

## 2021 Bill Implementation Overview

Colorado Hospital Association’s (CHA) 2021 Bill Implementation Overview is a companion to CHA’s [2021 Legislative Report and Issue Briefs](#). The 2021 Legislative Report and accompanying bill tracker provide a high-level overview of all 99 bills CHA tracked this legislative session, while the five Issue Briefs provide detailed information regarding new operational and implementation requirements for some of the biggest bills impacting hospitals. This document provides a very high-level outline of required state agency actions to implement certain bills.

This document does not highlight every statutory change and state action; rather it highlights notable implementation timelines, links to existing resources, and outlines how CHA plans to engage in implementation activities. This document describes if CHA will proactively engage in rulemaking and implementation work or if CHA plans to monitor regulatory implementation activities. Members are encouraged to review all bills and determine if there are bills that their hospital or health system would like to engage on more proactively. Additionally, members are encouraged to reach out to CHA staff with any bills that may warrant additional engagement from CHA.

Bill #	Bill Summary	State Agencies	Implementation Timeline	Resources	CHA Participation
<b>HB 21-1005 Health Care Services Reserve Corps Task Force</b>	The bill creates the Health Care Services Reserve Corps Task Force in CDPHE to evaluate and make recommendations regarding the creation of a Colorado Health Care Services Reserve Corps program, which will cross-train medical professionals to serve during emergencies and disasters.	Colorado Department of Public Health and Environment (CDPHE)	<ul style="list-style-type: none"> <li>Dec. 1 – CDPHE Executive Director must make appointments Health Care Services Reserve Corps Task Force by this date.</li> <li>Jan. 1, 2022 – Last date for the first meeting of the task force; meeting at least every two months.</li> <li>Dec. 1, 2023 – Task force shall submit a findings and recommendations report on which medical professionals could be cross trained to serve in emergencies and disasters and receive benefit for their service in such a program.</li> </ul>		Monitor
<b>HB 21-1012 Expand Prescription Drug Monitoring Program</b>	The bill directs the Board of Pharmacy in DORA to determine if the Prescription Drug Monitoring Program (PDMP) should track all prescription drugs prescribed in the state. The board may exclude one or more prescription drugs from the program by publicly noting the justification for the exclusion.	Colorado Department of Regulatory Agencies (DORA)	<ul style="list-style-type: none"> <li>June 1, 2022 – DORA’s Board of Pharmacy must determine if the PDMP should track all prescription drugs prescribed in the state and, if so, promulgate rules by this date.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">DORA’s Prescription Drug Monitoring Program website</a></li> </ul>	Monitor
<b>HB 21-1021 Peer Support Professionals Behavioral Health</b>	The bill requires CDHS to develop a procedure to approve recovery support services organizations that meet certain qualifications and that peer support professional services provided through an approved recovery support services organization can be covered under Medicaid. The bill creates the Peer Support Workforce Cash Fund that contains revenue from fees paid by recovery support services organizations.	Colorado Department of Human Services (CDHS), Colorado Department of Health Care Policy and Financing (HCPF)	<ul style="list-style-type: none"> <li>July 1, 2022 – CDHS must develop a procedure for recovery support service organizations to be approved for reimbursement and may promulgate rules establishing minimum standards, in collaboration with HCPF. CDHS must also promulgate rules to establish a fee for recovery support services organizations seeking approval. Upon federal approval and subject to available appropriations, HCPF peer support professional services can be provided to Medicaid patients.</li> </ul>		Monitor
<b>HB 21-1030 Expanding Peace Officers Mental Health Grant Program</b>	The bill allows additional public safety agencies and behavioral health entities to apply to the newly renamed Peace Officers Mental Health Support and Community Partnerships Grant Program to provide responder community responses, community responses, and counseling services for peace officers and their immediate family members, among other services.	Colorado Department of Local Affairs (DOLA)	<ul style="list-style-type: none"> <li>Sept. 7 – Peace Officers Behavioral Health Support and Community Partnerships grant program created and DOLA’s Executive Director must begin developing policies and procedures to implement and administer the grant program.</li> <li>2023 – DOLA shall include an annual summarized report of all grant program activities.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">DOLA’s Peace Officer Mental Health Grant website</a></li> </ul>	Monitor
