
Hebeler & Hamilton

Weekly Legislative Report
Created for
Colorado Chapter, American College of Emergency Physicians
Sine Die

Bill: <u>HB11-1019</u>	
Title:	Exempt School-based Clinics Copay
Status	Signed by Governor (03/18/2011)
Senate Sponsors	B. Boyd (D)
House Sponsors	D. Kagan (D)
Official Summary	Under certain circumstances, it is the crime of abuse of health insurance to knowingly waive a patient's required deductible or copayment and then seek payment from a third-party payor. The bill exempts health care services provided by school-based health centers from the crime.
Position	Monitor

Bill: <u>HB11-1025</u>	
Title:	Repeal Hospital Provider Fee
Status	Postponed indefinitely (02/22/2011)
Senate Sponsors	K. Lundberg (R)
House Sponsors	J. Joshi (R)
Official Summary	The bill repeals the "Health Care Affordability Act of 2009" that established hospital provider fees on outpatient and inpatient services provided by all licensed or certified hospitals.
Position	Monitor

Bill: <u>HB11-1043</u>	
Title:	Medical Marijuana
Status	House Considered Senate Amendments - result was to Concur - repass (05/11/2011)
Senate Sponsors	N. Spence (R) P. Steadman (D)
House Sponsors	T. Massey (R)

Hebeler & Hamilton

**Official
Summary**

The bill clarifies a number of provisions in the "Colorado Medical Marijuana Code". Under current law, any person applying for or who has been issued a medical marijuana license is subject to certain residency requirements. The bill narrows the application of the residency requirements to owners only, as defined by rule of the department of revenue.

A medical marijuana infused-products manufacturer is limited to having no more than 500 marijuana plants on site unless the manufacturer is granted a waiver.

A primary caregiver who cultivates medical marijuana for his or her patients must register the cultivation site and all patient identification numbers with the medical marijuana state licensing authority and comply with all zoning and building codes.

Under current law, a medical marijuana center is subject to prohibitions on unfair business practices that may include selling products below cost. The bill allows a center to sell at a reduced cost or donate medical marijuana to indigent patients. A medical marijuana center is authorized to sell clones in addition to medical marijuana and medical marijuana infused-products. A medical marijuana center is permitted to trade medical marijuana with another center in exact equal amounts and can sell that medical marijuana, but the medical marijuana may not be traded again.

Under current law, a medical marijuana license may not be issued to a

Hebeler & Hamilton

	<p>The bill clarifies that if a patient has applied for, but has not yet received, a registry identification card, the patient may present the application and a photo identification at the time of purchase in lieu of the registration card.</p> <p>The bill states that the labeling of medical marijuana-infused products is a matter of statewide concern.</p> <p>The bill creates a process by which a physician who has a restricted license to practice medicine may apply for clarification of whether the restriction prohibits the physician from making a medical marijuana recommendation.</p> <p>A primary caregiver may delegate his or her authority to another primary caregiver with whom the primary caregiver has an existing business relationship if he or she maintains a professional relationship with a patient.</p> <p>The bill states that land that is used for the cultivation of medical marijuana cannot be classified as agricultural land for tax purposes.</p> <p>The bill clarifies that medical marijuana medical records are medical records for the purposes of the theft of medical records statute. An owner, officer, or employee of a licensed medical marijuana business who releases the medical record of a patient commits a class 1 misdemeanor. The state licensing authority may adopt rules regarding licensing action against a licensed business that releases patient information.</p>
Position	Monitor

Bill: HB11-1105	
Title:	Hospital Worker Assault Protection
Status	House Considered Senate Amendments - result was to Concur - repass (05/11/2011)
Senate Sponsors	J. White (R)
House Sponsors	C. Acree (R)
Official Summary	<p>Under current law, if a person is convicted of third degree assault and the victim is a peace officer, emergency medical technician, or firefighter, the court must impose a mandatory jail term that exceeds the maximum, but is no more than twice the maximum for a class 1 misdemeanor. The bill adds hospital workers to the category of victims that trigger the enhanced sentencing.</p> <p>Under current law, it is third degree assault to throw various bodily fluids at a peace officer, emergency medical technician, or firefighter. The bill adds hospital workers to that list.</p>
Position	Monitor

Hebeler & Hamilton

Bill: [HB11-1106](#)

