2016 Session: Colorado Health Institute Bill Tracking List

Status options: Gov. Signed, Became Law without Signature, Failed in Committee/on Floor, Gov. Veto

Passage rates for health bills were similar to all bills, and both were close to rates from 2015:

Total bills tracked by CHI during 2016 session: **85** (56 House bills and 29 Senate bills)

Pass/Fail ratio for health bills tracked by CHI: 44/41 (85 bills total; 52 percent success)*

Pass/Fail ratio for all bills introduced in 2016 session: 387/298 (685 bills total; 56 percent success)*

The three health committees rarely killed bills sent their way in 2016:

Pass/Fail ratio for bills, House Health, Insurance and Environment: 35/7 (83 percent success)

Pass/Fail ratio for bills, House Public Health Care and Human Services: 45/4 (92 percent success)

Pass/Fail ratio for bills, Senate Health and Human Services: 42/1 (98 percent success)

*Does not take the governor's vetoes into account.

HOUSE BILLS

House Bill 16-1007: Offenses against Unborn Children

Sponsors: Rep. Janak Joshi (R)

Status: Failed in House Business Affairs and Labor (7-5)

• Would have categorized fetuses as people when they are crime victims and allowed prosecutors to file charges when a fetus is killed or injured.

House Bill 16-1015: Contingent Repeal of Health Insurance Laws Aligning with the ACA

Sponsors: Rep. Gordon Klingenschmitt (R)

Status: Failed in House State, Veterans and Military Affairs (5-4)

 Would have automatically repealed certain parts of state health insurance law if comparable federal requirements under the Affordable Care Act are repealed by Congress.

House Bill 16-1047: Interstate Medical Licensure Compact

Sponsors: Rep. Perry Buck (R), Sen. Linda Newell (D)

Status: Governor Signed

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

House Bill 16-1054: End-of-life Options for Terminally III Individuals

Sponsors: Reps. Lois Court (D) and Joann Ginal (D), Sen. Michael Merrifield (D)

Status: Failed on House floor (laid over until after session, no second-reading vote)

 Would have enabled competent, terminally ill adults to request life-ending medication and allow their physicians to prescribe it. A terminal illness is defined as six months or less to live. A similar bill was introduced in 2015 and failed in its first House committee. Also introduced in 2016 in the Senate.

House Bill 16-1063: Mental Health Professional Disclosure for School Safety

Sponsors: Rep. Mike Foote (D)

Status: Governor Signed

Allows (but does not require) 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 creates a dangerous
school environment. A report on the fatal 2013 shooting at Arapahoe High School said school
officials failed to act on red flags raised by the shooter's behavior in the months leading to the
attack.

House Bill 16-1065: Income Tax Credit for Home Health Care

Sponsors: Rep. Kathleen Conti (R)

Status: Failed in House Finance (6-5)

 Would have created an income tax credit to assist seniors seeking home modifications or home health care services. The specifics of the credit would have changed by each two-year interval, and there would have been a cap for the tax credit each year. The bill also included a budget trigger and had a proposed amendment to lessen the financial impact, but it wasn't enough. A similar bill was introduced by Rep. Conti in 2015 and failed in the same committee.

House Bill 16-1079: Pesticide-free Cannabis Certification Program

Sponsors: Reps. K.C. Becker (D) and Jonathan Singer (D)

Status: Failed in Senate Business, Labor and Technology (5-4)

• Would have created a state-approved label for marijuana grown without pesticides, since "organic" is not a legal option.

House Bill 16-1095: Health Insurance for Prescription Eye Drop Refills

Sponsors: Rep. Beth McCann (D), Sen. Larry Crowder (R)

Status: Governor Signed

• Requires insurance plans to grant glaucoma patients and others refills of eye drops in a shorter time period than was previously allowed.

House Bill 16-1097: Regulation of Medicaid Nonemergency Transportation Providers

Sponsors: Reps. Don Coram (R) and Dominick Moreno (D), Sen. Ray Scott (R)

Status: Governor Signed

Creates a new carrier category including those who provide nonemergency transportation to
Medicaid clients and collects fingerprints and runs criminal background checks on them. It also
authorizes the Department of Health Care Policy and Financing (HCPF) to use Medicaid funds to
offset the cost of issuing permits for Medicaid transportation. Other carriers include charter buses,
fire crews, luxury limousines and off-road scenic tours, which all require permits to operate.

House Bill 16-1101: Medical Decisions for Unrepresented Patients

Sponsors: Rep. Dave Young (D)

Status: Governor Signed

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

House Bill 16-1102: Drug Production Costs Transparency Requirements

<u>Sponsors</u>: Rep. Joann Ginal (D), Sens. Linda Newell (D) and Ellen Roberts (R) Status: Failed in House Health, Insurance and Environment (12-1)

• Would have directed drug manufacturers to submit a report to the Colorado Commission on Affordable Health Care about any drug available in Colorado that costs at least \$50,000 per year or per course of treatment. The commission would have then submitted a report to the legislature in December with recommendations for controlling pharmaceutical costs. A key amendment failed: Ginal had hoped to shift responsibility for analyzing drug prices from the Cost Commission to an independent research organization and to extend a timeline that some worried was too short. Amendments were also proposed to limit the drugs studied to those purchased by certain state departments

House Bill 16-1103: License Pathways for Mental Health Workforce

<u>Sponsors</u>: Reps. Tracy Kraft-Tharp (D) and Lois Landgraf (R), Sens. Beth Martinez Humenik (R) and Nancy Todd (D)

Status: Governor Signed

• Clarifies the licensure process for mental health professionals, including social workers, who have been subject to unclear rules about the required hours and necessary educational components. Also states that such professionals may register with the database of psychotherapists.

