

# 2024 Legislative Session Report

## Overview

During Colorado's 2024 legislative session, lawmakers introduced hundreds of bills addressing a wide range of issues from affordable housing to renewable energy to artificial intelligence. While health care was not a major focal point this session, CHA successfully advocated on behalf of member hospitals and health systems on several key issues.

## 2024 Session by the Numbers

The General Assembly considered **705** pieces of legislation and passed **75%**

### On behalf of its members, CHA:

- Tracked **86** bills
- Testified **22** times in committee hearings
- Negotiated more than **30** amendments
- Saved Colorado hospitals nearly **\$10 million** through a Hospital Discounted Care fix
- Expanded Medicaid coverage for inpatient behavioral health care up to **30 days**
- Secured a **2%** across-the-board Medicaid provider rate increase worth nearly \$40 million in additional reimbursements next year

Through action alerts, CHA members and their supporters sent **1,549** messages to legislators

## Lobbying the Polis Administration

In addition to CHA's direct advocacy on legislation, the Association led efforts to pressure the Polis administration on four top-priority issues for members: **1** increasing federal funding through Medicaid; **2** improving the state's response on Medicaid redetermination; **3** prioritizing fixes to the Medicaid Recovery Audit Contractor (RAC) program; and **4** engaging in legislative and ballot negotiations regarding medical malpractice caps and peer review.

## CHA's 2024 Legislative Agenda

CHA's 2024 legislative agenda focuses on three key priority issues that reflect the Association's commitment to ensuring access to quality health care for all Coloradans.

**1**

Lead legislative efforts to strengthen and support the health care workforce

**2**

Pursue common-sense reforms that prioritize patients' needs

**3**

Defend against policies that threaten access to care

# Strengthen and Support the Health Care Workforce



## Increased Support for Preceptors

CHA supported the passage of House Bill (HB) [24-1036](#), which expands the rural and frontier health care preceptor credit by increasing the maximum credit from \$1,000 to \$2,000 and allowing credits to be claimed per preceptorship for a maximum of three preceptorships.



## Secured Funding for Colorado's Rural Hospitals and Workforce Pipeline

CHA successfully secured funding for Colorado's rural hospitals through Senate Bill (SB) [24-221](#), establishing a new rural hospital cash fund. While the initial appropriation is modest, the bill lays the groundwork for CHA to seek additional funding in future years. Additionally, the legislation expands the existing rural training track program ([SB 22-172](#)), currently housed at the University of Colorado, to other higher education institutions and allocates additional funds to the program.

# Budget Wins



The 2024-25 state budget exceeds **\$42 billion** – a 7% year-over-year increase. After the budget bill was finalized, only \$22 million remained available for new policies. As a result, hundreds of bills with unfunded fiscal impacts failed to pass.

- **MEDICAID:** Most notably, CHA advocated for, and Medicaid providers received, a 2% increase – four times what the governor proposed.
- **RURAL:** CHA worked with the members of the Joint Budget Committee (JBC) to establish a dedicated fund for rural hospitals, appropriating \$2.6 million to the fund in the coming fiscal year.
- **BEHAVIORAL HEALTH:** CHA also worked with members of the JBC to secure \$7.2 million for inpatient psychiatric care reimbursement. Currently, HCPF only covers stays up to 15 days in an Institute of Mental Disease (IMD), and a stay over 15 days results in no payment for the hospital. The 2024-25 state budget will provide funding to reimburse stays up to 30 days.

# Common-Sense Reforms for Patients

1

**Passed Prior Authorization Reforms:** CHA and a coalition of health care providers led the proactive effort to enact [HB 24-1149](#) – Prior Authorization Requirements Alternatives – to eliminate or modify some of the onerous prior authorization practices used by insurance companies.

**CHA RESOURCES:** [Improving Insurance Processes for Patients in Colorado](#)

2

**Created Efficiencies in the Hospital Discounted Care Program:** In the first year of the Hospital Discounted Care program, more than 200,000 Coloradans received care at a reduced cost. As the program progressed, CHA and its members identified areas that could be improved and initiated [SB 24-116](#) to address some of those issues. The legislation aims to make the program operate more efficiently for both patients and providers, in part by allowing presumptive eligibility for individuals that may qualify for Medicaid.