<b>HB 21-1050 Workers’ Compensation</b>	The bill makes various changes and clarifications to the Workers’ Compensation Act of Colorado. It adds guardian ad litem and conservator services, mileage deadlines, prohibits the reduction of an employee’s temporary benefits based on apportionment, limits apportionment of permanent impairment to specific situations, adds conditions that must be met for an employer or insurer to request the selection of an independent medical examiner, and more.	Colorado Department of Personnel and Administration (CDPA)	<ul style="list-style-type: none"> <li>July 1, 2022 – Beginning on this date, and every July 1 thereafter, CDPA’s Executive Director shall adjust the amount of earnings required for ceasing permanent total disability.</li> </ul>	<p>The Colorado Department of Labor and Employment (CDLE) has several <a href="#">Workers’ Compensation Events and Trainings</a>, including:</p> <ul style="list-style-type: none"> <li>2021 Legislative Update <a href="#">presentation</a> (second half of presentation)</li> <li>2021 Legislative Update <a href="#">document</a></li> </ul>	Monitor
<b>HB 21-1068 Insurance Coverage Mental Health Wellness Exam</b>	The bill requires that state-regulated health insurance plans provide coverage for the total cost of an annual mental health examination.	DORA	<ul style="list-style-type: none"> <li>Jan. 1, 2022 – Large employer policies and contracts issued or renewed on or after this date must include an annual mental health wellness examination of up to 60 minutes. The Colorado Division of Insurance (DOI) shall conduct an actuarial study to determine the effect, if any, this mandatory coverage has on premiums.</li> <li>Jan. 1, 2023 – The same coverage provision applies to individual and small group policies and contracts issued or renewed on or after this date.</li> </ul>		Monitor

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<b>HB 21-1085 Secure Transportation Behavioral Health Crisis</b>	The bill requires secure transportation services to be licensed by a county's board of commissioners and also creates a new Medicaid benefit for secure transportation.	CDPHE, HCPF, CDHS	<ul style="list-style-type: none"> <li>July 1, 2022 – CDPHE’s Board of Health shall adopt rules establishing the minimum requirements for transportation services.</li> <li>Jan. 1, 2023 – Entities providing public or private secure transportation services must hold a valid license issued by the Board of County Commissioners of the county in which the secure transportation service is based.</li> <li>Jan. 1, 2023 – On or before this date, HCPF shall create a secure transportation services benefit.</li> <li>July 1, 2023 – HCPF must implement its secure transportation services benefit.</li> <li>2023 – The Colorado Office of Behavioral Health (OBH) must include certain information on secure transportation services in its 2023 SMART Act Hearing.</li> </ul>		Proactive Engagement
<b>HB 21-1097 Establish Behavioral Health Administration</b>	The bill establishes the Behavioral Health Administration (BHA), tasked with responsibility for most state behavioral health programs – excluding issues related to private insurance overseen by DOI and public coverage programs overseen by HCPF.	CDHS, HCPF, DORA	<ul style="list-style-type: none"> <li>Nov. 1 – CDHS shall develop a plan for the creation of the BHA. Stakeholder engagement occurs before this date.</li> <li>July 1, 2022 – BHA is established in CDHS.</li> <li>Nov. 1, 2024 – CDHS shall provide a report concerning recommendations whether the BHA should remain in CDHS or be transferred to a different state department.</li> <li>June 30, 2025 – If the General Assembly takes no additional legislative action on or before this date, the BHA will remain in CDHS.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CDHS’s Behavioral Health Reform website</a></li> <li>Sept. 8 – Quarterly Behavioral Health Reform Stakeholder Meeting</li> </ul>	Proactive Engagement
<b>HB 21-1109 Broadband Board Changes To Expand Broadband Service</b>	The bill moves the Broadband Deployment Board from DORA to the OIT, modifies the membership and duties of the Broadband Deployment Board, and directs the Broadband Deployment Board to establish an annual process to address critically unserved areas of the state.	Office of Information Technology (OIT)	<ul style="list-style-type: none"> <li>Sept. 1 – DORA’s Broadband Deployment Board is reduced from 16 members to 11 members and board representation is altered to one state employee, three members representing local entities, five members representing the broadband industry, and two members of the public. The board shall develop a request for proposal process under which, for each calendar year, the board reserves up to 60 percent of broadband award grants to projects that serve critically unserved areas.</li> <li>Nov. 1 – OIT shall develop and submit one or more maps identifying critically unserved areas in Colorado.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">DORA’s Broadband Fund website</a> (note this website link may change to an OIT website in the future)</li> </ul>	Monitor
