

2017

Legislative Report



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Colorado Hospital Association



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Use this to identify the bill number for the legislation being discussed. Additional details on the bills are available in the CHA Bill Summary (page 14).

Introduction

Dear Health Care Leader,

Following the 2016 election, the makeup of the 71st Colorado General Assembly remained markedly similar to the past two legislative sessions – Republicans continued to control the Senate, and Democrats maintained the majority in the House of Representatives. While Colorado retained its split-party control, the nation witnessed sweeping changes at the federal level. With the profile of the state legislature seemingly unchanged, and so much unexpected uncertainty surrounding the federal health care landscape, it was difficult to predict which health care issues – if any – would find a successful path through the General Assembly. As bills progressed, however, it became clear that once-rigid political dynamics were shifting, and both sides of the aisle demonstrated a greater willingness to compromise on challenging matters facing Colorado.

Many contentious issues were successfully resolved and sent to the Governor this year. Among the greatest achievements were an end to the four-year stalemate over construction defects and the passage of the bill creating the Hospital Provider Fee (HPF) enterprise, which also included much-needed funding for transportation and education. Most Coloradans – including some legislative leaders – had predicted the HPF enterprise to be an impossible feat, but on the last day of the legislative session, a bipartisan compromise worth an annual \$2.9 billion passed its final vote. This compromise, a bill coined, “Concerning the Sustainability of Rural Colorado,” touched on several key priorities set out by the legislature. Most importantly to Colorado hospitals, this bipartisan compromise served as the vehicle to safeguard HPF funding from state budget cuts – the Association’s top legislative priority for the past three years.

While establishing the HPF enterprise was the focal point of the Association’s efforts at the legislature, CHA was ultimately able to successfully tackle every issue on its legislative agenda. Overall, CHA actively monitored, engaged in, amended, opposed or supported 90 bills crossing five themes:

- Preventing devastating cuts to hospitals and the Colorado state budget
- Maintaining coverage and access to care
- Increasing health system transparency and addressing cost of care
- Improving the health and safety of hospital employees and those we serve
- Strengthening Colorado’s behavioral health system

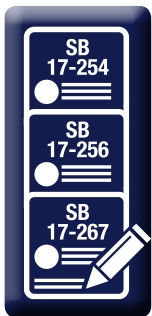
As each legislative session comes to an end, there are always issues that are poised to resurface in future sessions. Hospitals and health systems should be prepared to work with legislators and stakeholders to find meaningful solutions to the growth of freestanding emergency departments, health care transparency and unaffordability of health insurance in rural areas of the state. Collectively, CHA and its members must continue to work together in a shared commitment to improving health care in Colorado.

Sincerely,



Steven J. Summer
PRESIDENT AND CEO
COLORADO HOSPITAL ASSOCIATION

Preventing Devastating Cuts to Hospitals and the Colorado State Budget



As with the prior two years, CHA began the legislative session focused on efforts to convert the Hospital Provider Fee (HPF) to an enterprise, thus negating potential cuts to hospitals. As part of Governor Hickenlooper's budget request for the 2017-18 state fiscal year, he proposed a \$195 million cut to the revenue collected by the HPF to balance the budget. Following the March Revenue

and Economic Forecast, the legislature's Joint Budget Committee (JBC) faced an even larger deficit and was forced to increase the cut to \$264 million – \$528 million when the federal match is included – in the formal budget legislation, the “long bill” (Senate Bill (SB) 17-254). As approved by the JBC, the budget also included a complementary bill, SB 17-256, that made a temporary change to statute to ensure the cuts to the HPF came from hospitals and did not force a rollback of Medicaid expansion. Although CHA formally opposed this bill, it passed and was signed into law. Fortunately, the cuts and the effects of SB 17-256 were eliminated by the subsequent passage of SB 17-267.

SB 17-267 was the most significant achievement of this legislative session – not only for CHA, but for the General Assembly and the entire state. Sponsored by Republicans – Senate President Pro Tem Jerry Sonnenberg (R-Sterling) and Rep. Jon Becker (R-Fort Morgan) – and Democrats – Senate Minority Leader Lucia Guzman (D-Denver) and House Majority Leader KC Becker (D-Boulder), the legislation has been heralded as the “compromise of the decade,” and its annual value to the state is nearly \$2.9 billion.

The centerpiece of the legislation is the transition of the HPF into an enterprise, which will be called the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE). To hospitals, it will function similarly to the current HPF program; however, beginning July 1, 2017, it will become a distinct government-owned business entity within the Department of Health Care Policy and Financing (HCPF). Its creation means that CHASE revenue will not count against the constitutionally mandated revenue cap and will not be subject to potential cuts by the JBC to balance the budget.

The bill also included some modest reforms to Colorado's Medicaid program. HCPF, in partnership with CHA, will develop a hospital payment reform program in line with the federal Delivery System Reform Incentive Payments Program (DSRIP), which will be implemented in October 2019. In addition, upon the passage of federal authorizing legislation, the state will implement the Advancing Care for Exceptional (ACE) Kids Act, a care coordination program for children with medically complex conditions. Finally, existing co-pays will increase for Medicaid clients in two categories: outpatient services and prescription drugs.

Passage of SB 17-267 was a mammoth effort that required the partnership of hundreds of organizations not only in health care, but also in transportation, K-12 and higher education, government and business, among others. The Association is grateful for partners across the political spectrum that contributed to the success of this effort.



Grand Compromise Worth \$2.9 Billion to Colorado Each Year

- **Reverses \$528 Million Cut to Hospitals:** Moves the Hospital Provider Fee to an enterprise and reduces TABOR cap by \$200 million; makes Senior Homestead Property Tax Exemption refund mechanism when TABOR refund is triggered.
- **Reforms Medicaid:** 3% maximum admin fee for enterprise; requires Medicaid reforms: Delivery System Reform Incentive Payment Program and the ACE Kids Act; targeted copay increases for Medicaid patients (outpatient and pharmacy only).
- **Funds Infrastructure & Reduces Government Spending:** \$1.8 billion for transportation projects (25% for rural, 10% for transit); \$120 million for capital construction; each state agency must submit a plan for a 2% budget reduction.
- **Expands Business Tax Credit:** For small businesses, valued at \$21 million, by increasing the retail marijuana tax.
- **Provides \$30 Million for Schools:** Rural schools only in Year 1, subsequent years to all schools.



Who Does the HPF Help?

Vulnerable Coloradans



AND reduces the cost of private insurance for Colorado individuals and businesses



RURAL HOSPITAL DAY

Although there were a variety of measures in the bill, the effort to pass SB 17-267 was spearheaded by CHA and its member hospitals and health systems. Many of the Association's members visited the Capitol for Protect Rural Hospitals Day on March 8, during which Sen. Sonnenberg announced his intent to run legislation addressing the HPF.



CHA provided a significant amount of educational material to legislators about hospitals generally, rural hospitals, and the consequences of the budget cuts in the form of fact sheets and case studies, some of which are shown here.



Colorado Hospitals: Community Impact

Hospitals are a Key Piece in the Community Puzzle

- FARM:** Sells food to the hospital; Grateful for quick medical care for cattle injuries.
- PARK:** Safe playground sponsored by hospital.
- BANK:** Places hospital and employee accounts, as well as hospital loans and bonds.
- SCHOOL:** Hospital provides medical care, such as school nurses and athletic trainers; supports community's disaster response.
- FAMILY AND FRIENDS:** Grateful when the medical saved the organism during a heart attack; knitting group makes welcome blanket for all new babies; always says yes when a cancer patient needs their help.
- BUSINESS:** Provides health insurance for workers; may relocate if there isn't a health care in the community.
- HOSPITAL:** Top employer; Staff lives, works and shops in town; Provides care for community.

