

# 2016 Legislation in Review

Analyzing Key Health Policy Trends **JUNE 2016**



Informing Policy. Advancing Health.



***The dynamics of split party control shaped the 2016 legislative session, just as they did last year. But this time around, the presidential election added even more pressure. Lawmakers debated important issues, yet failed to make substantial progress on most of them.***

Two-thirds of bills tracked by the Colorado Health Institute originated in the House, including proposals addressing drug pricing, emergency rooms, abortion, immunizations and more. Senate bills tackled topics such as access to care for Medicaid clients, suicide prevention and out-of-network costs.

There was also a recurring debate — which reached a crescendo in the session’s final days — about the Hospital Provider Fee and the state’s spending priorities. While the state insurance marketplace, Connect for Health Colorado, was sometimes the topic of conversation or the subject of bills, it avoided intense scrutiny and significant legislation.

Once again, in a year when Democrats barely held the edge in one chamber and Republicans clung to control in the other, just over half of bills succeeded in passing the legislature.

Four themes emerged for health-related bills this session:

- **Statement Bills Send a Message**  
Partisan “message bills,” designed to make a point, were plentiful during a session that saw most controversial legislation fail.

- **Regulation Draws Reinforcement**  
More rules for health care professionals and industries were popular among Republicans and Democrats.
- **Transparency Gets Murky**  
Legislators from both parties wanted more transparency in health care, but disagreed on how to accomplish it.
- **Health Costs Move to the Forefront**  
Rising enrollment and costs often made Medicaid the “elephant in the room.”

Many legislators won’t return for the 2017 session, and the outcomes of key state races and the presidential election — not to mention a full slate of ballot initiatives — could transform the priorities and trajectory of health policy discussions in the years ahead.

This 2016 edition of *Legislation in Review* explains the year’s trends and the bills that exemplified them and examines the political landscape, state budget pressures, and issues at stake in November’s elections.

# The Political Landscape

*The politically polarized makeup of the legislature made for a difficult 120 days. Even the relentlessly upbeat Governor John Hickenlooper called the 2016 session “a little more challenging than most.”*

Others didn't sugarcoat their assessments. *The Durango Herald*, for example, published an article headlined “Trail of dead bills blamed on partisanship at Colorado Legislature.”

Here's a sample of major priorities for both sides that failed to pass:

- Untangling the Hospital Provider Fee from the Taxpayer's Bill of Rights (TABOR).
- Issuing bonds to build and fix highways.
- Addressing the construction defects law.
- Reinstating a presidential primary election.

Republicans held a one-vote majority in the Senate, while Democrats had a three-seat edge in the House. In practice, that meant Democratic bills that passed the House often died in their first Senate committee, and Republican bills met the same fate in the House. In all, 685 bills were introduced and 56 percent of them passed. That's up from 54 percent in 2015, but still far below the roughly 75 percent passage rate prior to 2015, when Democrats controlled both chambers.

But some members crossed the aisle on high-profile issues. The Joint Budget Committee (JBC), with three members from each party, fashioned the \$27 billion state budget and shepherded it through the legislature with minimal controversy. Republican Sen. Larry Crowder sponsored the Hospital Provider Fee bill with Democrats. And four House Republicans broke ranks and joined Democrats on two health-related issues (see box on next page).





Coram



Rankin



Roupe



Thurlow

### Four on the Floor: Aisle-Crossing Representatives

Four House Republicans split from their fellow party members during high-profile floor votes on birth control and the Hospital Provider Fee. One of them — Rep. Kit Roupe — is from Colorado Springs. The rest are from the Western Slope: Reps. Bob Rankin, Don Coram and Dan Thurlow.

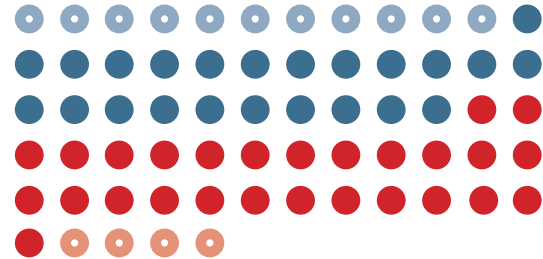
They joined Democrats in turning down an attempt to strip funding for long-acting reversible contraception (LARC). Four Senate Republicans also voted to keep LARC intact. In addition, the House quartet, plus Western Slope Republican Rep. J. Paul Brown, voted with Democrats to support the full budget and to exempt the Hospital Provider Fee from TABOR.

They cited pragmatic reasons for their votes. LARC is likely to save money in the long run, and removing the provider fee from TABOR would make more money available for two of the major employers in rural areas — schools and hospitals.