**CHA RESOURCES:** [Updating Colorado's Hospital Discounted Care Law](#)

3

**Supported Expansion of Remote Patient Monitoring Access:** Despite evidence that remote patient monitoring (RPM) improves outcomes, it has not traditionally been reimbursed by Medicaid. [SB 24-168](#) expands Medicaid reimbursement and provides resources for rural and under-resourced providers to obtain RPM equipment. The bill also expands Medicaid reimbursement for continuous glucose monitors.

# Legislative Compromise Averts Costly Ballot Fight

CHA, in partnership with Coloradans Protecting Patient Access (CPPA), worked to secure a legislative compromise increasing non-economic damage caps in exchange for the withdrawal of catastrophic ballot measures seeking to remove all liability caps and eviscerate peer review protections. [HB 24-1472](#) is bipartisan legislation to increase medical malpractice non-economic damage caps and establish a new and separate wrongful death award.

- Current Medical Malpractice Caps
  - Non-economic damage and wrongful death cap: **\$300,000**
  - General liability: **\$729,000**
- Compromise in HB 24-1472
  - Non-economic damage cap: increase to **\$875,000** over five years
  - Separate wrongful death award: **\$1.575 million** over five years
  - Both categories will be adjusted for inflation every two years beginning in January 2028

General liability will also be raised from the current \$729,000 to \$1.25 million and will have a wrongful death cap for damages at \$2.125 million adjusted for inflation every two years, beginning January 2028.

**[CHA RESOURCES: Responsibly Modernizing Medical Liability Caps](#)**

## Defend Against Policies that Threaten Access to Care

### Defeated Legislation That Would Have Adversely Affected Physician Recruitment

In Colorado, recruiting new physicians is a time-consuming and costly process. CHA successfully opposed harmful legislation, [HB 24-1005](#), that would have eliminated employers' ability to enforce physician non-compete agreements and to seek damages if a physician's contract was terminated.

### Stopped Legislation Expanding Badging Requirements

[SB 24-082](#) aimed to mandate health care providers to have certain information on their photo ID badge, including their name, job title, employer, degree/training, and credentialing. Opponents of the bill, including CHA, argued that it would increase costs and be duplicative of current policies, and were successful in defeating the bill.

### Empowered Physicians through Continuing Education

[HB 24-1153](#) requires physicians complete 30 credit hours of approved continuing medical education every 24 months. CHA collaborated with the physician community to significantly amend the bill to ensure its requirements align with national standards, fostering a multifaceted and resilient physician workforce.

### Improved Behavioral Health and Opioid Fatality Response Systems

[HB 24-1217](#) establishes a friends and family input form for behavioral health patients and creates a working group to facilitate patient consent for sharing medical information. CHA worked with the proponents to ensure that these

processes do not unintentionally violate federal hospital requirements or degrade patient care. Additionally, [SB 24-047](#) establishes optional local opioid fatality review committees to identify and respond to local patterns in drug overdose deaths. CHA successfully advocated for six amendments to ensure that these procedures do not unintentionally violate patient privacy protections or place unrealistic medical record sharing requirements on hospitals.

### Fine-Tuned Bills to Support Labor and Delivery Quality Improvement and Improve Maternal Health Outcomes

Colorado hospitals and health systems are keenly aware of the urgent need to address disparities in maternal health and enhance outcomes for all patients giving birth. CHA successfully advocated for key amendments to enhance maternal health legislation, ensuring hospitals and patients are better served. The bills seek to improve maternal health care in Colorado by requiring advance notice prior to a maternal health service being eliminated ([HB 24-1262](#)), facilitate transfers from home births and birthing centers to the hospital ([HB 24-1459](#)), and enhance quality improvement work around the state ([SB 24-175](#)).

## New CHA Resources

- [2024 Advocacy](#)
  - Keep an eye out for new materials:
    - Issue Briefs
    - Implementation Guide
    - Bill Tracker
- [Regulatory Policy](#)
  - Monthly *Regulatory Update* e-newsletter
  - Monthly Regulatory Update Call
- [Hospital Community Data Dashboard](#)