	<b>Failed</b>
<b>HB 16-1405</b> 2016-17 Long Appropriation Bill	Rep. Hamner (D) Sen. Lambert (R)	The bill appropriates all state money for the 2016-17 fiscal year.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: May 3, 2016</i>

# 2016 CHA Bill Summary

Bill #	Sponsors	Bill Summary	Position	Final Status & Implementation Date
<b>HB 16-1407</b> Extend Medicaid Payment Reform & Innovation Pilot	Rep. Young (D) Sen. Steadman (D)	This bill extends the Medicaid Payment Reform and Innovation Pilot Program within HCPF.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: May 4, 2016</i>
<b>HB 16-1408</b> Cash Fund Allocations For Health-related Programs	Rep. Rankin (R) Sen. Steadman (D)	The bill alters funding for some health-related services, including extending increased reimbursement for primary care services in Medicaid.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: July 1 &amp; Sept. 1, 2016</i>
<b>HB 16-1409</b> Unclaimed Property Fund Transfer For State Programs	Rep. Hamner (D) Sen. Lambert (R)	The bill transfers a total of \$42.8 million out of the Unclaimed Property Trust Fund to fund state services.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: May 4, 2016</i>
<b>HB 16-1410</b> Competency Evaluation Location	Rep. Young (D) Sen. Grantham (R)	The bill changes procedures around competency evaluations in criminal proceedings.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: July 1, 2016</i>
<b>HB 16-1416</b> State Infrastructure General Fund Transfers	Rep. Hamner (D) Sen. Lambert (R)	The bill replaces statutory formulas for transportation funding with actual dollar amounts.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: April 14, 2016</i>
<b>HB 16-1420</b> CO Healthcare Affordability & Sustainability Enterprise	Rep. Hulinghorst (D) Sen. Crowder (R)	The bill created a Colorado Healthcare Affordability and Sustainability Enterprise within HCPF, replacing the current Hospital Provider Fee.	Support	<b>Failed</b>
<b>HB 16-1421</b> Allocate Additional FY 2016-17 General Fund Revenues	Rep. Hulinghorst (D)	Conditional upon House Bill 16-1420 becoming law, this bill allocated additional funds to high-priority funding areas.	Support	<b>Failed</b>
<b>HB 16-1432</b> Personnel Files Employee Inspection Right	Rep. Winter (D) Sen. Kerr (D)	The bill requires employers to allow current and former employees to inspect and obtain a copy of his or her personnel file, subject to limitations.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: Jan. 1, 2017</i>
<b>HB 16-1433</b> Retain & Spend Severance Tax Revenues For Reserve Fund	Rep. Hamner (D) Sen. Steadman (D)	The bill altered the structure of the Severance Tax Fund and sought voter approval for additional spending.	Monitor	<b>Failed</b>
<b>HB 16-1435</b> Low-wage Employer Corporate Responsibility Act	Rep. Duran (D) Sen. Kefalas (D)	This bill imposed a fee on low-wage employers to backfill Medicaid costs.	Monitor	<b>Failed</b>
<b>HB 16-1438</b> Employer Accommodations Related To Pregnancy	Rep. Winter (D) Sen. Martinez-Humenik (R)	The bill establishes requirements for employers when an employee or applicant requests reasonable accommodations related to pregnancy or physical recovery from childbirth.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: Aug. 10, 2016</i>
<b>HB 16-1450</b> Allocate Additional Available State Revenues	Rep. Hulinghorst (D)	Conditional upon House Bill 16-1420 becoming law, this bill allocated additional funds to high-priority funding areas for a five-year period.	Support	<b>Failed</b>
<b>SB 16-002</b> Health Exchange Voter Approval To Impose Tax	Sen. Lundberg (R) Rep. Sias (R)	This bill required voter approval for Connect for Colorado Health to continue to charge fees.	Oppose	<b>Failed</b>
<b>SB 16-006</b> Health Insurance Exchange Insurance Brokers	Sen. Martinez-Humenik (R) Rep. Sias (R)	The bill requires Connect for Health Colorado to provide information about insurance brokers and health care navigators when consumers request assistance.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: June 10, 2016</i>
<b>SB 16-019</b> Videotape Mental Condition Evaluations	Sen. Cooke (R) Rep. Saine (R)	The bill requires audio-visual recording of court-ordered mental condition examinations for some felonies.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: June 10, 2016</i>