<b>HB 21-1115 Board Of Health Member Requirements</b>	The bill requires members of county and district boards of health to attend an annual training provided by CDPHE.	CDPHE	<ul style="list-style-type: none"> <li>Jan. 1, 2022 – Members of a county board of health or district board of health and members of the State Board of Health shall attend annual public health trainings provided by CDPHE, the Colorado School of Public Health, and the Office of Emergency Management.</li> </ul>		Monitor
<b>HB 21-1123 CAPS Checks For Substantiated Mistreatment Of Adult</b>	The bill requires information sharing between state and local departments regarding regulated professionals with substantiated cases of mistreatment of an at-risk adult. It requires that prospective conservators or guardians to an at-risk adult have a CAPS check.	CDHS, DORA	<ul style="list-style-type: none"> <li>Jan. 1, 2022 – CDHS shall provide courts with the results of a CAPS check and, prior to appointing a person as a conservator or guardian of an at-risk adult, the court shall request a CAPS check.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CDHS’ Colorado CAPS Check Unit website</a></li> </ul>	Monitor
<b>HB 21-1130 Expand Transition Specialist Program</b>	The bill expands the community transition specialist program in CDHS to individuals who are receiving voluntary behavioral health or substance abuse services. In addition, CDHS must coordinate referrals from acute treatment services and facilities providing crisis stabilization services.	CDHS	<ul style="list-style-type: none"> <li>Sept. 7 – On the bill’s effective date, eligibility for the Transition Specialist Program is expanded to include certain individuals receiving both involuntary and voluntary behavioral health services.</li> </ul>	<ul style="list-style-type: none"> <li>Additional information on the Transition Specialist Program and upcoming changes to the program is found on <a href="#">Rocky Mountain Human Service’s website</a></li> </ul>	Monitor
<b>HB 21-1140 Eliminate Donor Costs For Living Organ Donations</b>	The bill requires state-regulated health insurance plans to cover the full cost for a covered individual donating an organ and prohibits health facilities from charging living organ donors for any costs associated with the donation.	DORA, CDPHE	<ul style="list-style-type: none"> <li>Jan. 1, 2022 – All individual and group health benefit plans issued or renewed on or after this date must provide coverage for health care services related to living organ donation for a covered person who is a living organ donor, and the Commissioner of Insurance must adopt rules to implement.</li> <li>Jan. 1, 2022 – Hospitals and other health facilities shall not bill or charge a living organ donor for any costs associated with providing the health care services related to living organ donation.</li> </ul>		Monitor
<b>HB 21-1162 Management Of Plastic Products</b>	The bill phases out single-use plastic carryout bags and expanded polystyrene food containers. It authorizes local governments to enforce violations and impose civil penalties. Nothing in the bill prohibits or limits the use of any material used in the packaging of a product that is regulated as a drug, medical device, or dietary supplement.	CDPHE	<ul style="list-style-type: none"> <li>Jan. 1, 2023 – Carryout bag fee enacted in stores; local governments may enforce and assess civil penalties.</li> <li>Jan. 1, 2024 – Single-use plastic carryout bags prohibited in stores and retail food establishments, excluding current inventory.</li> <li>Jan. 1, 2024 – Expanded polystyrene prohibited in retail food establishments, excluding current inventory.</li> <li>July 1, 2024 – Local governments may enact, implement, or enforce more stringent regulations.</li> </ul>		Monitor

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<b>HB 21-1166 Behavioral Health Crisis Response Training</b>	The bill requires HCPF to contract with a vendor to provide teleconferencing trainings on a comprehensive care coordination and treatment model for professionals who work with individuals with intellectual and developmental disabilities and co-occurring behavioral health needs.	HCPF	<ul style="list-style-type: none"> <li>Jan. 1, 2022 – HCPF must obtain a vendor to provide extensive statewide training to professionals who work with persons with intellectual and developmental disabilities and co-occurring behavioral health needs.</li> <li>March 1, 2022 – Case management agencies, mental health centers, and other program-approved service agencies in the state shall nominate one provider in their geographic service area to be trained in the comprehensive care coordination and treatment model developed under this program.</li> <li>March 30, 2023 – Participating providers must complete the program training no later than this date.</li> </ul>		Monitor
<b>HB 21-1187 Long-term Services And Support Case Management Redesign</b>	The bill requires the Medical Services Board in HCPF to adopt rules providing for the establishment of a redesigned case management system. The new system must consist of agencies that provide case management services on a fee-for-service basis or through Colorado’s Medicaid program.	HCPF	<ul style="list-style-type: none"> <li>Dec. 31 – HCPF shall work with stakeholders to develop a timeline for case management redesign implementation.</li> <li>Dec. 31, 2022 – HCPF must issue a competitive solicitation to select case management agencies.</li> <li>Jan. 31, 2023 – HCPF must provide an update on the status of case management redesign implementation to the Joint Budget Committee.</li> <li>July 1, 2024 – HCPF must adopt rules providing for the establishment of a case management system.</li> <li>July 1, 2024 – HCPF shall promulgate rules outlining a designation process for local or regional organizations as community centered boards.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">HCPF’s Case Management Redesign website</a></li> </ul>	Monitor