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Colorado Hospitals: Community Impact continued

CASE STUDY: School Sports and Local Hospitals

What's at Risk

Letting a hospital in rural Colorado close has far greater consequences than you may realize.

Can you imagine letting your child play contact sports if there were no medical care nearby?

"It would obviously be quite concerning, for reasons way beyond school sports offerings. If we were to ever lose our local hospital and/or a high level of services stemming from our hospital due to budget cuts."

—ATHLETIC DIRECTOR AT SOUTHERN COLORADO HIGH SCHOOL

"The loss of medical services would immediately isolate our community and have a very negative impact considering it is so far to the next comparable level of care."

—RURAL HOSPITAL CEO

"I can't imagine coaching a game, in a contact sport like football, without medical care nearby. Watch on NFL game and you'll see several physicians on each sideline. That's how seriously immediate medical care is viewed!"

—HEAD FOOTBALL COACH FOR EASTERN COLORADO HIGH SCHOOL

"I not only worry about contact sports and pole vault with no medical care nearby, I worry about having a school in a community with no health care. We rely on our local hospital and medical partners to help with health in our schools every day!"

—SUPERINTENDENT OF A NORTHEASTERN COLORADO SCHOOL DISTRICT

For more information, contact Aly Schmidt, 970.214.4231 or alyschmidt@cha.com

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Cuts Have Consequences

\$ Half Billion
Dollars cut from Colorado hospitals in one year

Urban and rural hospitals will be affected – 80% of Colorado hospitals will receive cuts

Dear Legislators,

I am sharing my daughter's personal story in hopes that lawmakers will understand the necessity of rural hospitals and will see the humanity of their decision.

February 18, 2002, my 15 year old daughter, Mallory Plunaro, was in a rollover accident on a rural county road and pinned from the waist down in sub-freezing temperatures. Mallory was discovered hours later and transported by EMS to Yuma District Hospital where she received life-saving treatment and was flown to Denver Children's Hospital. Mallory died 17 days later from Sepsis. Although Mallory died, we were blessed to have 17 days to say goodbye and she had her family with her when she died. Were it not for our hospital, Mallory would have died in the back of an ambulance. Mallory would not have survived a half hour transport to another hospital. Let alone hours. I cannot put into words the trauma of losing a child but to think she would have died alone in the back of an ambulance with no hope of survival is unthinkable. I can't imagine not having those 17 days or not comforting her as she died.

This is the face of your decision.

Bev
Bev Saboury RN
Director of Quality and Regulatory Affairs
Yuma District Hospital

SB 267 is the only way to reverse these cuts

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Colorado Hospitals: Access to Care in Rural Colorado

People seek care in their home community, and jeopardizing the future of Colorado hospitals could be detrimental to the health of Coloradans

Patient care in 2015 by Critical Access and Rural Hospitals:

- 32,318 inpatient discharges
- 6,535 babies delivered
- 239,942 Emergency Department visits

43 Trauma Centers at Critical Access and Rural Hospitals

Medicaid Reimbursement

When Medicaid reimbursement increases, these hospitals invest facilities and services to improve local access.

2009 – pre-HPF: \$1.54 per \$1 cost of care
2013 – post-HPF: \$1.75 per \$1 cost of care

The HPF supports Medicaid coverage for 480,000 Coloradans through the pre-ACA expansion and the ACA Medicaid expansion.

When people have coverage, they care when they need it.

- Emergency Department visits up 8% over the past three years
- Emergency Department visits up 8% over the past three years
- Emergency Department visits up 8% over the past three years

SOURCES:
HCAHP and Oversight Advisory Board – 2016 Annual Report
Colorado Rural Health Center – 2017 Snapshot of Rural Health in Colorado

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Colorado's Hospitals & Medicaid

Medicaid is a critical revenue source for Colorado's hospitals

1/4 of the Colorado population is enrolled in Medicaid – that is about 1.3 million Coloradans

More than 2/5 are children

Total Medicaid expenditures 2015-16

33 percent went to hospitals. While Medicaid reimbursement has improved, hospitals still don't receive full reimbursement for the Medicaid services they provide – only 75 cents for every dollar.

All of Colorado's 108 hospitals accept Medicaid coverage

Rural residents use Medicaid at a significantly higher rate than residents in other areas

0% – 9%
10% – 19%
20% – 29%

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Colorado Hospitals: Access to Care continued

CASE STUDY: Delta County Memorial Hospital

49-bed rural hospital

Nearby an hour from Grand Junction and 5 hours from Denver

Named a Top 20 Rural Hospital in America

Largest employer in Delta County with 615 employees

\$1 million in annual payroll

men | Low-income adults are also eligible for Medicare

"It is not likely that we will close in one year due to the amount of reserves we have wisely set aside, but it will be very difficult to survive beyond one year of cuts."

— JASON CLECKER, CEO, DELTA COUNTY MEMORIAL HOSPITAL

Only provider of obstetrics, advanced imaging and cancer care in area

Patient Population is: 20% Medicaid | 52% Medicare

Proposed cuts equal about \$1 million in 2017-18

for more information, contact Aly Schmidt, 970.214.4231 or alyschmidt@cha.com

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Colorado's Hospitals and Medicaid continued

CASE STUDY: Budget cuts put patients at risk

Denver Health is the safety net hospital for the city and county of Denver

525-bed hospital with more than 25,000 admissions annually

Denver Health's Level I Trauma Center has a 98% trauma survival rate

9 family health centers, providing 597,350 patient visits in 2016

911
Denver's 911 medical emergency response system answered 100,000+ calls in 2015

Denver Public Schools students receive free health care at Denver Health's 17 school-based health centers

"Cuts to the Hospital Provider Fee will force Denver Health to reduce essential services, leaving our patients with nowhere else to go."

— ROBIN WITTENSTEIN, CEO, DENVER HEALTH

One of Denver's largest employers with 7,000 employees

Largest Hospital Provider Fee cut in the state for 2017-18

Since 2013, Medicaid covers 50% of Denver Health's patients

for more information, contact Aly Schmidt, 970.214.4231 or alyschmidt@cha.com

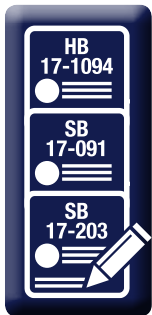
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Maintaining Coverage and Access to Care

During the 2017 legislative session, the uncertainty of health care at the federal level cast a shadow on debate at the Capitol, and there was a renewed vigor to protect Coloradans' access to health care. In part, due to the slowing of discussions to repeal the Affordable Care Act (ACA) in Washington, D.C., CHA and other health care advocates were successful in maintaining coverage and access to care.

Expanding Health Care Access and Coverage

CHA helped enact three bills designed to expand telehealth,



home health and prescription drug coverage for Coloradans. The first bill (House Bill (HB) 17-1094) modifies Colorado's existing telehealth law, prohibiting carriers from requiring providers to use proprietary technologies. The second bill (SB 17-091) allows Medicaid home health services to be provided in the community. The third bill (SB 17-203) prohibits insurance carriers from requiring "step-therapy" – a common practice requiring patients to try lower-cost drugs prior to covering a drug recommended by the patient's health care provider – if it has not been effective in the past.

Increased Regulatory Oversight of Health Insurance

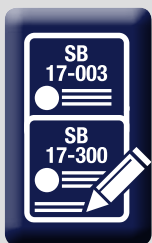


Several bills introduced aimed to modify the business practices of health insurers. CHA helped enact a piece of legislation (SB 17-088) requiring standards for selecting and tiering providers in tiered-network contracts and makes the information more widely available. This new law closely mirrors language in the National Association of Insurance Commissioners' Network Adequacy model law, which the Association supports. CHA monitored another bill (HB 17-1173) prohibiting health insurers from punishing a provider who communicates with public officials about policy issues or files a complaint with a government agency. Two other bills would have created additional oversight of health insurers by the Division of Insurance (DOI) but were ultimately killed. The first (SB 17-133) would have required the DOI to investigate provider complaints and notify providers of the results. The second (SB 17-151) would have required provider credentialing by insurers to adhere to evidence-based standards.