# 2016 CHA Bill Summary

Bill #	Sponsors	Bill Summary	Position	Final Status & Implementation Date
<b>SB 16-025</b> End-of-life Options For Terminally Ill Individuals	Sen. Merrifield (D) Rep. Court (D)	The bill allowed individuals with a terminal illness to request and self-administer life-ending medication from a physician under certain conditions.	Monitor	<b>Failed</b>
<b>SB 16-027</b> Medicaid Option For Prescribed Drugs By Mail	Sen. Martinez-Humenik (R) Rep. Primavera (D)	The bill expands the option for Medicaid clients to receive medication through the mail.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: Aug. 10, 2016</i>
<b>SB 16-033</b> Public Health Notice Sick Leave	Sen. Ulibarri (D) Rep. Salazar (D)	The bill required restaurants that do not provide employees with sick leave to post a notice to that effect.	Monitor	<b>Failed</b>
<b>SB 16-034</b> Tampering With A Deceased Human Body	Sen. Sonnenberg (R) Rep. Fields (D)	The bill tampering with a deceased human body a crime.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: Sept. 1, 2016</i>
<b>SB 16-037</b> Public Access Digitally Stored Data Under CORA	Sen. Kefalas (D) Rep. Pabon (D)	The bill updated the Colorado Open Records Act to address digitally-stored data and email messages.	Monitor	<b>Failed</b>
<b>SB 16-042</b> Immunity For Persons Involved In Overdose Events	Sen. Aguilar (D) Rep. Moreno (D)	This bill extended immunity from arrest and prosecution to persons reporting a drug or alcohol overdose event.	Support	<b>Failed</b>
<b>SB 16-054</b> Local Government Minimum Wage	Sen. Merrifield (D)	This bill repealed current law that prohibits local governments from establishing a minimum wage.	Monitor	<b>Failed</b>
<b>SB 16-056</b> Enhanced Whistleblower Protections	Sen. Lambert (R) Rep. Lee (D)	This bill expands whistleblower protections for state employees by creating whistleblower review agencies to determine appropriate release of information.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: June 10, 2016</i>
<b>SB 16-063</b> Intergovernmental Agreements With Out-of-state Local Governments	Sen. Roberts (R) Rep. Vigil (D)	The bill authorizes Colorado local governments to enter into an agreement with local governments in a bordering state to provide emergency services.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: Aug. 10, 2016</i>
<b>SB 16-069</b> Community Paramedicine Regulation	Sen. Garcia (D) Rep. Pabon (D)	The bill requires CDPHE to establish rules governing the scope of practice of community integrated health care services.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: June 8, 2016</i>
<b>SB 16-076</b> Repeal Employment Verification Standards	Sen. Ulibarri (D) Rep. DelGrosso (R)	This bill eliminated specific current employment verification standards.	Monitor	<b>Failed</b>
<b>SB 16-081</b> Rural Economic Emergency Assistance Grant Program	Sen. Donovan (D) Rep. Young (D)	The bill created a Rural Economic Emergency Assistance Grant Program triggered by significant loss of industry.	Support	<b>Failed</b>
<b>SB 16-084</b> Uniform Substitute Health Care Decision-making Documents	Sen. Steadman (D)	The bill adopted a model law regarding health care decision-making documents, some of which are not covered in current state law.	Monitor	<b>Failed</b>
<b>SB 16-114</b> Employee-earned Paid Sick Leave	Sen. Carroll (D) Rep. Danielson (D)	This bill required employers to provide paid sick leave to employees.	Monitor	<b>Failed</b>
<b>SB 16-118</b> Screening To Identify Prenatal Substance Exposure	Sen. Newell (D) Rep. Singer (D)	The bill requires CDPHE to create rules implementing a screening questionnaire for prenatal substance exposure.	Monitor	<b>Failed</b>
<b>SB 16-120</b> Review By Medicaid Client For Billing Fraud	Sen. Roberts (R) Rep. Coram (R)	The bill requires HCPF to provide explanation of benefits statements to Medicaid clients beginning in 2017.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: Aug. 10, 2016</i>