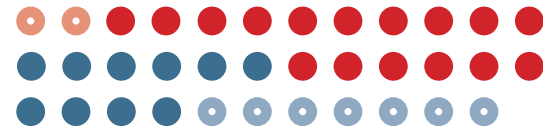
51 Democratic Lawmakers

49 Republican Lawmakers

House: Democratic Majority | 34 D 31 R



Senate: Republican Majority | 18 R 17 D



Light Blue or Red: Departing legislators

24 Departing Lawmakers 18 Democrats, 6 Republicans

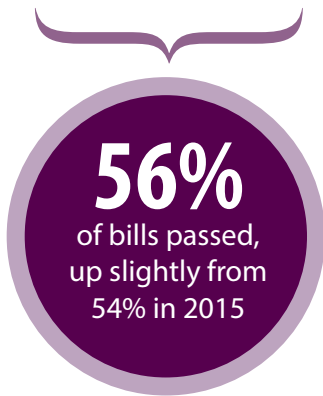
Includes House members seeking Senate election.

## 2016 Legislation: By the Numbers

It was a tough year for bills in general and health bills in particular. Nearly half of all health bills died, but rarely in health committees. Instead, the Senate President and Speaker of the House made use of their State Affairs committees — stacked with their most loyal members — to dispose of the other party's bills.

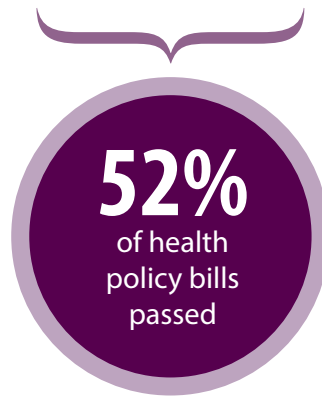
**685**  
Bills introduced

**387**  
Bills passed

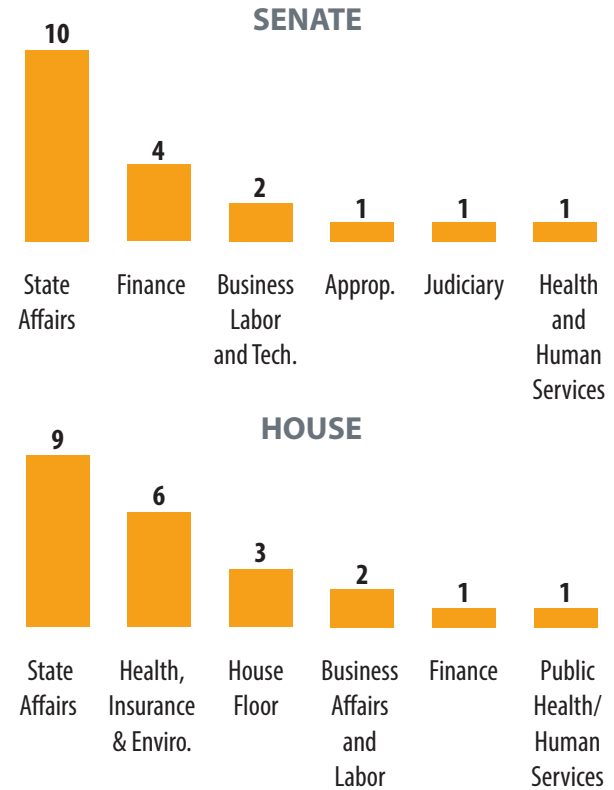


**85**  
Health bills tracked by CHI

**44**  
Health bills passed



### Where Health Bills Died





# The Budget, TABOR and the Hospital Provider Fee

*Health policy became inextricably tied to the debate over the state budget during the 2016 session. The growth of the Medicaid caseload and the fight over the Hospital Provider Fee caught the attention of rank-and-file legislators, not just those interested in health policy.*

## The Budget: An Improbable Feel-Good Story

The 2016-17 budget cycle began under a cloud last November. Gov. Hickenlooper proposed a budget that called for widespread cuts, notably to education and to those who provide services to clients of state programs such as Medicaid.

The JBC, which writes the budget, faced an especially tall task since its members were divided evenly between Republicans and Democrats. The group has had a mixed record of success in past years when the parties have had to share power.

But by the time the budget, or Long Bill, was finalized in April, those clouds had dissipated. The JBC avoided most of the governor's proposed cuts, in part because the state's marijuana tax fund repaid a loan to the General Fund faster than expected. And the six JBC members hung together and defended their budget against attempts to change it from the left and the right.