House Bill 16-1110: Parent's Bill of Rights

Sponsors: Rep. Patrick Neville (R), Sen. Tim Neville (R)

Status: Failed in House State, Veterans and Military Affairs (5-4)

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 could not infringe on those rights
without demonstrating a clear need. The bill had implications for immunizations, school health
surveys and several other public health topics. Similar to a 2015 bill that also failed.

House Bill 16-1112: Training Vets to Train Service Dogs Pilot Program

Sponsors: Rep. Lois Landgraf (R), Sen. Larry Crowder (R)

Status: Governor Signed

• Creates a program that pairs up to 10 qualified military veterans (all with referrals from mental health professionals) with dogs, which the veterans will train under supervision to become service or companion animals. Two in-state nonprofit agencies from different counties will operate the program. Includes a \$100,000 appropriation to the Department of Human Services (CDHS).

House Bill 16-1113: Protect Human Life at Conception

Sponsors: Rep. Stephen Humphrey (R), Sen. Kevin Lundberg (R)

Status: Failed in House Health, Insurance and Environment (7-6)

 Would have made it a Class 1 felony — punishable by life in prison or the death sentence — for a doctor to perform an abortion.

House Bill 16-1137: Nicotine Products Warning Label

Sponsors: Rep. Gordon Klingenschmitt (R), Sen. Kevin Lundberg (R)

Status: Failed in House Health, Insurance and Environment (12-1)

• Would have required labels on any product containing nicotine, such as e-cigarettes, to warn users that nicotine is addictive.

House Bill 16-1142: Rural and Frontier Health Care Preceptor Tax Credit

<u>Sponsors</u>: Reps. Perry Buck (R) and Joann Ginal (D), Sens. Larry Crowder (R) and John Cooke (R) Status: Governor Signed

Creates a new tax credit (capped at \$1,000 per year) for uncompensated rural primary care
preceptors who train students. Preceptors mentor graduate students studying to become primary
care providers through instruction, training and supervision. Up to 200 health professionals
(originally had been set at 300) will be allowed to claim the tax credit annually.

House Bill 16-1146: Born Alive Infant Protection Act

Sponsors: Reps. Lois Landgraf (R) and Lang Sias (R)

Status: Failed in House State, Veterans and Military Affairs (5-4)

• Would have defined a fetus or infant as "born alive" regardless of its stage of development. It would have applied to natural births, cesarean sections and – most notably – abortions.

House Bill 16-1148: Health Benefit Exchange Rules and Policies

<u>Sponsors</u>: Rep. Lang Sias (R), Sens. Ellen Roberts (R) and John Kefalas (D) <u>Status</u>: <u>Governor Signed</u>

• Adds guidelines and implements notice periods 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 legislators on the Exchange Oversight Committee power over decisions to award contracts, regulate brokers and compensate consumer assistance professionals, among other things. It was amended through a strike-below and scaled back significantly, to require the exchange to do things like posting notice at least three weeks before discussing major topics at a board meeting.

House Bill 16-1160: Sunset for Surgical Assistants and Surgical Technicians

<u>Sponsors</u>: Reps. Joann Ginal (D) and Susan Lontine (D), Sen. Tim Neville (R) <u>Status</u>: Governor Signed

• Continues the requirement – which had been set to sunset – that surgical technicians and assistants must register with the Department of Regulatory Agencies (DORA). Amended to add criminal background checks for new registrations and reinstated registrations that have lapsed. The bill comes on the heels of the discovery that a technician with a history of drug theft exposed Denver-area patients to blood-borne illnesses through dirty needles – not the first time this has happened in Colorado – and the issue garnered media attention throughout the session.

House Bill 16-1164: Transfer Immunization Exemption Duties to CDPHE

<u>Sponsors</u>: Rep. Dan Pabon (D), Sens. Irene Aguilar (D) and Beth Martinez Humenik (R) <u>Status</u>: Failed on House floor (laid over until after session, no second-reading vote)

Would have shifted the responsibility for reviewing student immunization exemption requests
from students' schools to the Department of Public Health and Environment (CDPHE). Decisions
would have been logged in the statewide immunization tracking system. Amended to make the
tracking system opt-in instead of opt-out, which angered supporters, so a mutual decision was
made to kill the bill on the House floor.