<b>HB 21-1198 Health-care Billing Requirements For Indigent Patients</b>	The bill repeals, reenacts, and expands hospital requirements around providing discounted care to uninsured patients and moves regulatory authority over the program from CDPHE to HCPF. It requires HCPF to develop a standard application for health care facilities to screen uninsured patients for eligibility for public health insurance programs, the Colorado Indigent Care Program (CICP), or discounted care and creates an appeals process if a patient is found to be ineligible. It limits the amount that a health care facility can charge eligible patients to not more than the discount rate established by HCPF.	HCPF	<ul style="list-style-type: none"> <li>April 1, 2022 – HCPF must use consumer stakeholder feedback to develop a written explanation of a patient’s rights; establish a process for patients to submit a complaint relating to noncompliance; periodically review health care facilities and licensed health care professionals to ensure compliance; choose to fine health care facilities or licensed health care professionals up to \$5,000 for willful and knowing non-compliance; and make public any corrective action plans for fines that were imposed.</li> <li>April 1, 2022 – HCPF must promulgate rules related to: the process for insured patients to request a screening; the process for health care facilities to document that a patient has made an informed decision to decline the screening; establish the process for the maximum number of days a health care facility has to initiate screening, request information from a patient, and complete screenings; requirements for notifying the patient of the results of the screening; patient appeals guidelines; methodology for health care facilities to use to determine monthly household income; documents that may be required to establish income eligibility; steps that must be taken before a health care facility and licensed health care professional must take before sending patient debt to collections; create a single uniform screening application; and annual establish rates for discounted care.</li> <li>June 1, 2022 – Health care facilities must screen (unless a patient declines) each uninsured patient for certain types of government health programs and financial assistance programs; if a patient declines screening, health care facilities must document in accordance with HCPF rules.</li> <li>June 1, 2022 – Beginning on this date, if a patient is qualified for financial assistance programs for emergency and other non-CICP health care services: limit charges to an amount specified in rule; collect payments in monthly installments under certain payment caps; after 36 months of payments, consider the patient’s bill paid in full.</li> <li>June 1, 2022 – Health facilities must make information developed by HCPF regarding patients’ rights available to the public and each patient.</li> <li>June 1, 2022 – Certain additional requirements are imposed before a health care facility and licensed health care professional can assign or sell patient debt to a collection agency.</li> <li>June 1, 2023 – Beginning this date and each June 1 thereafter, health care facilities must submit reports to HCPF; data and information needed in this report will be determined by HCPF.</li> </ul>		Proactive Engagement
<b>HB 21-1227 Medicaid Nursing Facilities Demonstration Of Need</b>	The bill requires HCPF to develop a new certification process for nursing facilities seeking Medicaid certification on or after June 30. HCPF must develop, analyze, and enforce a demonstration of need to determine the viability of and required need for each new nursing facility seeking certification.	HCPF	<ul style="list-style-type: none"> <li>June 30, 2022 – HCPF shall promulgate rules establishing criteria to be used in determining a nursing facility provider’s Medicaid certification and must conduct stakeholder outreach prior to the rulemaking process.</li> </ul>		Monitor