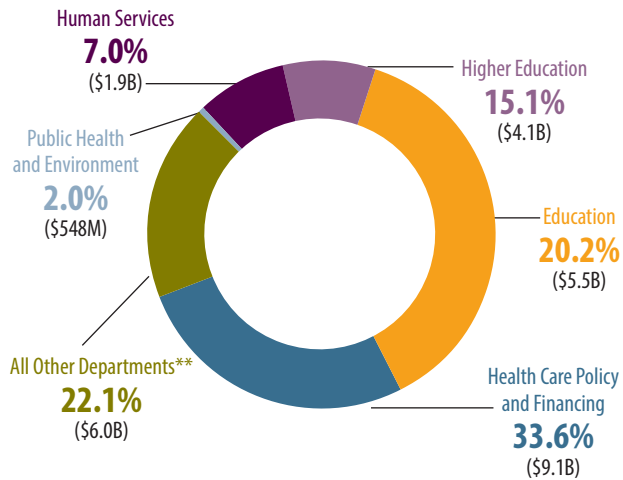
Here's a look at some notable health policy items in the budget:

- **Contraceptive Funding:** A fight over funding LARC began in 2015 and looked certain to continue. But thanks to a revised legal ruling, funding for the program was inserted straight into the budget this year, making it harder to deny than when LARC funding was run as a standalone bill in 2015. Critics of the program could not muster the votes to remove \$2.5 million for LARC from the Long Bill, and they did not derail the entire budget over the issue.
- **Provider Pay:** State service providers, including those in the health care sector, saw their pay hold steady despite earlier fears of a cut. The budget did end a separate pay bump that primary care doctors in Medicaid had received since passage of the Affordable Care Act, but the JBC created a new \$65 million program, with \$20 million coming from the General Fund, to partially restore the bump for some providers.

# Fiscal Year 2016-17 Budget

## FY 2016-17 Total Funds

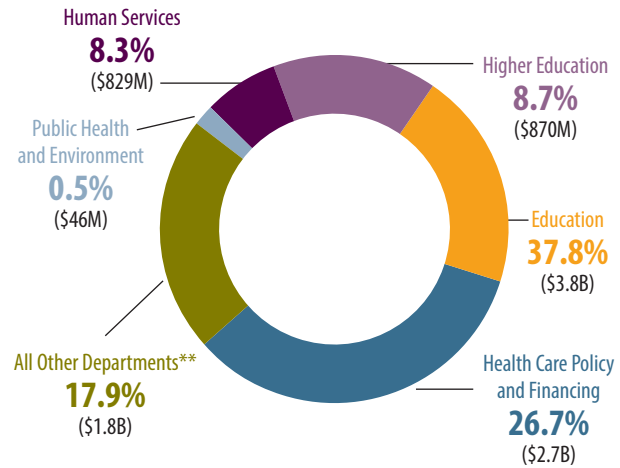
Total: **\$27.1 Billion\*** Increase from Last Year: **1.8%**



Source: FY 2016-17 Long Bill (House Bill 1405) and Long Bill Narrative.  
 \* Includes \$1.5 billion in Reappropriated Funds, which are double-counted when they are moved from one department to another. Departmental totals also include Reappropriated Funds.

## FY 2016-17 General Fund

Total: **\$10 Billion** Increase from Last Year: **5.3%**



\*\* Includes the following departments: Transportation, Judicial, Corrections, Treasury, Public Safety, Local Affairs, Revenue, Natural Resources, Military Affairs, Governor's Office, Personnel and Administration, Labor and Employment, Regulatory Agencies, Law, Agriculture, Legislature and the Department of State.



- **Cost Commission:** The Colorado Commission on Affordable Health Care received \$178,000 to continue operating past June. The commission had requested more than \$400,000.
- **Marijuana Revenue:** Marijuana tax collections are up, while tobacco revenue is down. As a result, pot taxes will start paying for several health-related items, including assistance for the homeless, cancer research and substance use treatment. Pot taxes also will pay for research into the effects of legalizing marijuana.
- **Payment Reform:** The budget extends the Medicaid Prime pilot program designed to change the way providers are paid.
- **Child Welfare:** The Colorado Department of Human Services will receive an extra \$6 million to pay for more county child welfare caseworkers.

## No Compromise: The Hospital Provider Fee

The Hospital Provider Fee has been a boon for hospitals and Medicaid since it was created in 2009. It attracts roughly \$700 million in federal matching funds every year to cover some Medicaid costs and give hospitals higher payments for treating enrollees and indigent patients.

The size of the fee, which counts toward the state's revenue

limit, has begun to trigger TABOR refunds to taxpayers. That occurs when the state budget exceeds a formula based on inflation and population growth.

Democrats want to exempt the provider fee from TABOR. They were joined by five House Republicans and Republican Sen. Larry Crowder of Alamosa, who sponsored the bill in the Senate. Crowder said that this year's cuts to the provider fee, which were made to avoid TABOR refunds, meant that hospitals — major employers in his rural district — would suffer. He argued that simply exempting the fee from TABOR limits would restore full funding.