House Bill 16-1195: Home Modification Services in Medicaid Waivers

<u>Sponsors</u>: Reps. Lois Landgraf (R) and Dave Young (D), Sens. Larry Crowder (R) and Pat Steadman (D) <u>Status</u>: Failed in Senate Appropriations (4-3)

• Would have expanded the availability of qualified home modification services by clarifying that they are allowed for people with disabilities, not solely those with physical impairments, and addressed the cap on home modifications for eligible people by making it renew each time the waiver that authorizes the services is renewed. Had included a small appropriation (about \$8,000) and assumed another \$24,000 in federal funds.

House Bill 16-1200: Attorney General Authority over Fetal Tissue Transfers

Sponsors: Rep. Kim Ransom (R), Sen. Kevin Lundberg (R)

Status: Failed in House State, Veterans and Military Affairs (5-4)

Would have given the Colorado Attorney General authority to investigate and punish violations
concerning the transfer of fetal tissue from abortions for research. Currently, CDPHE and the state
registrar are responsible for enforcing laws that ban the practice.

House Bill 16-1203: Women's Health Protection Act

Sponsors: Rep. Patrick Neville (R)

Status: Failed in House Health, Insurance and Environment (7-6)

 Would have required all abortion clinics to be inspected by the Colorado Attorney General and licensed, with licensure valid for one year. Would also have required the attorney general to create rules around things like clinics' physical facilities, follow-up care and employment of at least one doctor with admitting privileges at a hospital located a maximum of 30 miles away.

House Bill 16-1210: Prohibit Conversion Therapy by a Mental Health Provider

Sponsors: Rep. Paul Rosenthal (D), Sen. Pat Steadman (D)

Status: Failed in Senate State, Veterans and Military Affairs (3-2)

 Would have banned psychiatrists and other 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 also failed in 2015.

House Bill 16-1212: Temporary Tax Incentive for Unreimbursed Medicaid Fees

Sponsors: Rep. Kit Roupe (R)

Status: Failed in House State, Veterans and Military Affairs (8-1)

Would have created a temporary tax credit (available in tax years 2016-2018) for Medicaid
providers to compensate them for some of their unreimbursed costs. The amount of the tax credit
could not have exceeded the amount of an individual's income tax liability. The bill was a response
to the discrepancies in Medicaid and Medicare rates for similar services.

House Bill 16-1218: A Woman's Right to Accurate Health Care Information

Sponsors: Rep. Lori Saine (R), Sen. Tim Neville (R)

Status: Failed in House Health, Insurance and Environment (7-6)

 Would have created the "Women's Reproductive Information Guarantee for Health and Transparency (RIGHT) Act," which would encourage the use of ultrasounds and ultrasound photos for women seeking an abortion and institute a 24-hour waiting period for those who request one. Providers would have been required to provide information to the patient, including descriptions of physical and psychological risks from abortion, a description of alternative paths, and more.

House Bill 16-1221: Budget Cuts to Increase Medicaid Provider Rates

Sponsors: Rep. Janak Joshi (R)

Status: Failed in House State, Veterans and Military Affairs (5-4)

• Would have increased Medicaid provider rates by moving savings from a newly created executive branch department to HCPF. The new department would have financed all lobbying expenses and membership costs for professional organizations, and would be required to limit costs for both areas to 50 percent of spending in the 2015-16 fiscal year.

<u>House Bill 16-1266</u>: Dept. of Revenue Seize and Destroy Marijuana with Unauthorized Pesticides

Sponsors: Rep. K.C. Becker (D), Sen. John Cooke (R)

Status: Failed in Senate State, Veterans and Military Affairs (3-2)

 Would have allowed the state to take and destroy any marijuana that contains blacklisted substances, including pesticides. Included a \$24,000 appropriation for the Department of Law.
 Had been amended to allow retailers to contest the state's decision within five days, before any products would be destroyed.

House Bill 16-1277: Appeal Process for Changes to Medicaid Benefits

<u>Sponsors</u>: Reps. Susan Lontine (D) and Lois Landgraf (R), Sens. John Kefalas (D) and Ellen Roberts (R) <u>Status</u>: Governor Signed

• Requires HCPF to provide at least 10 days' advance notice to Medicaid enrollees if their medical benefits will be paused, changed or terminated. The bill had originally proposed a minimum of 20 days' notice. 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.

House Bill 16-1278: Residential Drug Treatment for Probationers

Sponsors: Rep. Pete Lee (D), Sen. John Cooke (R)

Status: Governor Signed

• Allows courts to require anyone on probation to participate in a residential drug treatment program. Previously, only people sentenced to probation for drug-related offenses could be required to participate in such treatment programs.

House Bill 16-1294: Contraception Coverage by Public and Private Insurance

<u>Sponsors</u>: Reps. Susan Lontine (D) and Daneya Esgar (D), Sen. Lucia Guzman (D) <u>Status</u>: Failed in Senate State, Veterans and Military Affairs (3-2)

Would have directed all health plans to provide no-cost coverage for a broader set of
contraceptives (all forms approved by the FDA) without restriction or delay. The bill would have
more than doubled the number of contraceptive options available. Covered products and services
would have included drugs, intrauterine devices, voluntary sterilization and family planning
counseling.