In **28** Colorado counties, there is only **one** hospital

17 Colorado counties have **NO** hospital

COLORADO'S RESPONSE TO THE AMERICAN HEALTH CARE ACT OF 2017



Several bills were introduced in response to the uncertainty of health care policy at the federal level. CHA helped defeat a piece of legislation introduced the first week of session (SB 17-003) that would have repealed the state's health insurance exchange, Connect for Health Colorado, in 2018. Another bill (SB 17-300), introduced the last week of session and heavily amended in the Senate, authorizes the DOI to study the feasibility of creating a reinsurance program in Colorado to help lower premiums and improve health carriers' risk pools. The impetus of the study is to help prepare Colorado as much as possible for forthcoming federal health care changes.

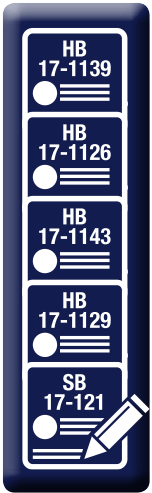
THE HPF SUPPORTS MEDICAID COVERAGE FOR **480,000** COLORADANS

- Colorado has been successful in dramatically improving health insurance coverage and access to care – the state's uninsured rate now stands at only 6.7 percent.
- When people have coverage, they are more likely to get care when they need it.
 - Emergency Department visits have declined by nearly 8% over the past three years since Medicaid expansion took effect, suggesting that more are seeking primary care and preventive services.

Improving Colorado's Medicaid Program



Colorado's Medicaid program was a focal point of many bills this year. One notable bill (HB 17-1353) advanced by HCPF creates a statutory framework for the Accountable Care Collaborative (ACC) – the foundation for Medicaid reform in Colorado. Following the addition of an amendment ensuring HCPF did not gain additional statutory authority, CHA supported the bill. The ACC has been an important step for Colorado Medicaid and codifying the work of this program will help ensure its future.



The legislature also supported significant efforts to tackle fraud and improve client communications in the Medicaid program. One bill (HB 17-1139) aimed to improve HCPF's fraud-prevention initiatives and protect clients from improper billing. The bill allows HCPF to penalize providers that improperly bill or seek collection from a Medicaid client. CHA successfully negotiated an amendment that ensures providers are not liable if they make a good faith effort to correct the billing error. Finally, an interim committee recommended a package of bills to improve HCPF's communications with clients and improve legal protections when a client appeals a reduction in benefits or a termination of benefits. (HB 17-1126, HB 17-1143, HB 17-1129 and SB 17-121).

Efforts to Increase Consumers' Health Care Choices

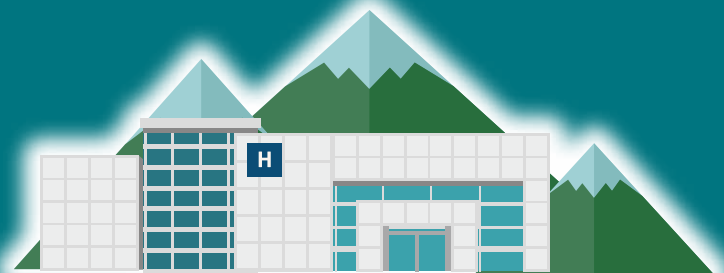


This year, several bills were introduced to provide consumers greater flexibility in receiving health care services. One bill (HB 17-1115), enacted with support from CHA, creates parameters for direct primary care agreements – an emerging health care delivery model where providers and patients agree on periodic fees in exchange for primary care services. Another bill (HB 17-1247), known as “any willing provider,” would have allowed greater patient access to a health care provider of their choosing, even if that provider was not “in network” with their insurer. A similar piece of legislation was introduced in 2016, which CHA successfully amended to exempt inpatient hospital pharmacy services, and this year's bill included the same exemption. However, the bill faced significant opposition from insurance carriers and ultimately failed.

1/4 of the Colorado population is enrolled in Medicaid – that is about **1.3 million** Coloradans



More than **2/5** are children



All of Colorado's hospitals
accept Medicaid clients

Increasing Health System Transparency and Addressing Cost of Care

The legislature spent significant time this year discussing how to increase health system transparency and protect Coloradans from rising health care costs. Lieutenant Governor Donna Lynne played a key role in these debates by introducing a package of six bills targeting health insurers, pharmaceutical companies and hospitals.

Rising Rural Health Insurance Premiums



Over the interim, CHA participated in a task force convened by the Lt. Gov., which developed recommendations to address the high cost of health insurance in rural areas of the state. Most of the solutions from the task force did not result in legislation, but the Association monitored bills that were brought forth by the Governor's Office, none of which were ultimately successful. The first (HB 17-1235) proposed a short-term subsidy for individuals who spend more than 15 percent of their income on health insurance premiums. The second (HB 17-1237) would have enabled local government entities, such as counties and municipalities, to opt-in to the health insurance plan offered to State of Colorado employees. While this legislation may have lowered insurance costs for some, many organizations felt it could have an adverse impact on rural communities in Colorado. The third (HB 17-1286) would have required health insurers that contract with the state to provide insurance in certain areas of the state. Another bill (SB 17-104), unrelated to the Governor's agenda, would have required health insurers operating in certain areas to also offer catastrophic plans to eligible individuals.

Health Price Transparency



CHA successfully defeated a bill (HB 17-1236) requiring hospitals to submit Medicare Cost Reports and audited financial statements to HCPF. Using this information, HCPF would have been required to issue an annual report to the legislature detailing financial information for every hospital. Another bill (HB 17-1318) would have required health insurers to submit information on pharmaceutical costs to the DOI, which would then be aggregated in an annual report. CHA monitored this bill, which failed on a party-line vote in a Senate committee.



CHA supported the only bill passed by the legislature this year that increases health care price transparency for consumers (SB 17-065). The legislation requires all regulated providers to post "self-pay" prices. Starting in 2018, health facilities will be required to post prices for the 50 most common inpatient and 25 most common outpatient services, while physicians and other non-facility providers will be required to post prices for their 15 most common health care services provided. CHA worked to amend similar legislation in 2015 and was successful in securing an amendment this year that helps protect patient confidentiality. CHA actively supported this bill because it aligns with the Association's transparency principles.

HEALTH CARE IN RURAL COLORADO

16% of the state's population lives in rural communities

3/4 of the state's 64 counties are considered micro, rural or County with Extreme Access Consideration

17% of rural population is over the age of 65 (12 percent in urban areas)

47% of Colorado hospitals are rural

17 counties have no hospital, and two have no hospital, clinic or Federally Qualified Health Center

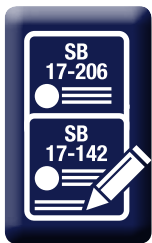
102 miles is the average distance from a rural to an urban hospital

In 2015, nearly **1/4** of Colorado's rural hospitals were operating below a 4 percent margin (less than industry minimum for sustainability)

Notice to Consumers



The legislature saw several bills urging payers and providers to play a stronger role in informing consumers about the complexities of the health care system. Most notable was a bill (SB 17-064) addressing freestanding emergency departments (FSEDs). A stakeholder group met during 2016 to discuss potential FSED legislation, and although the group did not come to consensus, legislation was introduced that included provisions that the Association could not support. The bill set several new requirements for FSEDs, including a mandate that FSEDs bill patients at the lower urgent care rate for non-emergent conditions. The bill would have also required FSEDs to be licensed under a newly created license type from the Colorado Department of Public Health and Environment (CDPHE). Despite efforts to work with the sponsors, the legislation ultimately failed.