**Sen. Larry Crowder (R)**  
bucked his party on the provider fee bill.

Debate over the TABOR exemption, **HB 1420**, continued until the second-to-last day of the session, but the bill ultimately died in the Republican-controlled Senate Finance Committee. Nine Senate Democrats took the unusual step of attending the hearing and sitting in the front row, signaling that the issue will be a top priority if their party retakes the Senate in the November election.

In the end, the legislature avoided triggering a TABOR refund by cutting \$73 million from the fee — an action that will force the state to forgo millions in federal matching funds.

# Partisan Statement Bills Send a Message

*Some bills are never expected to pass.*

*Sometimes legislators introduce “message bills” to solidify their reputation with their base voters. When Republicans control one chamber and Democrats the other, such bills are less likely to succeed. The bills also offer a clue about partisan agendas if one side takes control of both chambers in 2017.*

## Democratic Bills

### **HOUSE BILL 1210: Prohibit Conversion Therapy (Failed)**

Would have banned psychiatrists and other licensed mental health providers from engaging in conversion therapy — which attempts to change sexual orientation — with any patients under the age of 18. A similar bill failed in 2015.

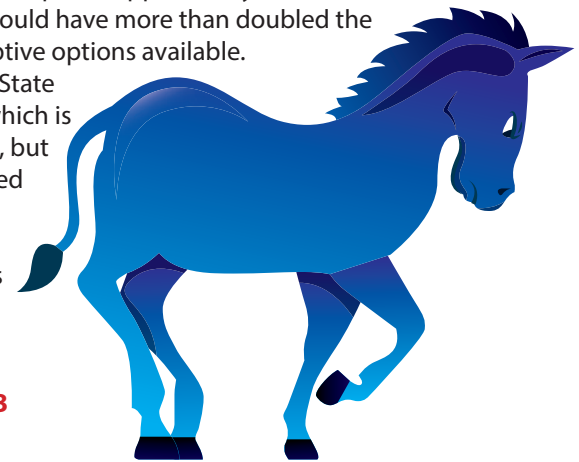
### **HOUSE BILL 1435: Low-Wage Employer Corporate Responsibility Act (Failed)**

Would have allowed the Department of Health Care Policy and Financing (HCPF) to impose fees on low-wage employers with at least 250 employees and direct those funds to Medicaid. Essentially, the bill aimed to penalize large employers who don't offer health insurance by making them compensate the state for covering their workers with Medicaid benefits.

### **HOUSE BILL 1294: Increase Contraceptive Coverage Options (Failed)**

Would have directed all health plans to provide no-cost coverage for all contraceptives approved by federal regulators. The bill would have more than doubled the number of contraceptive options available.

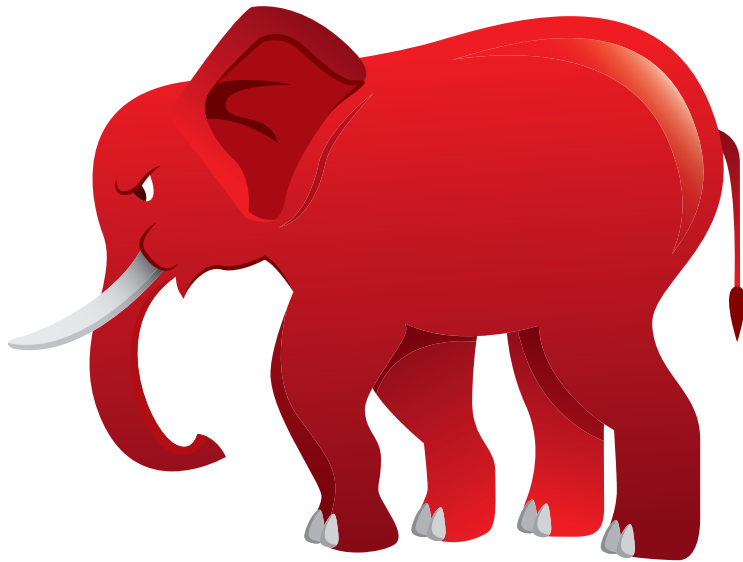
It died in the Senate State Affairs Committee, which is made up of five men, but Democrats substituted two female senators for their male committee members on the day of the hearing. Another bill to expand access to contraceptives, **HB 1322**, also failed.



## Republican Bills

### **SENATE BILL 2: Voter Approval for Exchange Funding (Failed)**

Would have asked voters in November 2016 whether to allow Connect for Health Colorado to continue assessing fees (which detractors call taxes) on health insurance policies to support its finances and operations.



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### **HOUSE BILL 1203: Regulating Abortion Providers (Failed)**

Would have required all abortion clinics to be inspected by the attorney general's office and licensed annually. Also would have established rules for clinics' physical facilities and follow-up care and required employment of at least one doctor with admitting privileges at a nearby hospital.