House Bill 16-1320: Regulation of Massage Therapy

Sponsors: Rep. Mike Foote (D), Sen. John Cooke (R)

Status: Governor Signed

A reaction to some recent criminal accusations against massage therapists in Colorado, this bill
extends the power of DORA to take disciplinary action, including filing criminal charges, against
professionals who exhibit unlawful behavior from fraudulent practice to indecent exposure. It
requires massage therapists to be at least 18 years old, and also grants more power to cities and
counties to create and enforce local rules for massage therapists.

House Bill 16-1321: Medicaid Buy-in for Certain Medicaid Waivers

Sponsors: Rep. Dave Young (D)

Status: Governor Signed

• Directs HCPF to apply to the federal government for permission to implement a Medicaid "buy-in" program for Coloradans who are eligible for home- and community-based services. Amended to also include people with brain and spinal cord injuries. Such programs allow qualified adults to pay into the state Medicaid program and receive benefits, even though their income is above the range for Medicaid eligibility. HCPF already has a Medicaid buy-in program for children and adults with disabilities. Includes a \$14,000 appropriation and assumes almost \$125,000 in federal funds.

House Bill 16-1322: Health Coverage for Prescription Contraceptives Supply

<u>Sponsors</u>: Reps. Brittany Pettersen (D) and Don Coram (R), Sen. Kerry Donovan (D) <u>Status</u>: Failed in Senate State, Veterans and Military Affairs (3-2)

Would have required insurance plans to reimburse providers who prescribe multi-month supplies
of contraceptive pills. It specified that providers must be reimbursed for a patient's initial threemonth supply and for a 12-month supply after that. Rep. Don Coram (R), who notably sponsored
the failed HB 15-1194 to provide free long-acting reversible contraception last year, was a sponsor.

House Bill 16-1326: Consumer Access to Physical Rehabilitation Services

<u>Sponsors</u>: Reps. Dianne Primavera (D) and Yeulin Willett (R), Sen. Larry Crowder (R) <u>Status</u>: Failed in Senate State, Veterans and Military Affairs (3-2)

• The third try for a bill that was first vetoed by Governor Hickenlooper in 2014, this scaled-back bill sought to improve access to physical rehabilitation services. It was focused on preventing insurance companies from providing unclear information, and from imposing inconsistent standards or unreasonable delays on patients who require physical rehab treatment.

House Bill 16-1336: Study Single Geographic Area for Individual Health Plans

<u>Sponsors</u>: Reps. Millie Hamner (D) and Bob Rankin (R), Sen. Kerry Donovan (D) <u>Status</u>: Governor Signed

• Directs the Division of Insurance to study the idea of getting rid of geographic ratings regions, making the state of Colorado a single region and ending the ability of insurers to price discriminate for premiums based on where people live. The bill was scaled back from what had been discussed early in the session.

House Bill 16-1360: Continue Regulation of Direct-Entry Midwives

<u>Sponsors</u>: Reps. Lois Landgraf (R) and Susan Lontine (D), Sen. Kevin Lundberg (R) <u>Status</u>: Governor Signed

 Continues DORA's oversight of direct-entry midwives and makes recommended changes to their allowed scope of practice, such as authorizing them to give stiches and local anesthetics for basic procedures. It also convenes a working group to report on ways to minimize risks in midwifery practice.

House Bill 16-1361: Patient Choice in Pharmacy

<u>Sponsors</u>: Reps. Dianne Primavera (D) and Jon Becker (R), Sens. Jerry Sonnenberg (R) and Linda Newell (D)

Status: Failed in Senate Finance (3-2)

Would have broadened patient choice for where to fill prescriptions. The bill aimed to prohibit
insurers from limiting consumers' options to choose their pharmacy and from assessing extra fees
on consumers based on which pharmacy they elect to use.

House Bill 16-1370: Nicotine Product Retailers Registry

<u>Sponsors</u>: Reps. Jonathan Singer (D) and Don Coram (R), Sen. John Cooke (R) Status: Failed in House Business Affairs and Labor (11-2)

Would have required retailers that sell tobacco or nicotine products to register on a confidential
list 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. Amended to also prohibit A35 funds for any regulation-related advocacy
activities directed at local officials.

House Bill 16-1374: Required Notice and Disclosures at Freestanding ERs

Sponsors: Rep. Beth McCann (D), Sen. John Kefalas (D)

Status: Failed in Senate State, Veterans and Military Affairs (3-2)

• Would have required clearer information for consumers in freestanding ERs. The bill had been in development for months, but disagreement over its content prompted Rep. Lois Landgraf (R) to drop off as a sponsor before it was introduced. Originally, the bill directed the ERs to inform non-emergency patients in writing that ER costs are comparable to a hospital emergency visit, that the visit may not be covered in-network by their insurance plan, and that patients may be better off visiting a primary care doctor instead. It went through many rounds of amendments that would have first required only that ERs post large signage with the above information, and then that an 18-member stakeholder group study issues related to freestanding ERs in Colorado, but it failed to gain any Republican support. Sponsors couldn't shake concerns over conflicts with EMTALA, which bars emergency facilities from deterring patients based on ability to pay.