Title:	Recover Actual Damages Personal Injury
Status	Postponed indefinitely (03/29/2011)
Senate Sponsors	E. Roberts (R)
House Sponsors	B. Gardner (R)
Official Summary	<p>The purpose of this bill is to restate and reaffirm the general assembly's intent that the common-law collateral source rule is abrogated and to indicate that a recent decision of the Colorado supreme court (Volunteers of America v. Gardenswartz) interpreting the statute on reduction of damages for payments from collateral sources is contrary to the general assembly's intent to prevent compensatory damage awards for medical expenses from exceeding the amount accepted by the health care service provider for treating the injured party.</p> <p>In an action by a person or a legal representative to recover economic damages, the recoverable damages for reasonable and necessary medical or health care, treatment, or services shall include only those amounts actually paid by or on behalf of the injured person to the providers. The bills states that if payment for medical or health care services has not been made at the time of trial or arbitration, the recoverable amounts shall be limited to the amounts customarily accepted by the providers in satisfaction of their bills.</p>
Position	Monitor

Bill: [HB11-1128](#)

Title:	Protect Complaint Documents Discovery
Status	Postponed indefinitely (03/22/2011)
Senate Sponsors	S. Williams (D)
House Sponsors	J. Riesberg (D)
Official Summary	<p>The bill protects from subpoena or discovery in a civil lawsuit against a state-regulated professional documents resulting from a complaint against the professional that are held by the director of the division of registrations, in the case of a complaint against an addiction counselor, or by the following regulatory boards:</p> <ul style="list-style-type: none">• The state board of accountancy;• The state board of pharmacy;

Hebeler & Hamilton

	<ul style="list-style-type: none"> • The Colorado podiatry board; • The state board of chiropractic examiners; • The state board of dental examiners; • The state board of nursing and the nurse aide advisory committee; • The board of examiners of nursing home administrators; • The state board of psychologist examiners; • The state board of social work examiners; • The state board of licensed professional counselor examiners; • The state board of marriage and family therapist examiners; and • The state grievance board. <p>The protected documents include the complaint, response, investigation report, notes, and memoranda.</p>
Position	Monitor

Bill: HB11-1143

Title:	Off-label Use Of Prescription Drugs
Status	Postponed indefinitely (02/15/2011)
Senate Sponsors	I. Aquilar (D)
House Sponsors	C. Duran (D)
Official Summary	Current law allows the off-label use of prescription drugs only for the treatment of cancer. The bill allows the off-label use of prescription drugs for the treatment of life-threatening diseases and conditions and for the treatment of chronic and seriously debilitating conditions as long as certain conditions are met.
Position	Monitor

Bill: HB11-1148

Title:	Disclosure Health Worker Employment Information
Status	Signed by Governor (03/23/2011)
Senate Sponsors	B. Boyd (D)
House Sponsors	J. Labuda (D) B. Nikkel (R)

Hebeler & Hamilton

Official Summary	The bill allows current and former employers to disclose certain information about a health care worker in response to a request from a prospective employer of the health care worker. The disclosing employer is granted immunity from civil liability for the good faith disclosure of information. The bill also creates an exception to the current prohibitions against blacklisting for the disclosure of information.
Position	Monitor

Bill: HB11-1152

Title:	Health Care Workforce Data Collection
Status	Postponed indefinitely (02/15/2011)
Senate Sponsors	B. Boyd (D)
House Sponsors	J. Labuda (D)
Official Summary	The bill requires the director of the division of registrations (director) to implement a system to collect workforce data from specified health care professionals. The data is required to be anonymous and extractable for research purposes. The director is also required to provide the option for health care professionals to provide additional workforce data through a voluntary on-line survey. The director will designate an advisory group to develop the structure of the mandatory questions and the on-line survey and to advise the director regarding the appropriate release of the data to the public.
Position	Monitor

Bill: HB11-1171

Title:	Study Constitutional Health Care Moneys
Status	Postponed indefinitely (02/22/2011)
Senate Sponsors	P. Steadman (D)
House Sponsors	M. Ferrandino (D)
Official Summary	Certain provisions of the state constitution that are enumerated in the bill dedicate moneys from specific revenue sources to support specific health care programs or uses. Due to the passage of the "Health Care Affordability Act of 2009" and the federal "Patient Protection and Affordable Care Act", and related federal laws and regulations, the dedication of certain moneys in the state constitution may be inefficient or obsolete. Further, the state economic downturn and the desirability of drawing federal matching dollars may warrant revisions to the