Four other failed bills attempted to restrict abortion access, including **HB 1113**, which would have made it a Class 1 felony — punishable by life in prison or death — for doctors to perform abortions.

### **HOUSE BILL 1110: Parent's Bill of Rights (Failed)**

Would have declared that "the liberty interests of a parent in the care, custody, and control of the parent's child are a fundamental right" and that government cannot infringe on that right without demonstrating a clear need. The bill had implications for immunizations, school health surveys and several other public health topics. A related bill failed in 2015.

# Regulation Draws Reinforcement

*More rules in health care were popular among Republicans and Democrats.*

*While the two parties didn't agree on much this year, they found common ground in one area: keeping a closer eye on health professionals and industries. The session featured several successful bills to increase oversight, differentiate between what's allowed and what isn't, and catch those who try to skirt the rules.*

## Regulating Health Professionals

### **HOUSE BILL 1160: Oversight of Surgical Technicians and Assistants (Passed)**

Continues the requirement — which had been set to end — that surgical technicians and assistants register with the state's Department of Regulatory Agencies (DORA). The bill was fueled by media reports about a local surgical technician who exposed patients to a blood-borne illness through dirty needles. He had been fired from hospitals in other states for drug offenses, but had concealed that history. In light of that case and other recent incidents, HB 1160 was strengthened to add criminal background checks for newly registered technicians and for those whose registrations have expired.

### **SENATE BILL 69: Community Paramedics (Passed)**

Allows the state to license and regulate community paramedics, who are certified emergency medical providers and work outside of hospitals. Rules for these professionals must be adopted by January 2018. The bill was heavily amended throughout the session to add detail and encourage compromise.

Other health professionals subject to increased regulation this session included athletic trainers (**SB 161**), massage therapists (**HB 1320**) and direct-entry midwives (**HB 1360**). However, physician assistants (**SB 158**), pharmacists (**SB 135**) and doctors (**HB 1047**) had restrictions eased. Read about some of these bills in the "Grab Bag" section (pages 18 and 19).



## Regulating Organizations and Industries

### **HOUSE BILL 1401: Retail Food Licensing and Inspections (Passed)**

Increases licensing fees over a three-year period to pay for inspections of restaurants and other places that sell food. The bill also requires more training for health inspectors and consistency in how inspections are performed. Sponsors compromised with retailers by prohibiting the use of any system based on letters, numbers or symbols (such as A-F grades) to judge establishments. A similar bill in 2015 had resulted in the stakeholder study group that agreed to this year's bill.

### **HOUSE BILL 1148: Closer Monitoring of Connect for Health Colorado (Passed)**

Adds guidelines and requires more notice for actions taken by

Connect for Health Colorado. It also creates advisory groups to meet regularly with the exchange's board. Originally, the bill gave the legislature's Exchange Oversight Committee power over decisions to award contracts, regulate brokers and compensate consumer assistance professionals, but it was rewritten and scaled back significantly.

### **HOUSE BILL 1370: Nicotine Product Retailers Registry (Failed)**

Would have required retailers that sell tobacco or nicotine products to register with the Liquor Enforcement Division. While the bill's title seemed to increase regulation, it would have stripped cigarette tax revenue (available via Amendment 35) from any local governments that imposed additional fees, licenses or taxes on any nicotine or tobacco sales, not just on cigarettes.

## Marijuana Legislation

Legislators introduced several bills on marijuana regulation. Most were successful. They included proposals to:

- Ensure homegrown medical marijuana is kept in an enclosed, locked area (**SB 30**).
- Prohibit edible products shaped like humans, animals or fruits that might entice kids (**HB 1436**).
- Determine a list of allowed pesticides for growing marijuana (**SB 15**).
- Allow the state to seize and destroy tainted marijuana, including plants grown with unauthorized pesticides (**HB 1266**).

The legislature also approved an interim committee to study the costs and benefits of legalized marijuana. Rep. Yeulin Willett (R-Grand Junction) asked for the committee, which will start work this summer and continue through 2017.



# Transparency Gets Murky

*Legislators favored transparency in health care, but disagreed on how to accomplish it.*

*This trend may seem counterintuitive in light of the legislature's strong support for regulation. But rules and transparency didn't go hand-in-hand. Powerful industries, including pharmaceutical companies and hospitals, lobbied against some of this year's proposals, and other bills involved emotionally charged issues. Most legislation in this category failed.*

## Health Care Cost Transparency

### **HOUSE BILL 1102: Mandatory Reports on Expensive Drugs (Failed)**

Would have directed pharmaceutical manufacturers to submit reports about the most expensive drugs available in Colorado. The reports would have been used to generate recommendations for controlling costs. Major changes were made to the bill and key amendments failed. HB 1102 faced stiff opposition from both the pharmaceutical industry and those who didn't think it went far enough.