House Bill 16-1379: Psychologists Continuing Professional Development Program

<u>Sponsors</u>: Rep. Tracy Kraft-Tharp (D), Sen. Beth Martinez Humenik (R) Status: Governor Signed

• Clarifies and amends a program of professional development for licensed psychologists that was detailed in HB 15-1067 (which was passed and signed by Governor Hickenlooper). Specifically, it clarifies how often credit hours may be awarded and specifies some qualified activities, such as evaluating an article in a peer-reviewed journal.

House Bill 16-1380: Add In-Home Support Services to Certain Medicaid Waivers

Sponsors: Rep. Dave Young (D)

Status: Failed in Senate Finance (3-2)

 Would have required HCPF to ask permission to add coverage for in-home support services for qualified Medicaid enrollees who suffer from a major mental illness or brain injury. Included an appropriation of \$31,000 and an additional \$37,000 in federal funds.

House Bill 16-1390: Immunity When Overdoses are Reported

Sponsors: Rep. Dominick Moreno (D), Sen. Lucia Guzman (D)

Status: Governor Signed

 A reworked version of an earlier bill (SB 042) that failed, 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 that immunity to underage individuals who experience an overdose and need help.

House Bill 16-1398: Implement Respite Care Task Force Recommendations

Sponsors: Reps. Dave Young (D) and Lois Landgraf (R)

Status: Governor Signed

• Directs CDHS to find a suitable organization contractor to implement the recommendations of the Respite Care Task Force, which was established by HB 15-1233.

House Bill 16-1401: Retail Food Establishment Licensure and Inspection

<u>Sponsors</u>: Reps. K.C. Becker (D) and Kevin Priola (R), Sens. Mary Hodge (D) and Laura Woods (R) <u>Status</u>: Became Law without Signature

• Increases the licensing fees for retail food establishment inspections over a three-year period, and implements stricter requirements for the training of health inspectors and the protocol for inspections. The bill also prohibits retailers from being "graded" using a system that is based on letters, numbers or symbols, and it decreases the amount of time that retailers may have their license suspended for minor infractions. A similar idea was floated in 2015, with that bill converted into a stakeholder group that laid the groundwork for HB 1401.

House Bill 16-1405: 2016-17 Long Appropriation Bill

Sponsors: Joint Budget Committee

Status: Governor Signed

• The Fiscal Year 2016-17 proposed budget, also known as the Long Bill.

House Bill 16-1407: Extend Medicaid Payment Reform and Innovation Pilot

Sponsors: Joint Budget Committee

Status: Governor Signed

• Extends a Medicaid payment reform pilot project that currently funds the Prime initiative by Rocky Mountain Health Plans, which integrates payments for behavioral and physical health and shifts away from the fee-for-service model. The bill includes nearly \$600,000 in funding between a HCPF appropriation and anticipated federal funds.

House Bill 16-1408: Cash Fund Allocations for Health-Related Programs

Sponsors: Joint Budget Committee

Status: Governor Signed

• Simplifies the way that tobacco settlement money and marijuana tax revenue are distributed, boosts funding for cancer research, and transfers \$20 million to help pay Medicaid's primary care doctors more.

House Bill 16-1418: Marijuana Tax Cash Fund Transfer to General Fund

Sponsors: Joint Budget Committee

Status: Governor Signed

• Specifies where more than \$26 million in marijuana tax money goes after Colorado voters approved Proposition BB in November 2015, which gave the state final permission to keep and spend more than \$60 million in marijuana tax revenue. The legislature had set aside money in the Proposition AA account for potential refunds to the marijuana industry if Prop BB failed, and was able to pay it back all at once as part of this transfer.

House Bill 16-1420: Colorado Healthcare Affordability and Sustainability Enterprise

<u>Sponsors</u>: House Speaker Dickey Lee Hullinghorst (D), Sen. Larry Crowder (R) Status: Failed in Senate Finance (3-2)

Would have repealed the Hospital Provider Fee and replaced it with an identical program
classified as an enterprise fund, like the lottery and state parks, which would remove it from
beneath the state's TABOR limit. The bill was introduced and heard in the Senate on Day 119 of
the session.

House Bill 16-1421: Allocate Additional Fiscal Year 2016-17 General Fund Revenues

Sponsors: House Speaker Dickey Lee Hullinghorst (D)

Status: Failed on House floor (laid over until after session, no second-reading vote)

• The original companion bill to HB 1420, replaced by HB 1450; laid out where savings would go if the Hospital Provider Fee were to be converted to an enterprise fund.

House Bill 16-1425: Immunization Records for Temporary Child Care

Sponsors: Rep. Millie Hamner (D), Sen. Ellen Roberts (R)

Status: Governor Signed

 Allows child care centers to accept kids for short-term stays – meaning 15 days or less – without requiring proof of immunizations, as long as the centers notify all parents that this is the case.
 Brought forward by the ski resort community.

