

Increasing Access to Health Care Services



Background

Like previous sessions, policymakers once again advanced a number of bills expanding access to care and insurance coverage for individuals covered by Medicaid and those covered by Division of Insurance (DOI)-regulated health insurance plans in 2020.

HB 20-1061: Human Immunodeficiency Virus Infection Prevention Medications

HB 20-1061 allows pharmacists to prescribe and dispense Human Immunodeficiency Virus (HIV) prevention medication and requires health benefit carriers to cover the prescription.

What You Need to Know

DOI-regulated health insurance plans cannot require a covered person to undergo step therapy or to receive prior authorization before a pharmacist prescribes or dispenses an HIV infection prevention drug. Beginning June 1, 2020, this bill allows pharmacists to prescribe and dispense HIV prevention medication if the pharmacist receives a standing order or prescribes the medication in accordance with a statewide drug therapy protocol, which must be developed by the State Board of Pharmacy, Medical Board and the Board of Nursing by December 2020.

HB 20-1158: Insurance Cover Infertility Diagnosis Treatment Preserve

HB 20-1158 requires DOI-regulated health insurance plans issued on or after Jan. 1, 2022, to provide coverage for the diagnosis of and treatment for infertility.

What You Need to Know

DOI-regulated health insurance plans must provide coverage for the diagnosis of and treatment for infertility and standard fertility preservation services and may not impose restrictions or cost-sharing requirements different than those imposed on benefits for other covered medications and services not related to fertility.

Additional Resources

HB 20-1061: [Final Bill](#) and [Fiscal Note](#)

Effective Date: July 13, 2020

For questions or more information, contact Kevin Caudill, CHA policy analyst, at 720.330.6056.

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What You Need to Know – cont. (HB 20-1158)

These requirements apply to DOI-regulated plans that are issued or renewed on or after Jan. 1, 2022.

- Diagnosis and treatment of infertility is defined as procedures and medications recommended by a licensed physician that are consistent with established, published or approved medical practices or professional guidelines from the American College of Obstetricians and Gynecologists (ACOG) or American Society for Reproductive Medicine (ASRM) for diagnosing and treating infertility.
- Standard fertility preservation services is defined as procedures and services that are consistent with established medical practices or professional guidelines published by ASRM or American Society of Clinical Oncology (ASCO) for a person who has a medical condition or is expected to undergo medication therapy, surgery, radiation, chemotherapy or another medical treatment that is recognized by medical professionals to cause risk of impairment to fertility.

SB 20-212: Reimbursement for Telehealth Services

SB 20-212 expands Medicaid reimbursement for telehealth services to additional provider types and specifies the methods of communication and additional services that may be utilized via telemedicine. The bill also prohibits DOI-regulated health insurance plans from placing restrictions on telehealth services.

What You Need to Know

Hospitals were already allowed to bill for services delivered via telehealth, and effective July 6, 2020, Federally Qualified Health Centers (FQHCs), Indian Health Service (IHS) providers and Rural Health Centers (RHCs) are also allowed to bill for telehealth services. The bill specifies that services may be provided through interactive audio, video or data communication, including telephone, relay calls, audiovisual modalities and live chats, as long as the technology is Health Insurance Portability and Accountability Act (HIPAA)-compliant. The Department of Health Care Policy and Financing (HCPF) is also required to post monthly telehealth utilization data on their website.

The bill prohibits DOI-regulated health plans from:

- Imposing specific requirements on the technology a provider can use to deliver telehealth services;
- Requiring an individual to have a previously established relationship with a provider in order to receive telehealth services; or,
- Imposing additional certification, location or training requirements on providers as a condition of reimbursing the provider for telehealth services.

Finally, to the extent the Department of Public Health and Environment (CDPHE) proposes rules for adoption to the Medical Board concerning home care agency supervision, those rules must allow for supervision by telemedicine or telehealth.

Additional Resources

HB 20-1158: [Final Bill](#) and [Fiscal Note](#)

Effective Date: April 1, 2020

SB 20-212: [Final Bill](#) and [Fiscal Note](#)

Effective Date: July 6, 2020

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