Hebeler & Hamilton

	<p>constitutional requirements relating to certain sources of revenue.</p> <p>The bill creates a 15-member study committee consisting of 6 legislators, the governor, or his designee, and nonlegislative members who shall be appointed by the senate president, the speaker of the house of representatives, and the governor, and shall include members representing various stakeholder groups.</p> <p>The study committee shall meet no more than 3 times during the legislative interim and shall consider the following issues:</p> <ul style="list-style-type: none"> • What changes, if any, may be proposed to section 21 (5) (a), (5) (b), and (5) (e) of article X of the state constitution due to the passage of state and federal health care reform; • What changes, if any, may be proposed to section 21 (5) (b) of article X of the state constitution to ensure that revenues collected pursuant to that section are eligible for federal matching dollars; • What changes, if any, may be proposed to section 7 (b) of article XXIV of the state constitution that would allow the general assembly to appropriate moneys placed in the stabilization fund created in that section; and • What changes, if any, may be proposed to section 7 (c) of article XXIV of the state constitution due to the passage of certain state and federal health care reform laws. <p>The study committee shall be limited to consideration of the issues specified in the bill and any issues necessarily related to the study of those issues. The legislative and nonlegislative members of the study committee shall serve without compensation or reimbursement for expenses.</p> <p>On or before November 30, 2011, the study committee shall submit written recommendations to the joint budget committee, the health and human services committee of the senate, the health and environment committee of the house of representatives, and the governor.</p> <p>The provisions of the bill repeal, effective July 1, 2012.</p>
Position	Monitor

Bill: HB11-1173	
Title:	License Naturopathic Doctors
Status	Postponed indefinitely (03/01/2011)
Senate Sponsors	C. Jahn (D)
House Sponsors	J. Riesberg (D)
Official Summary	Currently, naturopathic doctors are not regulated by the state and are not required to obtain a license to practice naturopathic medicine in

Colorado. The bill requires naturopathic doctors to obtain a license to practice in Colorado on or after July 1, 2012. The director of the division of registrations in the department of regulatory agencies (department) is tasked with all functions necessary to regulate naturopathic doctors, including adopting rules, establishing application procedures, approving education and training, and disciplining naturopathic doctors. To be licensed by the state, a naturopathic doctor must:

- Be at least 18 years of age;
- Have a bachelor's degree and a doctor of naturopathy degree from an approved naturopathic medical college;
- Have completed at least 1,200 hours of approved clinical training before obtaining the doctoral degree;
- Pass a competency-based naturopathic licensing examination; and
- Not have had a license to practice as a naturopathic doctor or other health care license, registration, or certification refused, revoked, or suspended by another jurisdiction.

The bill prohibits a licensed naturopathic doctor from engaging in certain acts such as:

- Prescribing, dispensing, administering, or injecting a controlled substance or device;
- Performing surgical procedures;
- Practicing or claiming to practice as another licensed health care professional;
- Using general or spinal anesthetics;
- Administering ionizing radioactive substances for therapeutic purposes;
- Performing chiropractic adjustments or manipulations, physical therapy, acupuncture, obstetrics, or colonic irrigation; and
- Treating cancer, engaging in prescription and intravenous chelation, or treating a child under 2 years of age without first obtaining a waiver from the child's parent or guardian.

Naturopathic doctors are required to make certain written disclosures to their patients, obtain a written acknowledgment from the patient that he or she has received the disclosures, and maintain the patient's acknowledgment for 7 years after services are rendered to the patient. Additionally, naturopathic doctors are to advise a patient who is under the care of a physician that he or she should inform the physician of the treatment by the naturopathic doctor and are to refer patients seeking treatment for cancer to an oncologist.

The bill grants title protection to licensed naturopathic doctors and creates penalties for unauthorized practice as a naturopathic doctor. The bill also establishes grounds for disciplining a licensed naturopathic doctor and sets forth the methods of and procedures for disciplining a licensee.

Naturopathic doctors are required to obtain professional liability

Hebeler & Hamilton

	<p>insurance and are responsible for their acts and omissions in the practice of naturopathic medicine. Certain health care providers are shielded from liability resulting from a naturopathic doctor's practice of naturopathic medicine but are liable for grossly negligent, willful, or wanton acts or omissions of a naturopathic doctor with whom they have a business or supervisory relationship.</p> <p>The licensing of naturopathic doctors is subject to sunset review by the department and is set to repeal on September 1, 2017.</p>
Position	Monitor

Bill: HB11-1175	
Title:	Health Care Prof Transparency Act
Status	Postponed indefinitely (02/22/2011)
Senate Sponsors	J. Morse (D)
House Sponsors	D. Balmer (R)
Official Summary	<p>The bill enacts the "Health Care Professional Transparency Act". The bill requires health care practitioners to identify the type of professional license they hold in an advertisement for health care services. Advertisements for health care services must be free from deceptive or misleading information. Health care practitioners working in patient care settings must post and communicate the practitioner's specific licensure by:</p> <ul style="list-style-type: none"> • Wearing a photo identification name tag during all patient encounters. The name tag must contain a recent photo, the practitioner's name, the type of license the practitioner holds, and the expiration date of the license. • Displaying in the practitioner's office a written notice clearly identifying the type of license held by the practitioner; • Complying with these requirements at all office locations where the practitioner sees patients; • Posting a schedule of regular hours when a medical doctor or osteopathic doctor is present in offices where the practitioner practices in collaborative settings with other non-M.D. or non-D.O. practitioners; and • Informing a patient or the patient's family, or both, when a portion of patient care is performed by a qualified provider other than a medical doctor or doctor of osteopathic medicine. <p>Violations of the bill are punished as acts of unprofessional conduct under the appropriate licensure laws governing the respective health care practitioner. The bill specifies that in the event of violations any fees or charges paid by a patient must be refunded to the patient.</p>