House Bill 16-1435: Low-wage Employer Corporate Responsibility Act

<u>Sponsors</u>: Reps. Crisanta Duran (D) and K.C. Becker (D), Sens. John Kefalas (D) and Jessie Ulibarri (D) <u>Status</u>: Failed in Senate State, Veterans and Military Affairs (3-2)

 Would have created a public benefits enterprise under HCPF to impose fees on low-wage employers (defined as those paying less than \$12/hour) with at least 250 employees. Essentially, the bill would have penalized large employers who don't offer health insurance by making them compensate the state for covering their workers through Medicaid.

House Bill 16-1436: No Edible Marijuana Products Shaped to Entice Kids

<u>Sponsors</u>: Reps. Dan Pabon (D) and Joann Ginal (D), Sen. Linda Newell (D) Status: Governor Signed

• The latest attempt to regulate the appearance of edible marijuana, this bill bans pot products shaped like a human, animal or fruit to make them less appealing to children. The rule takes effect in October 2017.

House Bill 16-1450: Allocate Additional Available State Revenues

<u>Sponsors</u>: House Speaker Dickey Lee Hullinghorst (D), Sens. Pat Steadman (D) and Lucia Guzman (D) <u>Status</u>: <u>Failed in Senate Finance (3-2)</u>

• A companion bill to HB 1420 and a newer version of HB 1421; laid out where savings would have gone for the next five years (primarily to severance tax, education and transportation) if the hospital provider fee was converted to an enterprise fund. Was killed at the request of the sponsor immediately after HB 1420 failed.

SENATE BILLS

Senate Bill 16-002: Health Exchange Voter Approval to Impose a Tax

Sponsors: Sen. Kevin Lundberg (R), Rep. Lang Sias (R)

Status: Failed in House State, Veterans and Military Affairs (5-4)

 Would have asked voters in November 2016 whether Connect for Health Colorado is allowed to impose a tax to support its finances and operations. The sponsors believe that the current administrative fee should be classified as a tax, and therefore should have required voter approval.

Senate Bill 16-006: Health Insurance Exchange Insurance Brokers

Sponsors: Sen. Beth Martinez Humenik (R), Rep. Lang Sias (R)

Status: Governor Signed

 This bill came out of the Exchange Oversight Committee (though it had only Republican sponsors). It requires Connect for Health Colorado to develop a protocol to refer consumers to licensed and certified insurance brokers to enroll in a health plan. The bill originally included a call center and accompanying software, but was amended to simplify the requirements.

Senate Bill 16-015: Rules for Allowed Marijuana Pesticides

Sponsors: Sen. Randy Baumgardner (R), Rep. Ed Vigil (D)

Status: Governor Signed

• Requires the governor to designate a state agency to determine criteria for pesticides that are allowed in marijuana cultivation and share that information with the public.

Senate Bill 16-025: End-of-Life Options for Terminally III Individuals

Sponsors: Sen. Michael Merrifield (D), Rep. Lois Court (D)

Status: Failed in Senate State, Veterans and Military Affairs (3-2)

 Would have enabled competent, terminally ill adults to request life-ending medication and allowed their physicians to prescribe it. A terminal illness is defined as six months or less to live. A similar bill was introduced in 2015 and failed in first committee. Also introduced in 2016 in House.

Senate Bill 16-027: Medicaid Option for Prescribed Drugs by Mail

<u>Sponsors</u>: Sen. Beth Martinez Humenik (R), Rep. Dianne Primavera (D) Status: Governor Signed

 Authorizes people on Medicaid who have chronic conditions to receive prescriptions to treat those conditions through the mail. HCPF will encourage patients to use their local retail pharmacies for mail delivery.

Senate Bill 16-039: Mental Health and Collaborative Management Teams

Sponsors: Sens. Linda Newell (D) and Beth Martinez Humenik (R), Rep. Pete Lee (D)

Status: Failed in House Public Health Care and Human Services (11-0)

 Would have added mental health professionals to the teams that provide services and supports to children in need. They would have joined professionals such as local health department representatives and probation services staff to provide services. The bill passed the Senate unanimously, but sponsors decided afterward that it needed to be reworked.

Senate Bill 16-042: Immunity for Persons Involved In Overdose Events

Sponsors: Sen. Irene Aguilar (D), Rep. Dominick Moreno (D)

Status: Failed in Senate Judiciary (3-2)

• Would have broadened the definition of who can qualify for immunity from being arrested or charged if they report an emergency drug or alcohol overdose to authorities.

Senate Bill 16-069: Community Paramedicine Regulation

Sponsors: Sen. Leroy Garcia, Jr. (D), Rep. Dan Pabon (D)

Status: Governor Signed

 Allows the state to license and regulate community paramedics, or certified emergency medical providers who work outside of hospitals. Rules for these professionals must be adopted by January 2018. The bill was heavily amended throughout the session to make it more detailed. Includes a \$74,000 appropriation.

Senate Bill 16-080: Marijuana Grows Enclosed Space Requirements

Sponsors: Sen. Linda Newell (D)

Status: Governor Signed

• Standardizes security requirements for homes where marijuana is grown by making medical marijuana subject to the same rules as retail marijuana.