### **HOUSE BILL 1336: Studying the Idea of a Single Geographic Rating Area (Passed)**

Directs the state Division of Insurance (DOI) to study the idea of getting rid of geographic ratings regions, making the state

a single region and ending the ability of insurers to base insurance premium prices on where people live.

### **SENATE BILL 152: Warnings about Out-of-Network Services (Failed)**

Would have required clinics and hospitals to provide written notice to patients about health care services not covered in-network under their insurance plan. Insurers also would have had to provide a list of in-network options for covered services. Another bill anticipated from the DOI to address network adequacy never materialized.

### **HOUSE BILL 1374: Informing Consumers about Costs at Freestanding ERs (Failed)**

Would have required clearer information for consumers who visit freestanding emergency rooms (ERs), which are not



attached to a hospital. Originally, the bill directed these ERs to inform patients in writing about potentially high costs and the differences between emergency, urgent and primary care. It underwent many changes, proposing first that cost-related warning signage be posted and then that a stakeholder group

be convened, but never gained Republican support. Sponsors couldn't shake concerns over conflicts with a federal law that bars emergency facilities from deterring patients based on ability to pay.

## Transparency in Public Health and Safety

### **HOUSE BILL 1063: Sharing Concerns when School Safety is Threatened (Passed)**

Allows mental health professionals to disclose concerns about a client if that client makes a direct threat against a school or behaves in a way that leads to serious school safety concerns. A report on the fatal 2013 shooting at Arapahoe High School said school officials had failed to act on red flags raised by the shooter's behavior in the months before the attack.

### **HOUSE BILL 1164: State Authority over Immunization Exemptions (Failed)**

Would have shifted responsibility for reviewing student immunization exemption requests from schools to the Colorado Department of Public Health and Environment (CDPHE). Decisions would have been logged in a statewide tracking system. Originally designed to be an opt-out system, the bill was amended to make it opt-in, leading to the sponsors' decision to kill it on the House floor without a vote.



# Health Costs Move to the Forefront

*Rising enrollment and costs often made Medicaid the “elephant in the room.”*

Many Republicans have been growing increasingly uneasy over the size of the Medicaid public insurance program. HCPF, which oversees Medicaid, now accounts for more than a quarter of the General Fund, compared with just over 17 percent in the 1999-2000 budget. HCPF's overall budget is flat this year, but the cost of Medicaid expansion became a point of discussion. Led by Senate President Bill Cadman, Republicans tied the program's expenditures to the contentious debate over the Hospital Provider Fee, which partially funds Medicaid. Several bills aimed to address the Medicaid issue. Smaller suggestions found bipartisan agreement, and HCPF had some victories to improve services or efficiency. But more substantial proposals revealed partisan divides.

## Smaller Changes Found Success

### **HOUSE BILL 1277: Extending Notice and Appeal Windows for Medicaid Changes (Passed)**

Requires HCPF to provide at least 10 days' advance notice to Medicaid enrollees if their medical benefits will be suspended, changed or terminated. In addition, it doubles the amount of time for enrollees to file an appeal, allowing them up to

60 days after hearing about a change in their benefits, and requires that HCPF continue to provide benefits until an appeal is complete.

### **SENATE BILL 120: Information to Prevent Medicaid Billing Fraud (Passed)**

Requires HCPF to develop a detailed explanation of benefits for Medicaid enrollees to help the clients review their services and identify errors or fraudulent claims. The materials will be provided online or by mail at least every other month.

### **HOUSE BILL 1321: Implementing a Medicaid Buy-in Program for Vulnerable Groups (Passed)**

Directs HCPF to ask federal permission to implement a Medicaid “buy-in” program for Coloradans who qualify for home- and community-based services or suffer from brain or spinal cord injuries. Such programs allow adults to pay into Medicaid and receive benefits even though their income is above the eligibility threshold. Supporters say the bill will provide relief to Medicaid clients who add or change jobs and then face losing coverage because of a higher salary.



### **HOUSE BILL 1097: Regulating Transportation for Medicaid Clients (Passed)**

Creates a new carrier category for those who provide nonemergency transportation to Medicaid clients, and reduces regulation in hopes of increasing the number of participants who help people get to places like doctors' appointments and pharmacies.

### **Bigger Shifts Led to Disagreement**

#### **SENATE BILL 170: Private Plan Option for Coloradans Eligible for Medicaid (Failed)**

Would have required Connect for Health Colorado to provide information on all of its promotional materials about the process for Medicaid-eligible people to purchase private plans on the exchange. Originally, the bill had directed HCPF to seek a federal waiver so that it could directly purchase private insurance for those who are eligible for Medicaid but prefer a private plan to government-run insurance.