A consumer notice bill for out-of-network providers (SB 17-206) failed for the third time this session. The legislation would have required health insurers to follow certain procedures when paying claims for out-of-network provider services at in-network facilities. CHA supported this bill, as it reflected mutual responsibilities and accountability for all pieces of the system. Unfortunately, consumers, providers and carriers were split on the issue. The legislature did pass a bill (SB 17-142) requiring mammography reports to include notice when an individual's results indicate they have dense breast tissue. Proponents of the bill hope the notice will raise awareness and inform patients' conversations with their doctors.

While most transparency-related legislation did not pass in 2017, hospitals and health systems should be prepared to engage in this issue in the coming months as it will remain a central issue for policymakers. CHA will continue to support transparency efforts that enhance the ability of patients and consumers to make informed choices and reflect a mutual commitment by all providers, public and private payers and consumers. The Association has already begun work to improve health system transparency and affordability and address concerns heard during this legislative session.



“WHERE FOR CARE” CONSUMER EDUCATION CAMPAIGN

CHA developed a targeted media campaign designed to educate Colorado consumers about accessing the right level of medical care, in the right setting and at the right time – and understanding how that decision should be shaped by their health condition and their insurance coverage. This campaign aims to provide consumers with resources to help them differentiate less-expensive primary and urgent care from more-expensive emergency care. The first stage of the campaign featured outdoor media (e.g., billboards, bus shelters) in the Denver metro area and the launch of the “Where for Care” website. Hospital partners are also encouraged to use a variety of campaign resources, such as posters, the family care plan, social media posts and more. More information is available at www.WhereforCare.org.

Improving the Health and Safety of Hospital Employees and Those We Serve

Each year there are a handful of bills introduced impacting how hospitals care for patients. Most notably this year were bills aimed at protecting patients from malicious health care professionals. Legislators also focused on improving various aspects of clinical care, such as domestic violence reporting, heart attack care and end-of-life treatment. CHA worked throughout the session to mitigate any unintended consequences these measures could have on patient care and operations.

Addressing Safety Concerns in Health Care Settings



Over the past few years, high-profile media reports in Colorado have illuminated inconsistent practices in the health care field for conducting employee background checks.

This issue rose to the top of legislators' agendas this session, and CHA actively engaged in three bills seeking to better protect patients and employees in health care settings. The first measure (HB 17-1121) would have allowed the Department of Regulatory Agencies (DORA) to conduct background checks on certain health care professionals and align Colorado's statutes with the most recent national Nurse Licensure Compact language. While CHA supports statewide background checks and the enhanced compact, CHA opposed the bill because it would have created duplicative background checks and allowed DORA to fine employers for failing to comply. While the bill was ultimately defeated, the Association expects a narrower piece of legislation addressing the enhanced Nurse Licensure Compact to be introduced in 2018.



While the bill concerning background checks on licensees failed, another major piece of legislation (HB 17-1284) addressing a similar issue made it to the Governor's desk. Starting in 2019, health care facilities serving at-risk adults will be required to request a Colorado Adult Protective Services (CAPS) check prior to hiring direct care employees. CHA participated in the Task Group that heard the evidence and developed the recommendations that ultimately became the legislation. CHA consistently opposed the inclusion of general hospitals in a mandatory CAPS check because these harms only rarely occur in hospital settings. Despite the Association's objections, the bill passed in the final days of the legislative session, and CHA is now preparing to engage in the rulemaking process.



A bill that CHA monitored and ultimately passed (HB 17-1165) modifies the disciplinary procedures for health care professionals licensed by DORA. Specifically, it will require improvements in DORA's internal processes based on provider complaints made by patients.



1 in 16 jobs
in Colorado is in the
health care sector

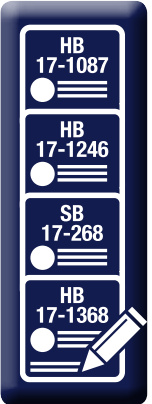
Hospitals employ more than
75,500 Coloradans
and generate **183,961**
jobs in Colorado

Hospitals provide
higher paying,
highly skilled jobs
for Coloradans

Improving Clinical Care and Quality



This year, the General Assembly enacted several measures to improve clinical practices and outcomes. First, CHA actively engaged in a bill (HB 17-1322) that creates an exception to domestic violence reporting where a health care professional, under a number of enumerated conditions, may choose not to report an incident.

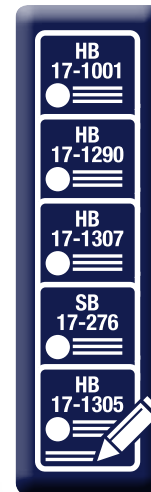


CHA also helped pass a bill (HB 17-1087) that creates a pilot program to provide legal guardianship services for incapacitated and indigent adults. Another bill (HB 17-1246) supported by CHA and advanced by the American Heart Association, implements recommendations of the STEMI Task Force, in which CHA and member hospitals participated. In addition, (SB 17-268) a bill allowing a pharmacist to supervise up to six pharmacy technicians successfully passed. Another bill (HB 17-1368) that was supported by CHA and failed would have modified Colorado's End of Life Options Act. This measure sought to clarify the death certificate process for a medical aid-in-dying patients and will likely return next year.

Addressing Employer Issues



CHA actively engaged in two key employer bills introduced this year. First, CHA worked closely with COPIC to defeat a bill (HB 17-1254) that would have removed the cap on non-economic damages (i.e., those for pain and suffering) that may be awarded for the wrongful death of a child. CHA strongly opposed this bill because it could have destabilized the medical liability environment. CHA monitored a second successful bill (HB 17-1229) that expands workers' compensation for mental impairment claims for law enforcement and first responders to include post-traumatic stress disorder (PTSD) – an issue that has been in front of the legislature in several previous sessions.



There were five bills, which were introduced and failed in 2016 and were reintroduced and failed again in 2017, addressing various employer-related issues. These bills sought to allow employees to leave work to attend their child's academic activities (HB 17-1001); create a retirement plan for employees not covered by an employer's plan (HB 17-1290); create a family and medical leave insurance program (HB 17-1307); reduce the regulatory burden on small businesses (SB 17-276); and prohibit employers from stating in an application that a person with a criminal history may not apply (HB 17-1305).



Strengthening Colorado's Behavioral Health System

Improving Colorado's behavioral health system was a top priority for both Gov. Hickenlooper and the General Assembly this year. This comes in response to the Governor's action to veto a bill CHA spearheaded during the 2016 session addressing crisis mental health services. Two parallel task forces met during 2016 to develop consensus-based responses to the issue – the Mental Health Holds Task Force and the Colorado Commission on Criminal and Juvenile Justice. As a result of the interim discussions, several bills addressing current system failings were introduced. Additionally, the legislature endorsed several efforts to address substance use disorders, especially focused on opioid abuse.

Expanding Mental Health Coverage & Services



The most robust behavioral health bill enacted this year (SB 17-207) makes several changes to the state's coordinated behavioral health crisis response system. Foremost, it prohibits individuals in need of crisis mental health services from being held in a jail. The bill also provides \$7 million to improve capacity, capabilities and response within the crisis mental health system statewide. CHA worked extensively with proponents to achieve amendments allowing individuals to be taken to emergency rooms. While this does not fully resolve EMTALA conflicts between state and federal law, it is a significant improvement, and CHA supported the legislation.



CHA also engaged in a successful bill (SB 17-019) creating medication consistency for individuals with behavioral health needs transferring between state facilities. The bill requires the Office of Behavioral Health to set rules and develop formularies and purchasing plans for medications prescribed for mental illness. A final bill (HB 17-1215) was enacted with support from CHA that encourages law enforcement agencies to adopt a policy for mental health professionals to provide onsite response and counseling services to law enforcement officials.

