



Colorado Rural Health Center

2015 Legislative Session | Official Bill Positions

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Bill Identified for Support

HB15-1015	Interstate Compact EMS Providers
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DATE INTRODUCED: 1/7/2015

CRHC POSITION ADOPTED: 2/18/2015

HOUSE SPONSORS: [F. Winter \(D\)](#)

SENATE SPONSORS: [J. Cooke \(R\)](#)

OTHER SUPPORTERS:

Denver Health

AARP

Colorado Academy of Family Physicians

Colorado Hospital Association

EMS Services of Colorado

Colorado Academy of Family Physicians

SUMMARY: The bill authorizes the Governor to enter into an interstate compact with other states or jurisdictions to recognize and allow emergency medical services (EMS) providers licensed in a compact member state to provide EMS in Colorado. EMS providers include emergency medical technicians, advanced emergency medical technicians, and paramedics. The interstate compact will be known as the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact Act (REPLICA). The bill defines the REPLICA Commission as the national administrative body of which all states that have enacted the compact are members. For REPLICA to become effective, at least ten states must join.

RURAL HEALTH IMPACT: This bill will provide rural Coloradans with greater access to emergency medical services on the occasion that local EMS providers require additional support or expertise. Moreover, this bill may reduce the response time for EMS services to rural areas. According to HARC, the statewide average for an emergency responder to approach a scene in an urban area is five minutes, while the rural Colorado average is 30 minutes. Reducing this disparity in response time will certainly have a positive effect on the quality and efficacy of healthcare in rural areas.

ADDITIONAL INFORMATION:

[Fiscal Note \(2/5/2015\)](#)

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Bill Identified for Support

HB15-1029	Health Care Delivery Via Telemedicine
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DATE INTRODUCED: 1/7/2015

CRHC POSITION ADOPTED: 2/18/2015

HOUSE SPONSORS: [P. Buck \(R\)](#), [J Ginal \(D\)](#)

SENATE SPONSORS: [J. Kefalas \(D\)](#), [B. Martinez Humenik \(R\)](#)

OTHER SUPPORTERS:

American Academy of Pediatrics

Colorado Access

Colorado Behavioral Healthcare Council

Colorado Hospital Association

Colorado Coalition for the Medically Underserved

Colorado Medical Society

University of Colorado Health

Colorado Academy of Family Physicians

SUMMARY: Under current law, health benefit plans issued, amended, or renewed in this state cannot require in-person health care delivery for a person covered under the plan who resides in a county with 150,000 or fewer residents if the care can be appropriately delivered through telemedicine and the county has the technology necessary for care delivery via telemedicine. Starting January 1, 2017, the bill removes the population restrictions and precludes a health benefit plan from requiring in-person care delivery when telemedicine is appropriate, regardless of the geographic location of the health care provider and the recipient of care.

RURAL HEALTH IMPACT: This bill will provide all Coloradans additional access to telemedicine, particularly to specialty care without additional cost. According to HARC, nine rural counties in Colorado do not have a mental health provider. Additionally, more than 65 percent of rural Americans receive mental and behavioral healthcare from their primary care provider. Increased access to providers will have a positive effect on a variety of rural health disparities, including health outcomes related to psychiatric diagnoses and substance abuse, while simultaneously reducing the workload to rural primary care providers. Moreover, rural healthcare providers will benefit from the equivocal reimbursement rates from carriers, regardless if the service is provided in person or via telemedicine.

ADDITIONAL INFORMATION:

[Fiscal Note \(2/18/2015\)](#)

[Telehealth—It's Really Happening!](#)

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Bill Identified for Support

[HB15-1032](#)

Licensed Mental Health Professionals Treat Minors

DATE INTRODUCED: 1/7/2015

CRHC POSITION ADOPTED: 2/18/2015

HOUSE SPONSORS: [J. Singer \(D\)](#)

SENATE SPONSORS: [I. Aguilar \(D\)](#)

OTHER SUPPORTERS:

American Civil Liberties Union

National Alliance on Mental Illness

Colorado Behavioral Healthcare Council

Colorado Coalition Against Domestic Violence

Colorado Consumer Health Initiative

Colorado Association of Family and Children's Agencies

Colorado Providers Association

SUMMARY: Under current law, a minor 15 years of age or older who is involuntarily committed to receive mental health services may consent to receive voluntary mental health services from a professional person, with or without the consent of a parent or legal guardian. Professional persons are defined as licensed psychologists and physicians.