#### **SENATE BILL 162: Expanded Provider Access for Medicaid Enrollees Willing to Pay (Failed)**

Would have allowed Medicaid enrollees to visit providers who are not designated to serve Medicaid patients if they are willing to pay out-of-pocket. While sponsors highlighted the goal of improving patient access to care, opponents worried it would create incentives for Medicaid providers to leave the program.

#### **HOUSE BILL 1212: Tax Incentive for Unreimbursed Medicaid Fees (Failed)**

Would have created a temporary tax credit for Medicaid providers, available in tax years 2016, 2017 and 2018, to help compensate them for some of their unreimbursed costs. The bill was a response to the discrepancies between Medicaid and Medicare rates for similar services.

## **Committee to Scrutinize Medicaid Letters to Clients**

An interim committee will meet four times before the 2017 session to study issues around written communication to Medicaid clients.

Led by Rep. Dianne Primavera (D-Broomfield), who once worked in HCPF's call center, the group will look into the letters the department sends Medicaid enrollees and analyze whether the communications can be simplified to reduce misunderstandings.

Legislators got an earful about this issue during the session from constituents who complained about confusing letters, conflicting information and drawn-out exchanges.



## Grab Bag: Other Notable Health Bills

*While these bills don't fit neatly under one of the four themes, they addressed important subjects and often gained media attention.*

*They dealt with issues as diverse as broadening professionals' scope of practice, funding behavioral and substance use services, and allowing life-ending medication for terminally ill people.*

### **SENATE BILL 158: Physician Assistants' Scope of Practice** (Passed)

Expands the tasks that a physician's assistant is allowed to perform with permission from a supervising doctor. The allowed tasks include approving advance medical directives, confirming medical exemptions and writing prescriptions for non-controlled drugs without direct oversight from a doctor. The bill follows recent legislation to expand the authority of nurse practitioners.

### **SENATE BILL 147: Colorado Suicide Prevention Plan** (Passed)

Establishes a suicide prevention framework under CDPHE and encourages collaboration among the criminal justice system, health care providers and advocacy groups to identify populations at the greatest risk for suicide. The initiative, which will be implemented by summer 2019, gained \$100,000 in funding through the budget process.

### **HOUSE BILL 1054 and SENATE BILL 25: End-of-Life Options Act** (Failed)

Would have enabled competent, terminally ill adults — defined as having six months or less to live — to acquire life-ending medication from physicians. A similar bill failed in the House in 2015. This session, sponsors sent identical bills to each chamber to ensure more attention and added time for testimony. The Senate version failed in committee, while the House version was killed on the floor without a vote.

### **HOUSE BILL 1047: Interstate Medical Licensure Compact** (Passed)

Allows the governor to enter into an interstate compact to enable doctors licensed in other states to obtain expedited licenses to practice medicine in Colorado or other member states.

### **HOUSE BILL 1101: Medical Decisions for Unrepresented Patients (Passed)**

Allows doctors to serve as the decision-maker for an incapacitated patient if no family or close friends can be found. The bill was amended to say that a patient's attending physician cannot serve as the decision-maker and that doctors must consult with a medical ethics committee before taking action.

### **HOUSE BILL 1361: Broadening Patients' Choice of Pharmacies (Failed)**

Would have prohibited insurers from limiting consumers' options to choose their pharmacy and prevented them from penalizing consumers with extra fees based on which pharmacy they elect to use.

### **HOUSE BILL 1390: Immunity in Overdose Situations (Passed)**

A reworked version of an earlier 2016 bill that failed, the measure prevents the arrest or prosecution of anyone under the age of 21 who calls authorities to report that someone is overdosing on drugs or alcohol. Previously, people reporting overdoses were only protected from being prosecuted. The bill also extends full immunity to underage individuals who overdose and need help.

### **SENATE BILL 169: Facilities for People Experiencing a Mental Health Crisis (Vetoed)**

Would have added flexibility and priority to the list of places that are approved to hold people experiencing the first three days of a mental health crisis. Emergency departments, jails and other law enforcement facilities would have been allowed to be temporary sites, but they would be required to report more data about whom they take into custody and why. The bill also called for stakeholder meetings to discuss needs for emergency mental health treatment and make recommendations.

### **SENATE BILL 202: Expanded Funds for Substance Use Services (Passed)**

Allocates about \$6 million from the state's marijuana tax fund for more substance use disorder services, which will be assessed and delivered through Colorado's existing regional managed service organizations. These groups help locate treatment centers for substance use and assist with referrals for care around the state.