Senate Bill 16-090: Marijuana Health Effects Data at the Regional Level

Sponsors: Joint Budget Committee

Status: Governor Signed

 Allows CDPHE to determine if it should change from collecting data on the health effects of marijuana use from the county level, as was the case, to the regional level.

Senate Bill 16-094: District Public Health Agency Costs by County

<u>Sponsors</u>: Sen. Larry Crowder (R), Reps. Ed Vigil (D) and J. Paul Brown (R) <u>Status</u>: <u>Governor Signed</u>

Alters requirements for the treasurer seat and funding allocation for district public health agencies
in rural counties. Previously, the treasurer for these agencies had to be in the county with the
largest population and money was allocated based on the number of residents. The bill allows
county commissioners in districts with a combined population of 4,000 people or fewer to select
the county that serves as treasurer and to apportion funds using a basis other than population.

Senate Bill 16-113: Repeal Large Ammo Magazine Ban

<u>Sponsors</u>: Sen. Vicky Marble (R), Reps. Lori Saine (R) and Stephen Humphrey (R) <u>Status</u>: Failed in House State, Veterans and Military Affairs (5-4)

 Would have repealed a law passed in 2013 that prohibits the possession of large-capacity ammunition magazines, which are those that hold more than 15 rounds of ammunition.

Senate Bill 16-118: Screening to Identify Prenatal Substance Exposure

Sponsors: Sen. Linda Newell (D), Rep. Jonathan Singer (D)

Status: Failed in Senate State, Veterans and Military Affairs (3-2)

 Would have directed CDPHE to identify or develop a screening questionnaire for prenatal substance use, which would have been used by the juvenile justice system, child welfare system, early childhood providers, schools, and others. Whenever possible, information from the screening would not have been used to initiate contact with departments of human or social services.

Senate Bill 16-120: Review by Medicaid Client for Billing Fraud

Sponsors: Sen. Ellen Roberts (R), Rep. Don Coram (R)

Status: Governor Signed

 Requires HCPF to develop an explanation of benefits and accompanying educational materials for Medicaid enrollees to encourage the discovery and reporting of administrative errors or fraudulent claims. It will be provided at least every other month online or by mail to Medicaid clients who have received services.

Senate Bill 16-127: Repeal Medical Clean Claims Task Force

Sponsors: Sen. Jack Tate (R), Rep. Jeni Arndt (D)

Status: Governor Signed

Repeals the 2010 "Medical Clean Claims Transparency and Uniformity Act," which required HCPF
to establish the Clean Claims task force with the goal of developing statewide payment and claims
rules for payers and providers.

Senate Bill 16-135: Collaborative Pharmacy Practice Agreements

Sponsors: Sen. Irene Aguilar (D), Rep. Joann Ginal (D)

Status: Governor Signed

Allows health benefit plans to cover services provided by pharmacists and allow pharmacists to
enter into a collaborative pharmacy practice agreement with physicians. The professionals in
question will have to meet requirements; for example, a pharmacist must have a current Colorado
pharmacy license, must carry adequate liability insurance, and must have either earned a Pharm.D
or have at least five years of work experience as a licensed pharmacist. The bill was amended to
require that a reimbursement rate must also be agreed upon between a pharmacist and insurer.

Senate Bill 16-139: Waiver Proposal: Total-cost-of-care Model Hospitals

<u>Sponsors</u>: Sens. Ellen Roberts (R) and Mary Hodge (D), Rep. Don Coram (R) Status: Failed in Senate Health and Human Services (4-0)

 Would have required the Colorado Commission on Affordable Health Care to draft a proposal, within 60 days of the bill taking effect, to allow the state to change from reimbursing rural hospitals using a fee-for-service to a total-cost-of-care model. The change would have applied to reimbursement for Medicare and privately insured patients. Bill was requested killed by the sponsors without discussion.

Senate Bill 16-147: Suicide Prevention through Zero Suicide Model

<u>Sponsors</u>: Sens. Linda Newell (D) and Beth Martinez Humenik (R), Rep. Brittany Pettersen (D) <u>Status</u>: Governor Signed

• Establishes a suicide prevention framework under CDPHE (implemented by summer 2019) and encourages collaboration among the criminal justice system, health care providers and advocacy groups to identify people at the greatest risk for suicide. Originally, it would have encouraged providers and systems throughout the state to adopt seven core tenets of the national "zero suicide model," which the p was named after. Amended to create the "Colorado Suicide Prevention Plan" instead of the "Zero Suicide Plan." Gained \$100,000 in funding through the Long Bill (not an appropriation under SB 147).

Senate Bill 16-152: Changes and Notices for Health Care Services

Sponsors: Sen. Irene Aguilar (D), Rep. Susan Lontine (D)

Status: Failed in Senate State, Veterans and Military Affairs (3-2)

 Would have required clinics and hospitals to provide written notice to people about upcoming services that will not be covered in-network under their insurance plan. Under the bill, insurers would also have had to provide clear lists of in-network options for covered health care services.