Efforts to Address Colorado's Substance Use Challenges



In response to Colorado's high rate of misuse and abuse of prescription drugs, the legislature led efforts to expand access to the Prescription Drug Monitoring Program (PDMP), a secure online database that stores information about controlled substances dispensed to patients. One bill (SB 17-146) successfully passed and increases access to the PDMP for health professionals, including veterinarians. Separate legislation also added PDMP access for HCPF (HB 17-1351). Another bill (HB 17-1350) that subsequently failed would have allowed a pharmacist filling a prescription for a Schedule II opioid to dispense the drug in smaller increments when requested by the patient or prescribing provider.



Three bills passed this session that will help study substance abuse in Colorado. A bill enacted (HB 17-1351) with support from CHA requires HCPF to prepare a feasibility study on providing residential and inpatient substance use disorder treatment as a benefit under Medicaid. The second (SB 17-074) creates a medication-assisted treatment pilot program in Pueblo and Routt counties, which will provide training for providers on prescription medications to treat substance abuse. A final bill (SB 17-193) creates a research center for substance abuse and addiction prevention strategies and treatment at the University of Colorado Health Sciences Center. In addition to the passage of these three bills, the legislature will also convene an Interim Study Committee on Opioids and Substance Use Disorder this summer.

CHA will closely monitor the implementation of these bills to ensure Colorado has functional systems of care that can appropriately respond to individual and community behavioral health needs.

CHA EMERGENCY DEPARTMENT OPIOID SAFETY PILOT

CHA and its partners formed the Colorado Opioid Safety Collaborative and began a pilot in May of 2017 with eight CHA member hospitals to implement the new Colorado Emergency Physicians ED Opioid Guidelines to reduce the use of opioids in Colorado emergency departments. The pilot sites will share both experiences and initial results in a statewide Colorado Opioid Safety Collaborative Summit in the fall of 2017.



Conclusion

CHA achieved great success on behalf of its member hospitals and health systems in 2017. While celebrating this year's accomplishments, the Association will continue to look to the future and forecast new opportunities and threats. With each election cycle, new faces join the legislature, bringing new ideas and priorities. The challenges Colorado faces will continue to evolve. In the midst of these continual changes, CHA will advocate tirelessly to ensure the blue "H" is able to retain its core purpose: directing individuals in crisis to care and being ever-present as a comforting reminder that access to health care is within reach. This iconic blue "H" symbolizes the steadfast commitment of Colorado hospitals and health systems to ensure that where you live does not determine if you live.



2017 CHA Bill Summary

| Bill # | Sponsors | Bill Summary | Position | Final Status & Implementation Date |
|---|---|--|----------|--|
| HB 17-1001 Employee Leave Attend Child's Academic Activities | Rep. Buckner (D) Sen. Kerr (D) | This bill reinstated the Parental Involvement Act of 2009, allowing employees to take leave from work to attend their child's academic activities. | Monitor | Failed |
| HB 17-1010 Dental Practice Act and Dental Hygiene | Rep. Ginal (D) Sen. Crowder (D) | The bill makes clarifications concerning the practice of dental hygiene with laser and emergency drug administration and oversight by the Colorado Dental Board. | Monitor | Passed Governor Signed <i>Implementation Date: Aug. 9, 2017</i> |
| HB 17-1011 Statute of Limitation Discipline Mental Health Professional | Rep. Melton (D) Sen. Tate (R) | The bill requires mental health professionals to notify former clients that records may not be maintained after seven years. | Monitor | Passed Governor Signed <i>Implementation Date: July 1, 2018</i> |
| HB 17-1021 Wage Theft Transparency Act | Rep. Danielson (D) Sen. Cooke (R) | The bill requires the Division of Labor in CDLE to treat certain violations of wage law as public records available upon request. | Monitor | Passed Governor Signed <i>Implementation Date: April 13, 2017</i> |
| HB 17-1027 Remove Fund Repeal & Clarify Organ Donor Process | Rep. J. Becker (R) Rep. Buckner (D) Sen. Gardner (R) Sen. Garcia (D) | The bill continues the Emily Maureen Ellen Keyes Organ and Tissue Donation Awareness Fund indefinitely. | Support | Passed Governor Signed <i>Implementation Date: Sept. 15, 2017</i> |
| HB 17-1032 First Responder Peer Support Testimony Privilege | Rep. Arndt (D) Sen. Cooke (R) | The bill removes the requirement that evidentiary privilege only applies to communications occurring in an individual support meeting during the court process for first responder team members. | Monitor | Passed Governor Signed <i>Implementation Date: March 16, 2017</i> |
| HB 17-1057 Interstate Physical Therapy Licensure Compact | Rep. Liston (R) Rep. Winter (D) Sen. Gardner (R) Sen. Kerr (D) | This bill states that the Governor shall enter into an Interstate Physical Therapy Licensure Compact to improve access to physical therapy. | Monitor | Passed Governor Signed <i>Implementation Date: Aug. 9, 2017</i> |
| HB 17-1060 Reporting Requirements by Health Care Policy & Financing to General Assembly | Rep. Thurlow (R) Sen. Tate (R) | This bill both repeals some reporting requirements and continues other HCPF reporting requirements. | Monitor | Passed Governor Signed <i>Implementation Date: March 1, 2017</i> |
| HB 17-1080 Requirements Durable Medical Equipment Suppliers | Rep. Young (D) Sen. Sonnenberg (R) Sen. Crowder (R) | The bill clarified and modified the licensing requirements for DME suppliers. | Monitor | Failed |
| HB 17-1085 Women's Health Protection Act | Rep. Neville (R) | The bill required all abortion clinics in the state to be licensed by the Attorney General who would then inspect them annually. | Monitor | Failed |
| HB 17-1086 Abortion Pill Reversal Information Act | Rep. Everett (R) Rep. Nordberg (R) Sen. Marble (R) | This bill required a physician to give information to a woman on the possibility of an abortion pill reversal. | Monitor | Failed |
| HB 17-1087 Office of Public Guardianship Pilot Program | Rep. Young (D) Sen. Lundberg (R) | The bill creates a pilot program in the Judicial Department to provide legal guardianship services for incapacitated and indigent adults in certain judicial districts. | Support | Passed Governor Signed <i>Implementation Date: June 5, 2017</i> |
| HB 17-1094 Telehealth Coverage Under Health Benefit Plans | Rep. Buck (R) Rep. Valdez (D) Sen. Crowder (R) Sen. Donovan (D) | The bill makes clarifications and modifications to the existing requirement that health benefit plans cover telehealth services. | Support | Passed Governor Signed <i>Implementation Date: March 16, 2017</i> |
| HB 17-1108 Protect Human Life at Conception | Rep. Humphrey (R) Rep. Ransom (R) Sen. Neville (R) | The bill prohibited physicians from performing abortions except in certain instances. | Monitor | Failed |