Hebeler & Hamilton

Position	Monitor
-----------------	---------

Bill: [HB11-1217](#)

Title:	Expand Access Health Care
Status	House Considered Senate Amendments-Result was to Adhere (05/11/2011)
Senate Sponsors	B. Boyd (D)
House Sponsors	C. Acree (R)
Official Summary	<p>The bill enacts measures to expand access to health care in Colorado, including the following:</p> <ul style="list-style-type: none">• Section 1 of the bill expands the school-based health center grant program administered by the prevention services division in the department of public health and environment to allow the division to award grants to center operators to offer rehabilitative services at existing centers.• Sections 2 and 3 of the bill expand eligibility for participation in the state loan repayment program to health care providers who do not provide primary care services, practice in a for-profit setting, or are otherwise not currently eligible. These providers' eligibility is contingent upon their agreement to provide services in underserved areas of the state and upon a corresponding expansion of the federal government's national loan repayment program.• Section 4 charges the center for improving value in health care (CIVHC), which was established in 2008 by an executive order of the governor, with studying and recommending improvements to the system for reimbursing health care providers who deliver care to recipients of the state's public medical assistance programs as well as to insured individuals.• Section 5 requires the department of health care policy and financing to reimburse providers for medical care, services, or goods provided to medicaid recipients, regardless of the location of the service delivery, and to seek a waiver from the United States department of health and human services if necessary to implement this requirement.• Sections 6 and 7 authorize the state and local governments to enter into agreements with health care providers to allow the providers to use available space in a building owned by the state or local government and located in a federally designated health professional shortage area for purposes of providing access to health care to persons residing in close proximity to the public

Hebeler & Hamilton

	<p>building. As a condition of the agreement to use space in the public building, the health care provider must agree to accept medicaid patients at those sites.</p> <ul style="list-style-type: none"> • Section 8 extends governmental immunity to health care practitioners who provide care to patients, including medicaid patients, in available space in a public building located in a federally designated health professional shortage area pursuant to an agreement authorized by section 6 or 7 of the bill.
Position	Monitor

Bill: HB11-1245

Title:	Patient-centered Medical Homes For Adults
Status	Postponed indefinitely (02/24/2011)
Senate Sponsors	I. Aquilar (D)
House Sponsors	J. Kefalas (D)
Official Summary	<p>The bill defines a patient-centered medical home as one that provides services to adults, including the core principles relating to patient-centered medical homes.</p> <p>No later than January 1, 2014, the bill requires public payors and health insurance carriers to make care coordination payments to health care providers who provide services as part of a patient-centered medical home.</p> <p>The bill does not prohibit nor discourage public payors and health insurance carriers from making care coordination payments prior to January 1, 2014, and does not prohibit the implementation of payment reform, care coordination, or health care delivery reform developed or initiated on or before the effective date of the bill.</p>
Position	Monitor

Bill: HB11-1250

Title:	No Medical Marijuana Ingestible Products
Status	House Considered Senate Amendments - result was to Concur - repass (05/11/2011)
Senate Sponsors	S. Renfroe (R)
House Sponsors	C. Acree (R)

Hebeler & Hamilton

Official Summary	Current law permits a medical marijuana-infused products licensee to produce edible products. The bill would prohibit medical marijuana-infused consumable food and beverage product manufacturing and sale.
Position	Monitor

Bill: HB11-1261

Title:	DUI Per Se For Excess THC In Blood
Status	Senate Second Reading Special Order-Lost with Amendments (05/09/2011)
Senate Sponsors	B. Boyd (D) S. King (R)
House Sponsors	M. Waller (R) C. Levy (D)
Official Summary	The bill allows a person who drives with a tetrahydrocannabinols (THC) blood content of 5 nanograms or more to be charged with DUI per se.
Position	Monitor

Bill: HB11-1273

Title:	Health Care Opportunity Patient Empower
Status	Postponed indefinitely (05/11/2011)
Senate Sponsors	M. Kopp (R)
House Sponsors	B. Nikkel (R) A. Stephens (R)
Official Summary	The bill enacts the "Health Care Opportunity and Patient Empowerment Act", which requires the executive directors of the departments of health care policy and financing, public health and environment, and labor and employment and the commissioner of insurance, in consultation with other state agencies and stakeholders they deem appropriate, to develop a health care interstate compact that would allow signatory states to opt out of federal health care reform legislation as well as any other federal law regulating health care and instead regulate health care in each signatory state in the manner determined appropriate for that state by its legislature. The executive directors and commissioner are to keep the general assembly apprised of its progress through periodic reports to specified committees of reference of the senate and house of representatives.
Position	Monitor