# 2016 CHA Bill Summary

Bill #	Sponsors	Bill Summary	Position	Final Status & Implementation Date
<b>SB 16-127</b> Repeal Medical Clean Claims Task Force	Sen. Tate (R) Rep. Arndt (D)	This bill repeals the Medical Clean Claims Transparency and Uniformity Act.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: July 1, 2016</i>
<b>SB 16-134</b> Professional Licensing For Military Veterans	Sen. Heath (D) Rep. Danielson (D)	The bill requires that a military veteran's service experience be considered in certain state credentialing processes and requires the state to promote opportunities to veterans.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: May 27, 2016</i>
<b>SB 16-135</b> Collaborative Pharmacy Practice Agreements	Sen. Aguilar (D) Rep. Ginal (D)	The bill allows pharmacists to participate in collaborative practice agreements with physicians if certain conditions are met.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: Aug. 10, 2016</i>
<b>SB 16-139</b> Waiver Proposal Total-cost-of-care Model Hospitals	Sen. Roberts (R) Rep. Coram (R)	The bill required the Colorado Commission on Affordable Health Care to develop a proposal enabling the state to operate a global payment system pilot program focusing on a total-cost-of-care model for the reimbursement of hospitals.	Monitor	<b>Failed</b>
<b>SB 16-146</b> Modernize Statutes Sexually Transmitted Infections	Sen. Steadman (D) Rep. Esgar (D)	This bill updates state law concerning sexually transmitted infections and allows for all STIs to be treated uniformly.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: July 1, 2016</i>
<b>SB 16-147</b> Suicide Prevention Through Zero Suicide Model	Sen. Newell (D) Rep. Pettersen (D)	The bill provides support for the Office of Suicide Prevention at CDPHE.	Support	<b>Passed</b> Governor Signed <i>Implementation Date: June 10, 2016</i>
<b>SB 16-152</b> Changes And Notices For Health Care Services	Sen. Aguilar (D) Rep. Lontine (D)	The bill placed requirements on health care providers, facilities and insurers concerning health care billing and the use of the out-of-network providers.	Monitor	<b>Failed</b>
<b>SB 16-158</b> Physician Duties Delegated To Physician Assistant	Sen. Lundberg (R) Rep. Primavera (D)	The bill continues regulation of physician assistants and expands the duties that a physician may delegate to a physician assistant.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: Aug. 10, 2016</i>
<b>SB 16-162</b> Medicaid Recipient Access To Medical Professionals	Sen. Tate (R) Rep. Melton (D)	The bill allowed Medicaid recipients to elect to receive and pay for services from a medical provider that is not enrolled in Medicaid.	Monitor	<b>Failed</b>
<b>SB 16-163</b> COLS OLLS Study Organizational Recodify Title 12	Sen. Johnston (D) Rep. Kagan (D)	The bill requires the Office of Legislative Legal Services to study a recodification of laws governing professional licensing in DORA.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: June 10, 2016</i>
<b>SB 16-169</b> Emergency 72-hour Mental Health Procedures	Sen. Martinez-Humenik (R) Rep. Kraft-Tharp (D)	This bill changed emergency procedures for people dealing with mental health crises.	Support	<b>Passed</b> Governor Vetoed
<b>SB 16-170</b> Health Benefit Exchange For Medicaid Eligible	Sen. Tate (R)	The bill enabled individuals eligible for Medicaid to purchase health insurance from Connect for Health Colorado.	Monitor	<b>Failed</b>
<b>SB 16-184</b> Market-based Interest Rates On Judgments	Sen. Cadman (R) Rep. Willett (R)	The bill changes rules for allocating pre-judgment interest in civil lawsuits.	Monitor	<b>Failed</b>
<b>SB 16-199</b> Program Of All-inclusive Care For The Elderly	Sen. Scott (R) Rep. DelGrosso (R)	The bill alters ensures that the capitated payment structure for Medicaid PACE programs complies with federal law.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: June 10, 2016</i>
<b>SB 16-202</b> Increasing Access Effective Substance Use Services	Sen. Steadman (D) Rep. Young (D)	The bill requires Medicaid managed service organizations for substance use assess needs and prepare a plan to address service gaps.	Monitor	<b>Passed</b> Governor Signed <i>Implementation Date: June 1, 2016</i>