The bill expands the definition of professional persons to include social workers, marriage and family therapists, licensed professional counselors, and addiction counselors. Under the bill, the newly defined professional persons may provide mental health services to minors in this situation, with or without the consent of the parent or legal guardian. This definition applies to circumstances where a minor is being involuntarily committed to receive mental health services and then provides consent prior to receiving treatment.

RURAL HEALTH IMPACT: This bill will provide Colorado minors with additional resources, services and treatment for mental health. This bill will be especially beneficial for rural minors, as the suicide rate among rural Colorado youths is significantly higher than in urban areas. According to the Department of Regulatory Agencies (DORA), there are approximately 23,914 licensed physicians and psychologists in the state. Under this bill, approximately 19,839 additional mental health professionals in 50 Colorado counties will be eligible to provide mental health services to youth.

ADDITIONAL INFORMATION:

[Fiscal Note \(3/2/2015\)](#)

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Bill Identified for Support

HB15-1065	Regulatory Reform Act Of 2015
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DATE INTRODUCED: 1/9/2015

CRHC POSITION ADOPTED: 2/18/2015

HOUSE SPONSORS:

SENATE SPONSORS: **T. Neville (R)**

OTHER SUPPORTERS:

Colorado Hospital Association
Colorado Farm Bureau
State Farm Insurance
Rocky Mountain Health Plans
Economic Development Council of Colorado
Colorado Competitive Council
Colorado Contractors Association
Independent Bankers of Colorado

OPPOSITION:

Conservation Colorado
Colorado AFL-CIO
9to5 Colorado

SUMMARY: The bill enacts the Regulatory Reform Act of 2015. The bill says that businesses with 100 or fewer employees shall receive a written warning for minor violations not involving worker or public safety. New rules will be made available in electronic form and made available.

RURAL HEALTH IMPACT: This bill will protect small businesses in rural Colorado from first-offense penalties relating to new administrative rules that are not known or understood by these businesses. Even with less than 100 employees, rural hospitals are usually among the top three industries in a rural community. Protecting small businesses, including small healthcare providers, will positively affect rural communities that depend on employment and services from these institutions.

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Bill Identified for Support

HB15-1083	Patient Contribution Rehabilitation Services
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DATE INTRODUCED: 1/13/2015

CRHC POSITION ADOPTED: 2/18/2015

HOUSE SPONSORS: [D. Primavera \(D\)](#)

SENATE SPONSORS: [L. Crowder \(R\)](#)

OTHER SUPPORTERS:

The Arc of Colorado
Colorado Organization Responding to Aids
Colorado Chiropractic Association
Colorado Family Action, Inc.

OPPOSITION:

Denver Health
Cigna
Humana
MetLife
United Healthcare
Humana
Blue Cross Blue Shield
Kaiser Permanente

SUMMARY: The bill prohibits an insurance carrier from classifying an office visit for physical rehabilitation services provided by a physical therapist, occupational therapist, or chiropractor as a specialty service. The bill limits the copayment that may be charged for physical rehabilitation services to 50% of what the provider is paid for the visit by the carrier.

RURAL HEALTH IMPACT: This bill will ensure that physical rehabilitation services are affordable for Coloradans and thus provide additional access to these types of medical services. Early access to physical therapy services is correlated with a significant cost savings when compared to costs associated with delaying treatment because of higher co-pays. This bill is especially beneficial to rural Coloradans, who not only have less access to these services, but also typically have to pay more for them.

ADDITIONAL INFORMATION:

[Fiscal Note \(2/4/2015\)](#)

[Early Access to Physical Therapy Saves Money](#)

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Bill Identified for Support

HB15-1111	Maternal Mortality Prevention Act
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DATE INTRODUCED: 1/15/2015

CRHC POSITION ADOPTED: 2/18/2015

HOUSE SPONSORS: [E. McCann \(D\)](#)

SENATE SPONSORS: [L. Crowder \(R\)](#)

OTHER SUPPORTERS:

Colorado Medical Society

Colorado Hospital Association

Colorado Obstetrical and Gynecological Society

Colorado Midwives Association

March of Dimes, Colorado Chapter

Public Health Nurses Association of Colorado

SUMMARY: The bill creates the Colorado Maternal Mortality Review Committee within the Colorado Department of Public Health and Environment (CDPHE) to review deaths involving pregnant and postpartum women and make recommendations on prevention measures. The committee will consist of 25 members appointed for three-year terms by the Chief Medical Officer of the DPHE to represent various professions and geographic regions related to maternal mortality. Committee members will receive per diem compensation and expense reimbursement from the CDPHE.