Bill: HB11-1281

Title:	Health Care Professional Loan Forgiveness
---------------	---

Hebeler & Hamilton

Status	Sent to Governor (05/10/2011)
Senate Sponsors	B. Boyd (D)
House Sponsors	J. Joshi (R)
Official Summary	<p>Under current law, collegeinvest administers the nursing teacher loan forgiveness pilot program to assist nursing faculty in paying off student loans. Additionally, the Colorado commission on higher education (commission) administers the nursing faculty fellowship program, which funds fellowships for persons employed in a nursing school teaching position.</p> <p>The bill retains the authority of collegeinvest to administer remaining obligations under the current nursing teacher loan forgiveness program, eliminates the authority of collegeinvest to enter into any new loan repayment obligations under the nursing teacher loan forgiveness program, repeals the nursing faculty fellowship program, and expands the health professional loan repayment program, known as the Colorado health service corps, which is administered by the primary care office (office) in the department of public health and environment, to allow health care professional faculty members to obtain loan repayment through the Colorado health service corps.</p> <p>The bill retains \$132,000 of the balance in the nursing teacher loan forgiveness fund for purposes of paying outstanding loan repayment obligations and transfers the remaining balance in the nursing teacher loan forgiveness fund to the general fund. Additionally, starting July 1, 2011, \$250,000 of the second tier of tobacco settlement moneys are annually allocated to the Colorado health service corps fund, and the current allocation to the short-term grants for innovative health program grant fund is reduced by a corresponding amount.</p>
Position	Monitor

Bill: SB11-008	
Title:	Aligning Children's Medicaid Eligibility
Status	Signed by Governor (04/08/2011)
Senate Sponsors	B. Boyd (D)
House Sponsors	C. Gerou (R)
Official Summary	The bill increases the current medicaid income eligibility threshold of 100% of the federal poverty line for children who are between 6 and 19 years of age to equal the income eligibility threshold for pregnant women and children from birth to 5 years of age, which is currently set at 133% of the federal poverty line.

Hebeler & Hamilton

Position	Monitor
-----------------	---------

Bill: <u>SB11-012</u>	
Title:	Student Possession Prescription Drugs
Status	Signed by Governor (03/25/2011)
Senate Sponsors	G. Brophy (R)
House Sponsors	T. Massey (R)
Official Summary	<p>The bill eliminates statutory language requiring a student to have a treatment plan before he or she may possess or self-administer medication to treat his or her asthma, food or other allergy, anaphylaxis, or other related, life-threatening condition. A student may possess and self-administer on school grounds, upon a school bus, or at any school-sponsored event any medication that is prescribed by a physician to be used by the student (prescribed medication). A school district board of education (district board) may adopt a policy that restricts a student from possessing and self-administering a prescribed medication. In adopting such a policy, the district board shall comply with rules promulgated by the state board of education (state board).</p> <p>On or before January 1, 2012, the state board shall promulgate rules for district boards that wish to adopt policies restricting students' possession and self-administration of prescription medication. The rules shall require that before adopting any such policy, a district board make a determination that a student's possession or self-administration of a prescription medication poses a significant risk of harm to the student or to other students, which risk of harm outweighs the risk posed to the student by the enforcement of the policy. The rules shall also describe factors that a district board shall consider before making such a determination.</p>
Position	Monitor

Bill: <u>SB11-040</u>	
Title:	Coach Youth Sports Concussions Education
Status	Signed by Governor (03/31/2011)
Senate Sponsors	L. Newell (D) N. Spence (R)
House Sponsors	K. Summers (R) N. Todd (D)
Official Summary	Each public and private middle school, junior high school, or high school, and each private club or recreation facility is directed to require

Hebeler & Hamilton

	<p>each coach with primary supervisory responsibility for a youth athletic activity to complete annual concussion recognition education. The education must include:</p> <ul style="list-style-type: none"> • Information on how to recognize the signs and symptoms of a concussion; • The means of obtaining proper medical attention for a person suspected of having a concussion; and • Information on the nature and risk of concussions. <p>If the coach suspects that a youth athlete has sustained a concussion, the bill requires the coach to immediately remove the youth athlete from a game, competition, or practice. Unless the signs or symptoms of a concussion can be readily explained by another condition, the youth athlete is not permitted to return to the game, competition, or practice unless the youth athlete has been evaluated by a health care provider and has received written clearance to return to play from the licensed health care provider.</p> <p>The bill provides limited immunity to volunteer coaches and other individuals who assist as volunteers for youth athletic activities and to members of the board of directors or governing boards of a school district, private club, or recreation facility.</p> <p>A youth athletic activity includes an organized athletic activity where the majority of the participants are 11 years of age or older and under 19 years of age.</p>
Position	Pro