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<b>HB 21-1232 Standardized Health Benefit Plan Colorado Option</b>	The bill directs the Commissioner of Insurance to develop a standardized health insurance plan that private health insurance carriers are required to offer. It sets targets for premium rate reductions under the plan and creates a process by which health care providers and hospitals may be required to accept the plan and rates established by state regulators.	DORA	<ul style="list-style-type: none"> <li>• Summer/fall – DOI stakeholder processes on standardized health benefit plan and network adequacy standards.</li> <li>• Jan. 1, 2022 – Deadline for DOI to establish standardized health benefit plan and network adequacy standards; in setting premium reduction targets, DOI must take into account medical inflation and benefit design differences for the standardized plan compared with 2021 plans.</li> <li>• May 1, 2022 – Carriers must notify DOI if they cannot meet premium or network adequacy requirements for 2023.</li> <li>• July 1, 2022 – Deadline for the Governor to appoint an advisory board to consult with DOI, consider utilization management processes, consider alternative payment methods, and other duties.</li> <li>• Plan Year 2023 – Carriers must offer standardized plans 5 percent less than 2021 plan premiums and DOI may begin holding public hearings in 2023.</li> <li>• March 1, 2023 – Deadline for insurers to notify DOI of inability to meet premium or network adequacy requirements, and every March 1 thereafter.</li> <li>• Plan Year 2024 – Carriers must offer standardized plans 10 percent less than 2021 plan premiums.</li> <li>• Plan Year 2025 – Carriers must offer standardized plans 15 percent less than 2021 plan premiums.</li> <li>• Plan Year 2026 and beyond – Carriers must offer standardized plans that have not increased more than U.S. medical inflation of the previous years’ plan premiums.</li> </ul>		Proactive Engagement
<b>HB 21-1237 Competitive Pharmacy Benefits Manager Marketplace</b>	The bill directs CDPA to enter into a contract with a pharmacy benefit manager (PBM) for the administration of state employee health insurance through a reverse-auction process prescribed by the bill, and then use that platform to audit claims. It creates avenues for other public and private health insurance plans to participate jointly with the state.	CDPA	<ul style="list-style-type: none"> <li>• Nov. 1, 2022 – CDPA must obtain technology platform and associated services from the platform operator that is capable of conducting reverse-auctions for a PBM.</li> <li>• July 1, 2023 – First auction must be completed and the PBM services contract awarded.</li> </ul>		Monitor
<b>HB 21-1251 Appropriate Use Of Chemical Restraints On A Person</b>	The bill sets new requirements regarding utilization of ketamine, including limits on when emergency medical service (EMS) providers may administer ketamine in pre-hospital settings and requiring EMS providers who administer ketamine to provide urgent transportation and record complaints.	CDPHE	<ul style="list-style-type: none"> <li>• July 6 – Among other things, this bill places limits on the use of ketamine. For EMS providers, they must not administer ketamine in a pre-hospital setting to subdue, sedate, or chemically incapacitate an individual suspected of committing a crime; additionally, the bill requires EMS providers who administer ketamine to provide urgent transportation for the individual receiving ketamine, and record any complaints arising from the administration of ketamine. Lastly, if a peace officer is present at the scene of an emergency, EMS can only administer ketamine if certain situations.</li> <li>• July 6 – Medical directors of agencies that have waivers to administer ketamine must develop necessary training for EMS providers when administering ketamine in the presence of peace officer.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">CDPHE's press release regarding the notification of EMS agencies of impending ketamine waiver suspension website</a></li> </ul>	Monitor
<b>HB 21-1258 Rapid Mental Health Response For Colorado Youth</b>	The bill establishes the Temporary Youth Mental Health Services Program within OBH in CDHS. The program reimburses providers for providing up to three mental health sessions to youth screened into the program. OBH must develop a process to select providers; determine a reasonable reimbursement rate; and implement a statewide public awareness outreach campaign.	CDHS	<ul style="list-style-type: none"> <li>• By Aug. 1 – CDHS contracts with vendor to facilitate web portal.</li> <li>• By Jan. 1, 2022 – CDHS gives first report to the General Assembly on program use data.</li> <li>• By June 30, 2022 – CDHS gives second report to the General Assembly on program use data.</li> <li>• June 30, 2022 – Program automatically repealed.</li> </ul>		Monitor
<b>HB 21-1275 Medicaid Reimbursement For Services By Pharmacists</b>	The bill modifies the state’s Medicaid program to include payments to pharmacists working in a collaborative practice agreement with a physician for services within their scope of practice and not duplicative of existing services covered by Medicaid. In addition, the bill authorizes Medicaid payments to authorized pharmacists to administer or dispense extended-release injectable medications for treatment of mental health or substance use disorders, which can be paid either as a pharmacy or medical benefit. Lastly, the bill requires that clinical pharmacy services be considered allowable costs in a federally qualified health center (FQHC) setting.	HCPF	<ul style="list-style-type: none"> <li>• July 1, 2022 – Pharmacist-provided medical services, outside of FQHCs, added by the bill are assumed to be available to Medicaid clients.</li> </ul>		Monitor