2017 CHA Bill Summary

| Bill # | Sponsors | Bill Summary | Position | Final Status & Implementation Date |
|--|---|---|----------|---|
| HB 17-1112 Immunity Unauthorized Practice of Profession | Rep. Van Winkle (R) | The bill provided immunity from civil penalties for individuals who make voluntary disclosures of the unauthorized practice of their profession. | Monitor | Failed |
| HB 17-1115 Direct Primary Health Care Services | Rep. Buck (R) Rep. Ginal (D) Sen. Kefalas (D) Sen. Tate (R) | The bill establishes definitions and legal parameters for direct primary health care agreements. | Support | Passed Governor Signed <i>Implementation Date: Aug. 9, 2017</i> |
| HB 17-1121 Patient Safety Act | Rep. Buckner (D) Sen. Todd (D) | The bill required health care professionals to submit to a criminal history record check. It repealed and replaced the "Nurse Licensure Compact Act." | Oppose | Failed |
| HB 17-1122 Gender Identification on Birth Certificates | Rep. Esgar (D) Sen. Moreno (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 | Failed |
| HB 17-1126 Medicaid Appeal Review Legal Notice Requirements | Rep. Danielson (D) Rep. Michaelson-Jenet (D) Sen. Crowder (R) | The bill requires administrative law judges to review the legality of Medicaid notices of action when a client appeals a reduction in benefits or a termination of benefits. | Monitor | Passed Governor Signed <i>Implementation Date: Jan. 1, 2018</i> |
| HB 17-1129 Technical Issues Filing Medicaid Appeals | Rep. Danielson (D) Sen. Crowder (R) | The bill clarified the continuation of benefits without an affirmative request by a client who is appealing a termination or reduction in benefits. | Support | Failed |
| HB 17-1139 Medicaid Provider Compliance Billing Safety Rules | Rep. Landgraf (R) Rep. Michaelson-Jenet (D) Sen. Kefalas (D) Sen. Martinez-Humenik (R) | The bill maintains legal protections for consumers against balance billing while giving the state flexibility in addressing providers that break the law without diminishing provider networks. | Neutral | Passed Governor Signed <i>Implementation Date: April 6, 2017</i> |
| HB 17-1143 Audits of Medicaid Client Correspondence | Rep. Landgraf (R) Sen. Crowder (R) | The bill requires the state auditor to conduct an audit of client correspondence with Medicaid regarding an individual's eligibility. | Monitor | Passed Governor Signed <i>Implementation Date: Aug. 9, 2017</i> |
| HB 17-1165 Department of Regulatory Agencies Boards Disciplinary Action Resolution Process | Rep. Lebsock (D) Sen. Aguilar (D) | This bill modifies the disciplinary procedures for six health care boards for health care professionals with prescriptive authority within DORA. | Monitor | Passed Governor Signed <i>Implementation Date: June 6, 2017</i> |
| HB 17-1173 Health Care Providers and Carriers Contracts | Rep. Hansen (D) Sen. Neville (R) | The bill expands protections for health care providers in contracts with health insurance carriers by prohibiting the carrier from taking adverse actions against the provider in certain situations. | Monitor | Passed Governor Signed <i>Implementation Date: April 6, 2017</i> |
| HB 17-1187 Change Excess State Revenues Cap Growth Factor | Rep. Thurlow (R) Sen. Crowder (R) | This bill referred a proposition to voters to change the Referendum C cap formula. | Support | Failed |
| HB 17-1215 Mental Health Support for Peace Officers | Rep. Coleman Sen. Kagan (D) Sen. Gardner (R) | The bill creates a grant program to support local governments that provide mental health counseling to peace officers. | Support | Passed Governor Signed <i>Implementation Date: Aug. 9, 2017</i> |
| HB 17-1224 Misbranded Adulterated Counterfeit Drugs Penalty | Rep. Kraft-Tharp (D) Sen. Gardner (R) | The bill amends the pharmacy practice law to make it unlawful to possess, administer or sell a drug or device that is adulterated or misbranded. | Monitor | Passed Governor Signed <i>Implementation Date: Aug. 9, 2017</i> |
| HB 17-1229 Workers' Compensation for Mental Impairment | Rep. Singer (D) Rep. J. Becker (R) Sen. Cooke (R) Sen. Todd (D) | The bill adds the definitions "psychologically traumatic event" and "serious bodily injury" to the workers' compensation statutes. | Monitor | Passed Governor Signed <i>Implementation Date: July 1, 2018</i> |
| HB 17-1235 Financial Relief Defray Individual Health Plan Cost | Rep. Mitsch-Bush (D) Rep. Hamner (D) Sen. Coram (R) Sen. Crowder (R) | The bill proposed financial relief for individuals and families who spend more than 15% of their household income on health insurance premiums. | Monitor | Failed |

2017 CHA Bill Summary

| Bill # | Sponsors | Bill Summary | Position | Final Status & Implementation Date |
|--|--|---|----------|---|
| HB 17-1236 Health Care Policy and Financing Annual Report on Hospital Expenditures | Rep. Kennedy (D) Sen. Coram (R) Sen. Smallwood (R) | The bill required hospitals to submit certain financial records to HCPF to develop an annual report. | Oppose | Failed |
| HB 17-1237 State Employee Group Benefit Plans for Local Government | Rep. Hamner (D) Sen. Coram (R) Sen. Crowder (R) | This bill enabled local government entities such as counties and municipalities to opt in to the state employees' health benefit plans. | Monitor | Failed |
| HB 17-1240 Relocate Title 12 Colorado Department of Public Health and Environment | Rep. Wist (R) Sen. Cooke (R) | The bill relocates the statutes on Uniform Emergency Volunteer Health Practitioners Act and the Cancer Cure Control Program from Title 12 to Title 25, C.R.S. | Monitor | Passed Governor Signed <i>Implementation Date: Aug. 9, 2017</i> |
| HB 17-1246 ST-elevation Myocardial Infarction Task Force Recommendations Heart Attack Care | Rep. Kraft-Tharp (D) Sen. Tate (R) Sen. Garcia (D) | The bill implements several recommendations of the STEMI Task Force regarding mandatory and voluntary data reporting. | Support | Passed Governor Signed <i>Implementation Date: May 18, 2017</i> |
| HB 17-1247 Patient Choice Health Care Provider | Rep. Danielson (D) Rep. J. Becker (R) Sen. Sonnenberg (R) | The bill allowed a patient to select a provider of his or her choice if the selected provider agreed to the terms of the contracted health benefit plan. | Monitor | Failed |
| HB 17-1254 Noneconomic Damages Cap Wrongful Death of Child | Rep. K. Becker (D) Rep. Salazar (D) Sen. Kagan (D) | The bill removed the cap on damages for noneconomic loss that may be awarded for the wrongful death of a minor child. | Oppose | Failed |
| HB 17-1269 Repeal Prohibition of Wage Sharing Information | Rep. Danielson (D) Rep. Nordberg (R) Sen. Martinez-Humenik (R) Sen. Donovan (D) | The bill provides wage transparency protections to all employees in the state by removing certain exemptions. | Monitor | Passed Governor Signed <i>Implementation Date: Aug. 9, 2017</i> |
| HB 17-1284 Data System Check for Employees Serving At-risk Adults | Rep. Lontine (R) Sen. Gardner (R) Sen. Aguilar (D) | The bill requires certain employers at facilities that serve at-risk adults to request a CAPS check prior to hiring direct care employees. | Oppose | Passed Governor Signed <i>Implementation Date: Jan. 1, 2019</i> <i>*Rulemaking likely to occur in 2017-18</i> |
| HB 17-1286 State Employee Health Carrier Requirements | Rep. Esgar (D) Sen. Crowder (R) | The bill required health insurance carriers that contract with the state to provide group benefit plans to state employees aimed at expanding consumer options. | Monitor | Failed |
| HB 17-1290 Colorado Secure Savings Plan | Rep. Buckner (D) Rep. Pettersen (D) Sen. Todd (D) Sen. Donovan (D) | The bill created the Colorado Secure Savings Plan to enable employees not covered by an employer's retirement plan to have payroll deductions go into an IRA. | Monitor | Failed |
| HB 17-1305 Limits on Job Applicant Criminal History Inquiries | Rep. Melton (D) Rep. Foote (D) Sen. Guzman (D) | This bill prohibited an employer from stating in a job application or description that a person with a criminal history may not apply. | Monitor | Failed |
| HB 17-1307 Family and Medical Leave Insurance Program Wage Replacement | Rep. Winter (D) Sen. Moreno (D) Sen. Fields (D) | The bill created the Division of Family and Medical Leave Insurance (FAMLI) as an enterprise to provide wage-replacement benefits to eligible employees. | Monitor | Failed |
| HB 17-1318 Division of Insurance Annual Report Pharmaceutical Costs Data | Rep. Ginal (D) Sen. Kefalas (D) Sen. Coram (R) | The bill required health insurers to submit information to DOI on the cost of pharmaceuticals covered under individual and group plans. | Monitor | Failed |
| HB 17-1320 Age of Consent Outpatient Psychotherapy for Minors | Rep. Michaelson-Jenet (D) Rep. Landgraf (R) Sen. Fenberg (D) Sen. Coram (R) | The bill lowered the age of consent for a minor to obtain outpatient psychotherapy services without parental consent. | Monitor | Failed |
| HB 17-1322 Domestic Violence Reports by Medical Professionals | Rep. Esgar (D) Rep. Landgraf (R) Sen. Donovan (D) | This bill creates an exception to domestic violence reporting for physicians, physician assistants and anesthesiologist assistants. | Monitor | Passed Governor Signed <i>Implementation Date: Aug. 9, 2017</i> |