Bill: <u>SB11-042</u>	
Title:	Presumed Consent Organ Tissue Donation
Status	Postponed indefinitely (02/09/2011)
Senate Sponsors	L. Guzman (D)
House Sponsors	D. Pabon (D)
Official Summary	The bill changes the organ donation program so that a person is presumed to have consented to organ and tissue donation at the time the person applies for or renews a driver's license or identification card unless the person initials a statement that states that the person does not want to be considered as a possible organ and tissue donor. Current law allows a person to opt in to the organ donation program. The bill requires the department of revenue to change the driver's license application and renewal process to reflect the change.
Position	Monitor

Bill: <u>SB11-049</u>	
------------------------------	--

Hebeler & Hamilton

Title:	Ban On Use Of Prone Restraints
Status	Postponed indefinitely (03/22/2011)
Senate Sponsors	S. Williams (D)
House Sponsors	S. Ryden (D)
Official Summary	<p>The bill amends the "Protection of Persons from Restraint Act" (the act) to include the definition of "prone restraint". The bill prohibits an employee or contractor of certain entities, including but not limited to state and local government agencies and school districts, from using a prone restraint on a person. The prohibition on the use of a prone restraint applies to the department of corrections, law enforcement agencies, the juvenile probation department, or a county department of social services performing duties relating to abuse and neglect, which entities are otherwise exempted from the act. The term "prone restraint" does not include the use of reasonable and appropriate physical force by a peace officer necessary to arrest a person or to prevent that person's escape or by a guard, peace officer, or employee of a detention center to prevent escape.</p> <p>The bill also prohibits the use of a prone restraint on a person with a developmental disability who is receiving care and treatment.</p>
Position	Monitor

Bill: [SB11-087](#)

Title:	Medical Exemption Tiered Rate Plan
Status	Signed by Governor (03/29/2011)
Senate Sponsors	B. Boyd (D)
House Sponsors	R. Fields (D) D. Beezley (R)
Official Summary	The bill authorizes the public utilities commission to adopt rules creating an exemption from tiered electricity rate plans based on a customer's medical condition.
Position	Monitor

Bill: [SB11-088](#)

Title:	Sunset Review Direct-entry Midwives
Status	Senate Consideration of First Conference Committee Report result was to Adopt Report-Repas (05/11/2011)

Hebeler & Hamilton

Senate Sponsors	M. Carroll (D) K. Lundberg (R)
House Sponsors	C. Acree (R)
Official Summary	<p>Sunset Process - Senate Health and Human Services Committee. The bill implements the recommendations set forth by the department of regulatory agencies in its 2010 sunset review of the regulation program for direct-entry midwives (program).</p> <p>Sections 1, 2, and 3 of the bill continue the program for 5 years, until September 1, 2016. Section 4 prohibits a certified nurse-midwife from being simultaneously licensed as a nurse and registered as a direct-entry midwife. Section 5 clarifies applicable definitions. Sections 6, 7, 8, 10, 12, and 13 make technical changes and corrections to existing language.</p> <p>Section 9 gives direct-entry midwives limited prescriptive authority to obtain and administer vitamin K, Rho(D) immune globulin, and antihemorrhagic drugs, subject to stated limitations and rules of the director of the division of registrations (director), beginning March 31, 2012. Section 9 also gives direct-entry midwives the authority to obtain eye prophylaxis, which they are already authorized and directed to administer to newborns, and to perform suturing and administration of intravenous fluids in accordance with rules of the director.</p> <p>Section 11 clarifies the distinction, for disciplinary penalty purposes, between serious violations of the standards of practice and less serious violations of applicable statutes and rules. Section 11 also:</p> <ul style="list-style-type: none"> • Requires the director to adopt rules establishing a fine structure and the circumstances under which fines may be imposed; • Adds to the list of violations for which suspension or revocation is authorized a failure to respond in a full and timely manner to a complaint and a failure to comply with an order of the director; • Amends language referring to "habitual intemperance" with regard to drugs or alcohol; and • Makes technical amendments and corrections to existing statutory language.
Position	Monitor

Bill: SB11-114	
Title:	Sunset Prescription Drug Monitoring Program
Status	Postponed indefinitely (02/25/2011)
Senate Sponsors	J. Foster (D) S. Mitchell (R)