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<b>HB 21-1276 Prevention Of Substance Use Disorders</b>	The bill prevents an insurance carrier that has a contract with a physical therapist, occupational therapist, chiropractor, or acupuncturist from prohibiting or penalizing these practitioners for providing a covered person with information on their financial responsibility for such services. It requires insurance carriers to provide coverage for an atypical opioid or non-opioid medication that is approved by the Food and Drug Administration (FDA) and prohibits carriers from mandating a covered person undergo step therapy or requiring pre-authorization.	DORA, HCPF, CDPHE, CDHS	<ul style="list-style-type: none"> <li>Sept. 1 – Current opioid prescribing limit is set to be repealed; DOI must enable U.S. Bureau of Justice Assistance’s RxCheck program.</li> <li>Nov. 12 – The applicable board in DORA for each type of prescriber must limit the supply of a benzodiazepine prescribed to a patient.</li> <li>Jan. 1, 2023 – Restrictions and requirements on insurance carriers and health benefit plans apply to plans renewed on or after this date.</li> </ul>	<ul style="list-style-type: none"> <li>Next DORA stakeholder meeting is on July 23</li> <li><a href="#">Notice of Joint Stakeholder Meeting</a></li> </ul>	Monitor
<b>HB 21-1281 Community Behavioral Health Disaster Program</b>	The bill creates the Community Behavioral Health Disaster Preparedness and Response Program in CDPHE. The program is intended to enhance, support, and formalize behavioral health disaster preparedness and response activities of community behavioral health organizations.	CDPHE	<ul style="list-style-type: none"> <li>June 30, 2022 – On or before this date, CDPHE will promulgate rules as necessary to oversee the program, work with community behavioral health organizations on eligibility criteria, and provide funding to community behavioral health organizations.</li> </ul>		Monitor
<b>HB 21-1286 Energy Performance For Buildings</b>	The bill requires owners of large buildings to collect and report on energy use benchmarking data and comply with performance standards related to energy and greenhouse gas emissions and modifying statutory requirements regarding energy performance contracts.	CDPHE	<ul style="list-style-type: none"> <li>By Oct. 1 – Convene Building Performance Standards (BPS) task force to develop recommendations.</li> <li>Oct. 1, 2022 – Recommendations due to the Colorado Energy Office (CEO).</li> <li>Dec. 1, 2022 – Building owners must submit benchmarking info to CEO (and every June 1 thereafter).</li> <li>Jan. 31, 2023 – Air Quality Control Commission (AQCC) to adopt recommendations as rules if they garner 2/3 approval of taskforce.</li> <li>May 1, 2023 – Deadline for AQCC to promulgate rules.</li> <li>Jan. 1, 2024 – Benchmarking compliance begins; reassessments occur every five years thereafter.</li> <li>2029 – AQCC may expand benchmarking to buildings smaller than 50,000 square feet.</li> </ul>	CEO has a number of resources available including: <ul style="list-style-type: none"> <li>Workshop <a href="#">recordings</a></li> <li><a href="#">Preliminary covered building list spreadsheet</a></li> <li><a href="#">Spreadsheet</a> template compatible with ENERGY STAR Portfolio Manager</li> <li>Application for one of the 18 spots on the BPS task force (due July 30)</li> </ul>	Proactive Engagement
<b>HB 21-1305 Mental Health Practice Act</b>	The bill directs the State Board of Human Services in CDHS to promulgate rules specifying education requirements for licensed addiction counselors in lieu of the existing statutory requirements and adjusts the experience requirements for licensure.	DORA, CDHS	<ul style="list-style-type: none"> <li>March 1, 2022 – Deadline for CDHS to promulgate rules.</li> </ul>		Monitor
<b>SB 21-009 Reproductive Health Care Program</b>	The bill directs HCPF to administer a reproductive health care program to certain individuals who are not eligible for coverage under Medicaid only because of their citizenship or immigration status, beginning Jan. 1, 2022. The program allows eligible individuals to receive various reproductive health services upon request and at no cost.	HCPF, DORA	<ul style="list-style-type: none"> <li>Jan 1, 2022 – HCPF to administer reproductive health care program for eligible individuals.</li> <li>2023 – HCPF report on program to the General Assembly during SMART Act hearing.</li> </ul>		Monitor
<b>SB 21-016 Protecting Preventive Health Care Coverage</b>	The bill adds certain STI and contraception services to the U.S. Preventive Services Task Force list to be covered without cost-sharing requirements and modifies provider requirements when examining or treating a minor for an STI. The bill requires that Medicaid cover family planning and family planning-related services and establishes that such services must be provided without cost-sharing for the client, and authorizes reimbursement for such services for any licensed health care provider.	HCPF, DORA	<ul style="list-style-type: none"> <li>Jan. 1, 2023 – The required coverage provisions for state-regulated health plans apply to plans issued or renewed on or after this date. Prior to this date, the state will host joint stakeholder meetings and agencies will promulgate rules regarding specific family planning-related services and family planning services.</li> </ul>		Monitor