2017 CHA Bill Summary

| Bill # | Sponsors | Bill Summary | Position | Final Status & Implementation Date |
|--|--|--|----------|--|
| HB 17-1350 Pharmacist Partial Fill Opioid Prescription | Rep. Pettersen (D) Rep. Liston (R) Sen. Smallwood (R) Sen. Jahn (D) | The bill allowed pharmacists to partially fill opioid prescriptions. | Monitor | Failed |
| HB 17-1351 Study Inpatient Substance Use Disorder Treatment | Rep. Pettersen (D) Sen. Jahn (D) Sen. Crowder (R) | The bill requires HCPF to prepare a report for the legislature on the feasibility of providing residential and inpatient substance use disorder treatment as part of the Medicaid program. | Support | Passed Governor Signed <i>Implementation Date: June 2, 2017</i> |
| HB 17-1353 Implement Medicaid Delivery & Payment Initiatives | Rep. Young (D) Sen. Lundberg (R) | The bill codifies the implementation of the ACC 2.0. It authorizes HCPF to implement performance-based payments. | Support | Passed Governor Signed <i>Implementation Date: May 23, 2017</i> |
| HB 17-1368 End-of-Life Death Certificate Signature | Rep. Ginal (D) Sen. Court (D) | The bill removed the requirement that an attending physician or hospice medical director sign the death certificate of an individual who used an aid-in-dying medication. | Support | Failed |
| HB 17-1371 Distribution of Medications to Certain Outlets | Rep. Lee (D) Sen. Cooke (R) | The bill allows hospitals and other entities to distribute compounded and prepackaged medications to pharmacies and to other outlets under common ownership. | Monitor | Passed Governor Signed <i>Implementation Date: June 2, 2017</i> |
| SB 17-003 Repeal Colorado Health Benefit Exchange | Sen. Smallwood (R) Rep. Neville (R) | The bill repealed the state's health insurance exchange "Connect for Health Colorado." | Oppose | Failed |
| SB 17-004 Access to Providers for Medicaid Recipients | Sen. Tate (R) Rep. Wist (R) | The bill allowed providers who are not enrolled with Medicaid to bill Medicaid clients directly. | Monitor | Failed |
| SB 17-017 Allow Medical Marijuana Use for Stress Disorders | Sen. Aguilar (D) Rep. Singer (D) | The bill expands the statutory right for a patient to use medical marijuana to include stress disorders or PTSD. | Monitor | Passed Governor Signed <i>Implementation Date: June 5, 2017</i> |
| SB 17-019 Medication Mental Illness in Justice Systems | Sen. Martinez Humenik (R) Rep. Singer (D) | The bill requires the Office of Behavioral Health to develop formularies and purchasing plans for medications prescribed for mental illness in the justice system. | Neutral | Passed Governor Signed <i>Implementation Date: Aug. 9, 2017</i> |
| SB 17-022 Rural Economic Advancement of Colorado Towns | Rep. Donovan (D) | The bill required the Department of Local Affairs to award grants to assist rural communities that have experienced a negative economic event. | Monitor | Failed |
| SB 17-032 Prescription Drug Monitoring Program Access | Sen. Merrifield (D) | The bill changed the current process for law enforcement officials and state regulatory boards when trying to gain access to the PDMP. | Monitor | Failed |
| SB 17-033 Delegate Dispensing Over-the-counter Medications | Sen. Aguilar (D) Rep. Lawrence (R) | The bill allows a professional nurse to delegate dispensing authority of an OTC drug for a minor with signed parental consent. | Monitor | Passed Governor Signed <i>Implementation Date: Aug. 9, 2017</i> |
| SB 17-040 Public Access to Government Files | Sen. Kefalas (D) Rep. Pabon (D) | The bill modifies the Colorado Open Records Act (CORA) with respect to digital or electronic records. | Monitor | Passed Governor Signed <i>Implementation Date: Aug. 9, 2017</i> |
| SB 17-056 Reporting Requirements by Colorado Department of Public Health and Environment to General Assembly | Sen. Kerr (D) Rep. Arndt (D) | The bill continues reporting requirements by CDPHE to the Governor, the General Assembly and other agencies on specified reports and repeals others. | Monitor | Passed Governor Signed <i>Implementation Date: Feb. 1, 2018</i> |

2017 CHA Bill Summary

| Bill # | Sponsors | Bill Summary | Position | Final Status & Implementation Date |
|---|--|--|----------|--|
| SB 17-057 Colorado Healthcare Affordability & Sustainability Enterprise | Sen. Guzman (D) | The bill created the Colorado Healthcare Affordability and Sustainability Enterprise within HCPF, replacing the current Hospital Provider Fee. | Support | Failed |
| SB 17-064 License Freestanding Emergency Departments | Sen. Kefalas (D) Rep. Lontine (D) | The bill required freestanding emergency departments to be licensed under a newly created license type from CDPHE. | Monitor | Failed |
| SB 17-065 Transparency in Direct Pay Health Care Prices | Sen. Lundberg (R) Rep. Lontine (D) | The bill requires certain health care facilities to post "self-pay" health care prices on a website or to provide to a patient upon request. | Support | Passed Governor Signed <i>Implementation Date: Jan. 1, 2018</i> |
| SB 17-074 Create Medication-assisted Treatment Pilot Program | Sen. Garcia (D) Rep. Esgar (D) | The bill establishes the medication-assisted treatment pilot program in Pueblo and Routt Counties to address the growing opioid addiction problem. | Monitor | Passed Governor Signed <i>Implementation Date: May 22, 2017</i> |
| SB 17-083 Rule Review Bill | Sen. Kagan (D) Rep. Foote (D) | The bill provides for the continuation of certain state agencies' rules and regulations and the expiration of others. | Monitor | Passed Governor Signed <i>Implementation Date: April 28, 2017</i> |
| SB 17-084 Coverage for Drugs in a Health Coverage Plan | Sen. Jahn (D) Rep. Esgar (D) Rep. Singer (D) | The bill prohibited a health insurer in the individual and small group markets from excluding drug coverage if the drug was initially covered on enrollment. | Monitor | Failed |
| SB 17-088 Participating Provider Network Selection Criteria | Sen. Holbert (R) Sen. Williams (D) Rep. Van Winkle (R) Rep. Hooton (D) | The bill makes changes to the selection and deselection process between insurers and providers. | Support | Passed Governor Signed <i>Implementation Date: Jan. 1, 2018</i> |
| SB 17-091 Allow Medicaid Home Health Services in Community | Sen. Moreno (D) Sen. Crowder (R) Rep. Ginal (D) | The bill removes the requirement that home health services under Medicaid be provided in a client's home and allows them to be provided in the community. | Support | Passed Governor Signed <i>Implementation Date: June 5, 2017</i> |
| SB 17-104 Catastrophic Plans in Geographic Rating Areas | Sen. Donovan (D) | The bill required carriers to offer a catastrophic plan to any eligible individual if the individual was in a certain geographic area of the state. | Monitor | Failed |
| SB 17-106 Sunset Registration of Naturopathic Doctors | Sen. Coram (R) Sen. Aguilar (D) Rep. Singer (D) | The bill continues the registration of Naturopathic doctors which was set to expire and implements recommendations of the Sunset review by DORA. | Monitor | Passed Governor Signed <i>Implementation Date: Aug. 9, 2017</i> |
| SB 17-121 Improve Medicaid Client Correspondence | Sen. Lundberg (R) Sen. Crowder (R) Rep. Landgraf (R) Rep. Danielson (D) | This bill requires HCPF to engage in an ongoing process to improve Medicaid client correspondence. | Support | Passed Governor Signed <i>Implementation Date: Aug. 9, 2017</i> |
| SB 17-133 Insurance Commissioner Investigation of Provider Complaints | Sen. Tate (R) Rep. Young (D) | This bill required the Insurance Commissioner to investigate certain complaints against health insurance carriers filed by health care providers. | Monitor | Failed |
| SB 17-137 Sunset Health Service Corps Advisory Council | Sen. Todd (D) Sen. Merrifield (D) Rep. Jackson (D) | The bill continues the Colorado Health Service Corps Advisory Council indefinitely. | Monitor | Passed Governor Signed <i>Implementation Date: April 18, 2017</i> |
| SB 17-142 Breast Density Notification Required | Rep. Williams (D) Rep. Danielson (D) | The bill requires that a mammography report include a specified notice when the patient's mammogram indicates dense breast tissue. | Monitor | Passed Governor Signed <i>Implementation Date: Oct. 1, 2017</i> |
| SB 17-146 Access to Prescription Drug Monitoring Program | Sen. Jahn (D) Rep. Ginal (D) | The bill increases health professionals access to the PDMP database. It also adds veterinarians to obtain access. | Monitor | Passed Governor Signed <i>Implementation Date: April 6, 2017</i> |