Senate Bill 16-158: Physician Duties Delegated to a Physician Assistant

Sponsors: Sen. Kevin Lundberg (R), Rep. Dianne Primavera (D)

Status: Governor Signed

Clarifies the tasks that a physician's assistant is allowed to perform with permission from a
supervising doctor. The broad list of allowed tasks includes approving advance medical directives,
confirming medical exemptions and writing prescriptions for non-controlled drugs without direct
oversight from a doctor. The bill was viewed as an attempt to put PAs on more level ground with
nurse practitioners, who have recently gained the authority to do more for patients.

Senate Bill 16-161: Regulate Athletic Trainers

Sponsors: Sen. Larry Crowder (R), Rep. Dianne Primavera (D)

Status: Governor Signed

Reinstates oversight of athletic trainers by DORA. The legislature failed to continue DORA's
regulatory authority over trainers in the 2015 session, and this bill reestablishes that oversight by
requiring trainers to obtain a registration. It exempts school coaches and athletic directors.
Includes a \$25,000 appropriation.

Senate Bill 16-162: Medicaid Recipient Access to Medical Professionals

Sponsors: Sen. Jack Tate (R), Reps. Jovan Melton (D) and Lang Sias (R)

Status: Failed in House State, Veterans and Military Affairs (5-4)

• 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 to do so. By default, may also have put greater responsibility on Medicaid enrollees to ensure they seek out approved providers if they did not want to be charged. Currently, enrollees are not responsible for covering any costs for services (as long as the services are approved by Medicaid) regardless of the provider they visit. While sponsors highlighted the goal of improving patient access to care, opponents worried it would create incentives for Medicaid providers to leave the program.

Senate Bill 16-169: Emergency 72-hour Mental Health Procedures

<u>Sponsors</u>: Sens. Beth Martinez Humenik (R) and John Cooke (R), Reps. Tracy Kraft-Tharp (D) and Lois Landgraf (R)

Status: Governor Veto

Adds flexibility and priority to the list of places that are approved to hold people experiencing the
first three days of a mental health crisis. While emergency departments, jails and other law
enforcement facilities are allowed as temporary sites, they will be required to record and report
more data. The bill also states that these are last resorts available only if there is no space available
in designated places that are better prepared to handle such emergencies. SB 169 also calls for
stakeholder meetings to discuss needs for emergency mental health treatment and make
recommendations.

Senate Bill 16-170: Health Benefit Exchange for the Medicaid Eligible

Sponsors: Sen. Jack Tate (R)

Status: Failed in House Health, Insurance and Environment (9-4)

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 16-191: Marijuana Research from the Marijuana Tax Cash Fund

Sponsors: Joint Budget Committee

Status: Governor Signed

 Allocates about \$2 million from the marijuana tax cash fund to fund cannabis research at CSU-Pueblo. Among other research, the university will extend an existing study of the effects of retail marijuana on local law enforcement. SB 191 also gives about \$80,000 to the Department of Public Safety for an ongoing study of legalized marijuana implementation.

<u>Senate Bill 16-192</u>: Assessment Tool for the Intellectually and Developmentally Disabled

Sponsors: Joint Budget Committee

Status: Governor Signed

• Directs HCPF to choose and begin using a "needs assessment tool" for people who receive long-term services and supports. The goal is for the new tool to allow eligibility reassessments to be completed within 30 days of when they are requested.

Senate Bill 16-199: Program of All-inclusive Care for the Elderly

<u>Sponsors</u>: Sens. Ray Scott (R) and Pat Steadman (D), Reps. Brian DelGrosso (R) and Joann Ginal (D) <u>Status</u>: Governor Signed

Requires that the monthly capitated rate for programs of all-inclusive care for the elderly (PACE)
be included on contracts between PACE providers and HCPF. The bill states that the PACE rate
must be less than what would have been paid through Medicaid for a non-PACE patient. It also
creates an ombudsman to work with patients and investigate PACE-related complaints.

Senate Bill 16-202: Increasing Access to Effective Substance Use Services

Sponsors: Joint Budget Committee

Status: Governor Signed

Proposes about \$6 million in funding for substance use disorder services, which will be assessed
and delivered through Colorado's existing regional managed service organizations (MSO).
 Substance use treatment resources will be analyzed for adolescents, young adults, pregnant and
postpartum women and other adults in need of services. Funds for the MSOs will come from the
state's marijuana tax cash fund.

Senate Bill 16-206: Ban the Sale, Manufacture and Possession of Powdered Alcohol

<u>Sponsors</u>: Senate President Bill Cadman (R) and Sen. Mark Scheffel (R), House Speaker Dickey Lee Hullinghorst (D) and Rep. Crisanta Duran (D)

Status: Failed in Senate Business, Labor and Technology (5-4)

Would have prohibited the "use, possession, sale, purchase, transfer, or manufacture" of any
powdered alcohol products, and make violating the ban a Class 2 misdemeanor, which in
Colorado carries a possible jail term of three to 12 months, a fine of \$250 to \$1,000, or both. (This
class includes petty offenses.) To enact the ban, SB 206 would also have repealed provisions of HB
15-1031, which directed the state to develop rules regarding powdered alcohol if it was approved
at the federal level.