Hebeler & Hamilton

House Sponsors	C. Duran (D)
Official Summary	Sunset Process - Senate Health and Human Services Committee. The bill implements the recommendations set forth by the department of regulatory agencies in its 2010 sunset review of the electronic prescription drug monitoring program (program). Sections 1, 2, and 3 of the bill continue the program for 5 years, until September 1, 2016. Sections 4, 5, and 6 of the bill repeal the prescription controlled substance abuse monitoring advisory committee. Sections 7 and 8 allow law enforcement officials and the office of investigations within the division of registrations access to prescriber information in the program as long as the practitioner is the subject of a bona fide investigation and the request for information is accompanied by a subpoena or official court order. Section 8 also requires the state board of pharmacy to promulgate rules requiring the dispensing pharmacy to disclose to the patient receiving a controlled substance that his or her prescription information will be entered into the program database. Section 9 removes the annual cap on the fee paid by prescribers to support the program and limits the fee to reflect the approximate costs of the program. Section 10 requires that all fines collected for the misuse of program data be deposited in the general fund instead of the prescription drug monitoring fund. Section 11 requires the program to track prescriptions dispensed, rather than written, in Colorado. Sections 12 and 13 make conforming amendments.
Position	Monitor

Bill: [SB11-134](#)

Title:	Prohibit Synthetic Cannabinoids Salvia
Status	House Third Reading-Passed (05/11/2011)
Senate Sponsors	M. Kopp (R)
House Sponsors	C. Murray (R) E. Vigil (D)
Official Summary	The bill defines "synthetic cannabinoids" and adds salvia and synthetic cannabinoids to the statutory list of schedule I controlled substances for purposes of the "Uniform Controlled Substances Act of 1992", article 18 of title 18, Colorado Revised Statutes. Synthetic cannabinoids shall not be considered medical marijuana under Colorado law.
Position	Monitor

Bill: [SB11-168](#)

Title:	Colorado Health Care Cooperative
Status	Senate Second Reading Special Order - Laid Over to 5/10/2011

Hebeler & Hamilton

	(05/09/2011)
Senate Sponsors	I. Aguilar (D)
House Sponsors	J. Kefalas (D)
Official Summary	<p>The bill creates the Colorado health care authority (authority). The mission of the authority is to design the Colorado health care cooperative (cooperative) to be the benefits administrator and payer for health care services. The authority shall recommend a cooperative to the general assembly and, if approved, it shall be referred to the voters by referred measure.</p> <p>The president of the senate, the speaker of the house, and the governor shall each appoint members to the board of directors (board) of the authority who shall employ an administrator and other officers to help design and develop the cooperative. The cooperative will be designed in collaboration with parties who may be affected by the cooperative. The bill requires that the board make recommendations concerning specific elements to become part of the cooperative, including:</p> <ul style="list-style-type: none"> • Election of board members to the cooperative; • Health care services that will be part of the cooperative; • Payment systems for the cooperative; • Regulation and evaluation of health care services; • Methods for coordinating alternate insurance plans with the cooperative; • Benefit design and provider rates and reimbursement; • Maintaining a marketplace with health care choices; • Cooperative members' participation in their health care; • Development of information technology for the cooperative; • Data collection to determine best practices; • Transparency of the financial operation of the cooperative; and • Health and wellness maintenance and education. <p>The board is required to include a financing recommendation to the general assembly based on projected costs and federal waivers and includes available state and local government revenues. The bill contains other specified options that the board may include in its recommended financing package. The board is required to design a method for refunding savings to members of the cooperative and to employers. The board is required to develop a plan to deal with budget shortfalls.</p> <p>The bill specifies services that must be included in a benefits package designed by the board. The bill specifies that the cooperative shall serve as secondary insurance to any other insurance.</p> <p>The board is authorized to seek gifts, grants, and donations to</p>

Hebeler & Hamilton

	implement the authority and the board to design the cooperative and is required to seek federal funds and grants available for the cooperative. The board is required to seek input and collaborate with the department of public health and environment, the department of health care policy and financing, and the general assembly to seek waivers, exemptions, and agreements from the federal government for funding for the authority and the cooperative.
Position	Monitor

Bill: SB11-192

Title:	Continue Prescription Drug Monitor Program
Status	Senate considered House amendments-result was to concur-repass (05/10/2011)
Senate Sponsors	I. Aguilar (D) N. Spence (R)
House Sponsors	T. Massey (R)
Official Summary	Sections 1 and 2 of the bill continue the electronic prescription drug monitoring program until July 1, 2021. Sections 3, 4, and 5 of the bill repeal the prescription controlled substance abuse monitoring advisory committee. Sections 6, 7, and 8 make conforming amendments.
Position	Pro