<b>SB 21-025 Family Planning Service For Eligible Individuals</b>	The bill directs HCPF to seek federal approval to expand family planning services to individuals earning up to the state’s current limit for the Children’s Basic Health Plan, which is 260 percent of the federal poverty level (FPL). HCPF must submit the request to the federal government by Jan. 31, 2022. The expanded program must not impose age, sex, or gender identity limitations on eligibility, and must include a presumptive eligibility process.	HCPF	<ul style="list-style-type: none"> <li>Jan. 31, 2022 – HCPF must submit a request to the federal government to expand family planning services.</li> <li>July 1, 2022 – New enrollment in expanded program expected to begin.</li> </ul>		Monitor

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<b>SB 21-038 Expansion of Complementary And Alternative Medicine</b>	The bill modifies geography based and diagnosis-based eligibility for the Complimentary or Alternative Medicine Pilot program, expanding eligibility statewide, and including additional primary diagnoses of multiple sclerosis, a brain injury, spina bifida, muscular dystrophy, or cerebral palsy.	HCPF	<ul style="list-style-type: none"> <li>July 1, 2022 – HCPF deadline for implementation of program expansion.</li> </ul>		Monitor
<b>SB 21-060 Expand Broadband Service</b>	The bill directs the CBO in the OIT to contract with a nonprofit organization to create a reimbursement program to subsidize certain households for broadband service based on household income and local broadband accessibility, or to provide another form of payment assistance if the office and the nonprofit organization determine that a reimbursement program is not cost-effective.	Colorado Broadband Office (CBO), OIT	<ul style="list-style-type: none"> <li>Fiscal year (FY) 2021-22 – CBO awards funding.</li> <li>Jan. 1, 2022 – Deadline for contract with nonprofit to create reimbursement program.</li> <li>Feb. 1, 2022 – OIT will determine reporting requirements for the nonprofit organization and submit annual report.</li> <li>Sept. 1, 2026 – Program repealed.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">DORA's Broadband Fund website</a> (note this website link may change to an OIT website in the future)</li> </ul>	Monitor
<b>SB 21-137 Behavioral Health Recovery Act</b>	The bill extends, modifies, and finances behavioral health programs throughout state government, such as continuing the requirement for opioid prescribing limitations, making the Harm Reduction Grant Program Fund continuously appropriated to CDPHE, and creates the Behavioral and Mental Health Cash Fund to be used for mental health treatment, substance misuse treatment, and other behavioral health services, and more.	CDHS, CDPHE, HCPF, DORA	<ul style="list-style-type: none"> <li>July 23 – All members of the Behavioral Health Transformational Task Force Subpanel must be appointed.</li> <li>Oct. 1 – HCPF shall consult with OBH, residential treatment providers, and managed care entities (MCE) to develop standardized utilization management processes; quarterly reports begin.</li> <li>Jan 1, 2022 – MCE contract changes effective.</li> <li>July 11, 2022 – Behavioral Health Transformational Task Force finalizes recommendations.</li> <li>July 1, 2022 – HCPF contracts with vendor for audits.</li> <li>Dec. 1, 2022 – Audit results must be made available, and on this date annually thereafter.</li> <li>July 1, 2023 – HCPF shall contract with one or more independent review organizations to conduct external medical reviews; data collection system must be developed.</li> <li>Aug. 1, 2026 – HCPF must contract with vendor to evaluate program results.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Legislative Council's Behavioral Health Transformational Task Force announcement</a></li> <li>HCPF has scheduled meetings beginning July 21 to discuss required changes to utilization management in managed care contracts</li> <li><a href="#">HCPF's Ensuring a Full Continuum of SUD Benefits website</a></li> </ul>	Proactive Engagement
<b>SB 21-154 988 Suicide Prevention Lifeline Network</b>	The bill creates the 9-8-8 Crisis Hotline Enterprise to fund the 9-8-8 Crisis Hotline, which will be operated by a non-profit organization.	CDHS, DORA	<ul style="list-style-type: none"> <li>July 1, 2022 – The enterprise must fund a nonprofit to provide intervention services and crisis care coordination for individuals calling 9-8-8.</li> <li>July 1, 2023 – CDHS must report on the usage of the 9-8-8 crisis hotline and the services provided to the federal Substance Abuse and Mental Health Services Administration, and information on expenditures from the cash fund to the Federal Communications Commission (FCC).</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CDHS' 9-8-8 Implementation Planning Committee website</a></li> </ul>	Proactive Engagement
<b>SB 21-156 Nurse Intake Of 911 Calls Grant Program</b>	The bill creates a pilot grant program to finance nurse intake of 9-1-1 calls with the goal of diverting non-urgent calls from emergency rooms to more appropriate, lower-cost alternatives.	Colorado Department of Public Safety (CDPS), DORA	<ul style="list-style-type: none"> <li>Jan. 1, 2022 – CDPS must begin to implement the grant program.</li> <li>June 1, 2023 – Deadline for report to the General Assembly.</li> </ul>		Monitor
