

Changes in Clinical Care



Background

During the 2018 legislative session, the General Assembly focused on efforts aimed at ensuring patients have access high quality health care. Two noteworthy bills passed imposing new regulations on how hospital staff deliver clinical care for newborns and for individuals with rare disorders. It is important for hospitals and health systems to understand these changes, especially the new exceptions to physician non-competition agreements and the modifications to Colorado’s infant newborn screening program.

SB 18-082: Physician Noncompete Exemption for Rare Disorder

SB 18-082 excludes physicians treating patients with rare disorders from non-competition agreements and outlines the process for continuing or offering to continue treatment of patients with rare disorders.

What You Need to Know

- This law makes a narrow exception in non-competition agreements for physicians treating patients with rare disorders to ensure sufficient continuity of care. Typically, these agreements prohibit a physician from treating former or prospective patients after he or she leaves a group practice. Specifically, a physician may disclose his or her continuing practice of medicine and new professional contact information to any patient with a rare disorder that the physician was providing consultation or treatment before termination of the agreement.
- “Rare disorder” is defined in accordance with criteria developed by the National Organization for Rare Disorders, Inc. or a successor organization. A disease is considered rare if it has a prevalence of fewer than 200,000 affected individuals in the United States. It is estimated that there are 7,000 rare diseases currently identified.
- Neither the physician nor their employer (if applicable), is liable to any party to the prior agreement for damages or alleged to have resulted from the disclosure or from the physician’s treatment of a patient after termination of the prior agreement.

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For questions or more information, contact Amber Burkhardt,
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HB 18-1006: Infant Newborn Screening

HB 18-1006 makes several important changes to newborn screening for genetic and metabolic diseases and hearing loss. First, hospitals must perform the screening at the time of birth, and the program is managed by the Colorado Department of Public Health and Environment (CDPHE). Secondly, the law requires CDPHE to provide technical assistance and training regarding cytomegalovirus (CMV) to health care providers and facilities upon request.

What You Need to Know

For newborn disease screening, the bill:

- Requires CDPHE to maintain appropriate follow-up services on positive screening cases, including identification of newborns at risk for genetic and metabolic conditions, coordination among medical providers and families, connecting newborns who screen positive to timely intervention and appropriate referrals to specialists for follow up and diagnostic testing.
- Continues to permit CDPHE/Board of Health to add new genetic conditions.
- Requires CDPHE screening laboratory to remain open at least six days per week.
- Expands the authority of CDPHE to set fees to cover the direct and indirect costs of newborn screening.

For newborn hearing loss screening, the bill:

- Creates a new funding source for the program, allowing CDPHE to maintain appropriate follow-up services for newborns at risk of hearing loss.
- Requires CDPHE to procure a new information technology system to support screenings and report results by facilities and providers.
- Requires birthing facilities, including all hospitals, to include hearing screening results in a newborn's electronic medical record.
- Allows CDPHE to charge an estimated \$4.00 fee per baby for hearing loss screening and specifies that the fee must be set to cover direct and indirect costs of the program.

Additional Resources

- SB 18-082: [Final Bill](#) and [Fiscal Note](#)
- SB 18-082: The bill took effect on April 4, 2018
- [National Organization for Rare Disorders, Inc.](#)
- HB 18-1006: [Final Bill](#) and [Fiscal Note](#)
- HB 18-1006: The bill takes effect July 1, 2018

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