2017 CHA Bill Summary

| Bill # | Sponsors | Bill Summary | Position | Final Status & Implementation Date |
|--|--|---|----------|--|
| SB 17-151 Consumer Access to Health Care | Sen. Crowder (R) Rep. Ginal (D) | The bill required health insurance carriers that conduct credentialing of providers to adhere to evidence-based standards and other requirements. | Monitor | Failed |
| SB 17-181 Collateral-Source Rule Evidence of Insurance | Sen. Gardner (R) Rep. Willett (R) | The bill allowed the presentation of collateral-source evidence unless a plaintiff agreed to a reduced jury award. | Monitor | Failed |
| SB 17-189 Consumer Options in Fingerprint Background Checks | Sen. Cooke (R) Rep. Foote (D) | The bill eliminates the requirement that a law enforcement agency be the only entity authorized to take fingerprints for background checks. | Monitor | Passed Governor Signed <i>Implementation Date: Aug. 9, 2017</i> |
| SB 17-193 Research Center Prevention Substance Abuse Addiction | Sen. Jahn (D) Sen. Lundberg (R) Rep. Rankin (R) Rep. Pettersen (D) | This bill creates a research center for substance abuse and addiction prevention strategies and treatment, at the University of Colorado Health Sciences Center. | Monitor | Passed Governor Signed <i>Implementation Date: May 18, 2017</i> |
| SB 17-203 Prohibit Carrier from Requiring Alternative Drug | Sen. Todd (D) Rep. Kennedy (D) Rep. Covarrubias (R) | The bill prohibits carriers from requiring covered persons to undergo step therapy if the covered person has already tried step therapy under a current or previous health benefit plan. | Support | Passed Governor Signed <i>Implementation Date: Sept. 1, 2017</i> |
| SB 17-206 Out-of-network Providers Payments Patient Notice | Sen. Gardner (R) Rep. Singer (D) | This bill required state-regulated health insurers to follow certain procedures when paying claims for out-of-network provider services at in-network facilities. | Support | Failed |
| SB 17-207 Strengthen Colorado Behavioral Health Crisis System | Sen. Cooke (R) Sen. Kagan (D) Rep. Sias (R) Rep. Salazar (D) | The bill removes the use of jails for 72-hour mental health holds and clarifies state law for hospitals to allow individuals to be taken to an emergency department. | Support | Passed Governor Signed <i>Implementation Date: Aug. 9, 2017 & May 1, 2018</i> |
| SB 17-223 Relocate Dead Human Bodies Title 12 Recodification | Sen. Gardner (R) Rep. Herod (D) | This bill relocates the Revised Uniform Anatomical Gift Act from Title 12 to Title 15 of the C.R.S. | Monitor | Passed Governor Signed <i>Implementation Date: Aug. 9, 2017</i> |
| SB 17-249 Sunset Division of Insurance | Sen. Smallwood (R) Sen. Williams (D) Rep. Ginal (D) | The bill continues the DOI until 2030 and implements recommendations from the 2016 DORA report. | Monitor | Passed Governor Signed <i>Implementation Date: June 1, 2017</i> |
| SB 17-254 2017-18 Long Appropriations Bill | Sen. Lambert (R) Rep. Hamner (D) | The bill appropriates all state money for the 2017-18 fiscal year. | Monitor | Passed Governor Signed <i>Implementation Date: July 1, 2017</i> |
| SB 17-256 Hospital Reimbursement Rates | Sen. Lambert (R) Rep. Hamner (D) | The bill effectuates the \$264 million cut to hospitals from the provider fee to balance the state budget. | Oppose | Passed Governor Signed <i>Implementation Date: Repealed by SB 17-267</i> |
| SB 17-267 Sustainability of Rural Colorado | Sen. Guzman (D) Sen. Sonnenberg (R) Rep. J. Becker (R) Rep. K. Becker (D) | The bill creates a Colorado Healthcare Affordability and Sustainability Enterprise within HCPF, replacing the current hospital provider fee, in addition to other provisions to aid rural Colorado. | Support | Passed Governor Signed <i>Implementation Date: July 1, 2017</i> |
| SB 17-268 Pharmacy Technician Supervision Ratio | Sen. Kerr (D) Sen. Smallwood (R) Rep. Ginal (D) Rep. Ransom (R) | The bill allows a pharmacist to supervise up to six pharmacy technicians. If three or more technicians are on duty, the majority must have certain qualifications. | Monitor | Passed Governor Signed <i>Implementation Date: Aug. 9, 2017</i> |
| SB 17-276 Alleviate Fiscal Impact State Rules Small Business | Sen. Neville (R) Rep. Neville (R) | The bill required the state to give a small business notice in writing and steps to take when the business committed a first-time minor violation of administration rules. | Monitor | Failed |

2017 CHA Bill Summary

| Bill # | Sponsors | Bill Summary | Position | Final Status & Implementation Date |
|---|---|--|----------|--|
| SB 17-284 A Woman's Right to Accurate Health Care Information | Sen. Lundberg (R) Sen. Marble (R) Rep. Ransom (R) Rep. Saine (R) | The bill created the "Women's Reproductive Information Guarantee for Health and Transparency Act" specifying terms for abortion in Colorado. | Monitor | Failed |
| SB 17-295 Revise Medicaid Fraud Reporting | Sen. Lundberg (R) Rep. Young (D) | The bill requires HCPF to consolidate reports on Medicaid client and provider fraud into one report. | Monitor | Passed Governor Signed <i>Implementation Date: Aug. 9, 2017</i> |
| SB 17-300 High-risk Health Care Coverage Program | Sen. Lambert (R) Rep. Kennedy (D) | The bill requires the Commissioner of Insurance to study methods of providing health care coverage to high-risk individuals. | Monitor | Passed Governor Signed <i>Implementation Date: Aug. 9, 2017</i> |