Bill: SB11-200

Title:	Health Benefit Exchange
Status	Senate considered House amendments-result was to concur-repass (05/05/2011)
Senate Sponsors	B. Boyd (D)
House Sponsors	A. Stephens (R)
Official Summary	The bill creates the Colorado health benefit exchange (exchange) as a nonprofit unincorporated public entity. The exchange is governed by a board of directors consisting of 9 members appointed by the governor, the president of the senate, the speaker of the house of representatives, and the minority leaders of the senate and the house of representatives, and 3 ex officio nonvoting members. The board is responsible for: <ul style="list-style-type: none"> • Appointing an executive director to administer the exchange;

Hebeler & Hamilton

	<ul style="list-style-type: none"> • Creating operational and financial plans; • Applying for planning and establishment grants; • Creating technical and advisory groups; • Providing a written report to the governor and the general assembly regarding the planning and establishment of the exchange; • Reviewing internet portals for use by the exchange; • Considering the structure of the exchange; • Considering the appropriate size of the small employer market; and • Investigating requirements, developing options, and determining waivers to ensure that the best interests of Coloradans are protected. <p>The board may enter into information-sharing agreements with federal and state agencies and other state exchanges.</p> <p>The bill also establishes the legislative health benefit exchange implementation review committee (committee) to provide oversight of the exchange. The committee may report up to 5 bills or other measures to the legislative council each year. The committee is responsible for reviewing grants applied for by the board and for reviewing the financial and operational plans of the exchange.</p> <p>Five years after the act becomes law, the legislative service agencies of the general assembly will conduct a post-enactment review of its implementation.</p>
Position	Monitor

Bill: <u>SB11-205</u>	
Title:	APN Participating Provider Status
Status	Postponed indefinitely (05/05/2011)
Senate Sponsors	L. Tochtrop (D)
House Sponsors	J. Miklosi (D)
Official Summary	<p>Current law prohibits health insurance carriers offering health benefit plans in rural areas of the state from discriminating between physicians and advanced practice nurses (APNs) when establishing reimbursement rates for covered services provided, regardless of whether the services are provided by a physician or APN. Additionally, when evaluating applications by APNs for participating provider status, the carrier is to use objective and reasonable criteria and take into account provider-to-covered-person ratios for covered benefits that an APN can provide and, if the carrier denies the application, notify the APN and provide the reason for the denial.</p> <p>The bill eliminates the limited applicability of the nondiscrimination</p>

Hebeler & Hamilton

	<p>provision, thereby prohibiting carriers offering health benefit plans anywhere in the state from discriminating between physicians and APNs, and extends the nondiscrimination provisions to prohibit a carrier from discriminating between physicians and APNs with regard to determining participating provider status.</p> <p>The bill further requires a carrier to notify an APN of its determination on a participating provider status application within 90 days after receipt of the application and, in the case of a denial, to notify the APN in writing of its specific reasons for the denial. If the APN so requests, the carrier must also provide the APN with a written, clear, and understandable explanation of the objective and reasonable criteria it used in making its determination.</p> <p>Carriers are prohibited from restricting the scope of practice or requiring supervision of an APN, in a manner not otherwise required by the "Nurse Practice Act", as part of granting participating provider status to the APN. For purposes of enforcing these requirements, APNs are afforded the same remedies as would be available for health care providers who enter a contract with a carrier, including a private right of action, equitable relief, reasonable attorney fees and costs if the APN prevails, and the ability to resolve the dispute through arbitration. Additionally, if the carrier violates these requirements, the carrier is subject to penalties for engaging in an unfair or deceptive act or practice in the business of insurance.</p>
Position	Monitor

Bill: <u>SB11-227</u>	
Title:	Repeal Exception To Child Restraint Law
Status	House Third Reading-Passed (05/09/2011)
Senate Sponsors	E. Hudak (D)
House Sponsors	S. Ryden (D) G. Vaad (R)
Official Summary	Generally, Colorado law requires a child under 8 years of age who is being transported in a motor vehicle to be restrained in a child restraint system. Senate Bill 10-110 excepted from that requirement a child weighing more than 40 pounds being transported in a motor vehicle in which the rear seat was not equipped at the time of manufacture with combination lap and shoulder belts. In order for the state to be eligible to receive certain federal funds, the bill repeals that exception.
Position	Monitor

Bill: <u>SB11-250</u>	
Title:	Pregnant Women Medicaid Eligibility

Hebeler & Hamilton

Status	House Third Reading-Passed (05/09/2011)
Senate Sponsors	B. Boyd (D)
House Sponsors	M. Ferrandino (D) K. Summers (R)
Official Summary	In order to comply with federal requirements to preserve federal funding for prenatal coverage in the CHP+ program, the bill increases the income level for eligibility for pregnant women in medicaid from 133% to 185% of the federal poverty line.
Position	Monitor