<b>SB 21-169 Restrict Insurers' Use Of External Consumer Data</b>	The bill prohibits an insurer from using any external consumer data and information source, algorithm, or predictive model that unfairly discriminates against an individual based on an individual's race, color, national or ethnic origin, religion, sex, sexual orientation, disability, or transgender status.	DORA	<ul style="list-style-type: none"> <li>Jan. 1, 2022 – An insurer that uses one or more external consumer data and information sources, algorithms, or predictive models in any insurance practice is required to provide DOI with specific disclosures.</li> </ul>		Monitor
<b>SB 21-175 Prescription Drug Affordability Review Board</b>	The bill creates the Prescription Drug Affordability Review Board, charged with reviewing prescription drug affordability data and creating caps on drug costs. Beginning Jan. 1, 2022, it is unlawful to purchase a prescription drug at a cost that exceeds the cap established by the board except for personal or familial use.	DORA	<ul style="list-style-type: none"> <li>Oct. 1 – Prescription Drug Affordability Board must be appointed.</li> <li>Jan. 1, 2022 – Colorado Prescription Drug Affordability Council must be appointed; unlawful to purchase a prescription drug at a cost that exceeds the cap established by the board except for personal or familial use; applicable health insurance carriers and pharmacy benefit management firms must report prescription drug cost information to the All-Payer Health Claims Database.</li> </ul>	<p>The DOI has a number of <a href="#">Prescription Drug Affordability Board resources</a> available including:</p> <ul style="list-style-type: none"> <li>The Colorado Prescription Drug Affordability Review Board <a href="#">application</a> (due Aug. 15)</li> <li>The Colorado Prescription Drug Affordability Advisory Council <a href="#">application</a> (due Oct. 1)</li> </ul>	Proactive Engagement

## 2021 Bill Implementation Overview

Bill #	Bill Summary	State Agencies	Implementation Timeline	Resources	CHA Participation
<b>SB 21-181 Equity Strategic Plan Address Health Disparities</b>	This bill renames Health Disparities Grant Program, expands its functions, increases membership of the Health Equity Commission, and requires CDPHE to prepare a biennial report on health disparities, among other things.	CDPHE, HCPF, CDHS	<ul style="list-style-type: none"> <li>• 2021 – Health Equity Board will promulgate rules for awarding grants; commission will appoint review committee for applications.</li> <li>• Jan. 1, 2022 – CDPHE must conduct and assessment and publish a report concerning health disparities and inequities every two years beginning on this date.</li> <li>• July 1, 2022 – By this date, the governor shall convene the commission to develop an equity strategic plan.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">CDPHE's Office of Health Equity website</a></li> </ul>	Monitor
<b>SB 21-193 Protection Of Pregnant People In Perinatal Period</b>	The bill makes changes to statute concerning care for pregnant persons, which addresses medical malpractice insurance coverage, policies for health facilities that provide labor and delivery services, and the treatment of pregnant persons in correctional facilities.	HCPF, CDPHE, CDHS, DORA	<ul style="list-style-type: none"> <li>• Jan. 1, 2022 – CDPHE will begin ensuring requirements are met at health facilities, including that health facilities have policies that: allow birthing persons to have a companion; prioritizes newborn bonding; will not exclude care without informed consent; establishes a process to transfer and receive pregnant persons.</li> <li>• Feb. 15, 2022 – By this date, and annually thereafter, facilities incarcerating a person who is capable of pregnancy and certain other entities, whether operated by a governmental entity or a private contractor, must report to the Judiciary Committees on the number of births.</li> </ul>		Proactive Engagement
<b>SB 21-194 Maternal Health Providers</b>	The bill places new requirements on certain health care providers, health benefit plans, and Colorado's Medicaid program related to pregnant persons, and requires CDPHE to conduct research and make recommendations related to perinatal health in Colorado.	HCPF, CDHS, CDPHE, DORA	<ul style="list-style-type: none"> <li>• July 1, 2022 – HCPF shall seek federal approval of a State Plan amendment that authorizes and obtains financial participation in implementing a 12-month postpartum benefit to eligible Medicaid birthing persons (expanded from the current 60-day postpartum coverage).</li> <li>• July 1, 2023 – CDPHE must submit its next maternal mortality report to the General Assembly.</li> <li>• Sept. 1, 2023 – Colorado Maternal Mortality Review Committee must report to the General Assembly on the use of research evidence in policies related to the perinatal period in the state, including public and private payment systems and malpractice insurance policies.</li> </ul>		Monitor