



## March 19, 2010, Legislative Update

### *DIRECT CARE PROVIDER CAREER PATH BILL*

HB10-1142, the Direct Care Provider Career Path Bill, has been postponed indefinitely in the House Health and Human Services committee. According to Representative Ellen Roberts, the bill's sponsor, the cost of the bill (more than \$100,000 per year) was too high given the current economic climate. Rep. Roberts intends to "bring together the various stakeholders - including but not limited to the state agencies that opposed the bill or attached fiscal impacts to it - to come up with a better, less costly proposal."<sup>1</sup>

### *COLORADO HEALTH SERVICE CORPS*

HB 1138 specifies the manner in which the health services corps may make a lump sum payment on an eligible professional's education loans pursuant to a contract. The bill exempts the selection of health care professionals from the competitive bidding requirements of the procurement code and repeals the \$35,000 per year limit on the amount of education loan repayment that a health professional may receive under the health services corps. HB 1138 is currently in the Senate Health and Human Services Committee.

### *HOME HEALTH CARE*

HB 1005 makes telemedicine eligible for reimbursement under the state's medical assistance program in order to comply with direction from the federal centers for Medicare and Medicaid services. It eliminates incorrect references to the way reimbursement payments are made under the program, deletes the requirement that reimbursement rates from telemedicine be budget neutral or result in cost savings to the program, requires that any cost savings identified be considered for use in paying for home health care or home- and community-based services instead of requiring the savings be applied to payment for the services, and deletes the requirement that the state medical services board consider reductions in travel costs by home health care or home- and community-based service providers and other factors when setting reimbursement rates for services.

### *HOSPICE AND PALLIATIVE CARE*

HB 1025 repeals and reenacts the "Colorado Medical Treatment Decision Act". The term "artificial nourishment" replaces "artificial nutrition and hydration", the term "lacking decisional capacity" replaces "incompetent", and a new term, "persistent vegetative state", has been added in order to clarify different medical conditions under which the act shall be applied. The options available to the patient when he or she is in a terminal condition, persistent vegetative state, or otherwise lacking decisional capacity are clarified. The bill removes from statute the legal form that the declaration as to medical or surgical

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<sup>1</sup> Roberts, E. (March 7, 2010). "Certified nurse aide bill dead but goal remains." *The Durango Herald*. Retrieved March 12, 2010, from

[http://durangoherald.com/sections/Opinion/Columnists/Life\\_in\\_the\\_Legislature/2010/03/07/Certified\\_nurse\\_aide\\_bill\\_dead\\_but\\_goal\\_remains/](http://durangoherald.com/sections/Opinion/Columnists/Life_in_the_Legislature/2010/03/07/Certified_nurse_aide_bill_dead_but_goal_remains/).

treatment may take and makes further clarifications concerning the declaration. Any declaration executed in compliance with Colorado law at the time it was made shall continue to be an effective declaration, and any declaration executed in compliance with the laws of another state shall be considered effective in Colorado, granted that such declaration does not violate any Colorado law.

#### *MEDICAID HOSPICE*

HB 1027 increases the life expectancy prognosis to 9 months if the Department of Health Care Policy and Financing (department) receives the necessary federal authorization. Currently, Colorado law requires a certified medical prognosis of life expectancy of 6 months or less for a patient for hospice care to be provided under Medicaid. The executive director of the department shall notify the revisor of statutes within 60 days after receipt of federal authorization.

#### *ONLINE REGISTRY FOR MEDICAL DIRECTIVES*

HB 1050 requires the Department of Public Health and Environment (department) to create and maintain an on-line registry of medical orders for scope of treatment forms (registry). The bill also creates the medical forms on-line registry cash fund (fund) and authorizes the department to solicit and accept gifts, grants and donations to the fund to create and maintain the registry.

#### *MEDICAID AND COMMUNITY-BASED LONG-TERM CARE SAVINGS*

Subject to the receipt of sufficient moneys through gifts, grants, or donations, HB 1053 directs the Department of Health Care Policy and Financing (department) to contract for a study of Medicaid recipients who receive services under a home- and community-based waiver to evaluate whether cost savings can be realized from changes to reimbursement methods for alternative care facilities. The department will make necessary data available to the contractor. If the study concludes that savings can be realized, the department will recommend to the Joint Budget Committee (JBC), and the JBC may authorize, that the department implement a pilot program based upon the study. The department will report annually to the JBC on any savings realized as a result of the pilot program. If the JBC determines that the pilot program results in savings without adversely affecting the services provided, the JBC may direct the department to implement the changes to all Medicaid recipients under the home- and community-based waivers. The bill makes a legislative declaration.

#### *ENDORSEMENT COMPETENCIES FOR CONTINUING EDUCATION FOR NURSING HOME ADMINISTRATORS AND PHYSICAL THERAPISTS (AMONG OTHERS)*

For occupations and professions regulated by the Department of Regulatory Agencies (department) that require a period of work or practice in the regulated occupation or profession prior to the issuance of a certification, registration, or license by endorsement, HB 1175 allows an applicant to demonstrate competency in his or her particular field as determined by the director of the division of registrations or the applicable regulatory board. The bill specifically allows the demonstration of competency for the following professions and occupations that have statutory work or practice requirements:

- \* Chiropractors;
- \* Dentists;
- \* Dental hygienists;
- \* Optometrists;
- \* Nursing home administrators; and
- \* Physical therapists.