## 2016: Far From Over

*Much is at stake in a political year that has already been filled with drama. Voters are likely to see a long ballot, and their choices will set the tone for the next two years and beyond. Democratic wins could cement the Affordable Care Act's place in the country's health system, while Republican victories in Washington or Colorado could roll back substantial parts of the law.*



**Clinton**



**Trump**

Democrats and Republicans appear to have settled on Hillary Clinton and Donald Trump as their respective nominees. Democratic U.S. Sen. Michael Bennet is facing reelection against one of five Republicans who wins the primary election. And every seat in the state House of Representatives and half the seats in the Senate are up for grabs.

Colorado Democrats have enjoyed their greatest success recently in presidential election years, while Republicans have succeeded in off-year elections. The GOP won the state House in 2010, and in 2014 the party took the state Senate and the U.S. Senate seat held by Democrat Mark Udall. If that pattern holds, Democrats can look forward to legislative majorities and another six years for Bennet. But the 2016 campaign has been full of surprises and breaks with precedent.

### Health-Related Ballot Initiatives

#### **ColoradoCare (On the Ballot as Amendment 69)**

Would create a new taxpayer-funded system to provide health insurance coverage to all Coloradans, regardless of their income, employment or citizenship. Federal programs like Medicare and the Veterans Administration would continue to provide primary coverage for their current members.

#### **Tobacco Tax (Pending)**

Would significantly raise taxes on tobacco, boosting the wholesale tax by \$1.75 per pack of cigarettes and the retail sales tax by 22 percent. The new taxes would be in addition to the tobacco tax hikes Colorado voters approved in 2004.

### **TABOR Time-out (Pending)**

Would temporarily exempt the state from TABOR's revenue limits, similar to 2005's Referendum C. Extra money could be devoted to education, transportation, mental health and senior services.

### **Aid in Dying (Pending)**

The legislature has rejected bills the past two years to let physicians prescribe life-ending drugs for terminally ill patients. Two groups are pursuing different versions of a ballot initiative. One would have detailed limits, while the other would establish a much broader constitutional right to end one's own life with medical assistance. It's possible that both, one or neither of the initiatives will be on the ballot.

### **Other Possible Ballot Initiatives**

It could be a very crowded ballot this November. Various interest groups have started campaigns for:

- Exerting local control over oil and gas development.
- Changing the way the state draws congressional districts.
- Gradually raising the minimum wage to \$12 an hour.
- Allowing grocery stores to sell full-strength beer and wine.
- Reinstating primary elections to choose party candidates in future years.
- Making it more difficult to amend the state constitution.

## **A New Second in Command**

Colorado has a new lieutenant governor.

Donna Lynne, formerly an executive at Kaiser Permanente, was sworn in on May 12. She takes over for Joe Garcia, who stepped down to become the president of a higher education group. Lynne lacks experience in politics but brings extensive business know-how to the table. In addition to serving as lieutenant governor, Lynne will assume the new role of chief operating officer for Gov. Hickenlooper.



It remains to be seen whether her background in health care will inform her priorities.

Both the House and Senate confirmed her appointment without significant opposition.

# State Legislative Races to Watch

## HOUSE

### House District 17 – Colorado Springs

A rematch between incumbent Rep. Kit Roupe (R) and Tony Exum, the Democrat she ousted in 2012. Despite its Colorado Springs location, this district has more registered Democrats than Republicans.

### House District 33 – Broomfield

This soon-to-be vacant seat is currently held by term-limited Rep. Dianne Primavera (D). The parties have traded this district several times in recent years.

### House District 59 – Southwestern Colorado

Rep. J. Paul Brown (R) defends his seat against Durango High School teacher Barbara McLachlan, a Democrat. This seat swings back and forth. Brown defeated McLachlan's husband, Mike, in 2014, but two years earlier Mike McLachlan ousted Brown.

## SENATE

### Senate District 19 – Jefferson County

Incumbent Sen. Laura Woods (R) faces a rematch against Democrat Rachel Zenzinger, who was appointed to the seat but lost narrowly to Woods in 2012.

### Senate District 25 – Adams County

Former Rep. Jenise May (D) faces Rep. Kevin Priola (R) for the seat currently held by term-limited Sen. Mary Hodge (D). Democrats hold a registration advantage here, but Republicans have been making gains in Adams County in recent years.

### Senate District 26 – Arapahoe County

Two successful local officeholders are competing for this open seat held by term-limited Sen. Linda Newell (D). Arapahoe County Commissioner Nancy Doty (R) faces Rep. Daniel Kagan (D), who is leaving his House seat because of term limits.

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Statewide Voter Registration (April 2016): **Democrat 31.7%** | **Republican 32.3%** | **Unaffiliated 34.6%** | **Other 1.3%**



**Bighorn sheep,**  
Colorado's state animal

## *Acknowledgments*

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