RURAL HEALTH IMPACT: Colorado is currently 29th in the nation for maternal mortality; the leading causes of maternal death in the state include drug overdoses, motor vehicle crashes, and suicide. Rural Coloradans are unfortunately disproportionately affected by these health disparities, and as such will benefit from the recommendations brought forth by the Maternal Mortality Review Committee created by this bill. The state, including rural areas, lack a clear understanding of the trends resulting in maternal mortality, therefore the established committee is needed to make educated evaluation of the problem.

ADDITIONAL INFORMATION:

[Fiscal Note \(2/2/2015\)](#)

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Bill Identified for Support

HB15-1143	Tax Incentive For Home Health Care
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DATE INTRODUCED: 1/28/2015

CRHC POSITION ADOPTED: 2/18/2015

HOUSE SPONSORS: [E. McCann \(D\)](#)

SENATE SPONSORS: [L. Crowder \(R\)](#)

OTHER SUPPORTERS:

Occupational Therapy Association of Colorado

Home Care Association of Colorado

Colorado Association of Medical Equipment Services

Hospice and Palliative Care Assn. of the Rocky Mountains

Pediatric Homecare Coalition

Accessible Systems, Inc.

9to5 Colorado, The National Association of Working Women

SUMMARY: This bill creates a five-year income tax credit for a percentage of the costs incurred by a qualifying senior for costs assisting the qualifying senior with seeking health care in his or her home, including durable medical equipment, telehealth equipment, home modifications, or home healthcare services.

RURAL HEALTH IMPACT: The geriatric population is rising rapidly across the state, and even more so in rural areas. According to HARC, by 2018 seniors will make up 22 percent of rural populations, compared to 17.4 percent of urban population projections. Addressing the unique healthcare needs of rural seniors includes increased options for affordable options for seniors to age in place. This bill will provide rural seniors with greater economic access to home healthcare equipment and services through income tax credits up to \$3,000 annually. Moreover, this bill will provide rural healthcare providers with greater flexibility in recommending outpatient care.

ADDITIONAL INFORMATION:

[Fiscal Note \(2/18/2015\)](#)

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Bill Identified for Support

HB15-1147	Require License To Practice Genetic Counseling
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DATE INTRODUCED: 1/28/2015

CRHC POSITION ADOPTED: 2/18/2015

HOUSE SPONSORS: [J. Ginal \(D\)](#)

SENATE SPONSORS: [N. Todd \(D\)](#)

OTHER SUPPORTERS:

Colorado Academy of Family Physicians
Children's Hospital Association
Colorado Medical Society
University of Colorado Health
National Society of Genetic Counselors
Colorado Genetic Counselors Association
Colorado Society of Osteopathic Medicine

SUMMARY: The bill enacts the Genetic Counselor Licensure Act. On and after June 1, 2016, a person cannot practice genetic counseling without being licensed by the director of the division of professions and occupations in the department of regulatory agencies. To be licensed, a person must have graduated with an appropriate genetic counseling degree and have been certified by a national body, except that the director may issue a provisional license to a candidate for certification pursuant to requirements established by rule.

RURAL HEALTH IMPACT: This bill will ensure that when genetic counseling is offered in the state of Colorado, it will be by a licensed professional. Genetic counseling is a process by which patients and/or relatives at risk of an inherited disorder are advised of the consequences and nature of the disorder, the probability of developing or transmitting the disorder, and options available for management and family planning.

According to HARC, the number of deaths in rural communities due to congenital malformations is 47.1 per 100,000 people. The passage of this licensing bill will ensure all genetic counseling services offered in Colorado are professionally licensed, and hopefully reduce the number of deaths associated with these genetic disorders. Moreover, genetic counseling services can be administered via telemedicine, which is beneficial to rural Coloradans who already experience fewer options for these types of specialty medical services.

ADDITIONAL INFORMATION:

[Fiscal Note \(2/18/2015\)](#)

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Bill Identified for Support

HB15-1194	Authorize General Fund Dollars For LARC Services
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DATE INTRODUCED: 1/30/2015

CRHC POSITION ADOPTED: 2/18/2015

HOUSE SPONSORS: [D. Coram \(R\)](#), [K. Becker \(D\)](#)

SENATE SPONSORS:

OTHER SUPPORTERS:

Colorado Medical Society
Children’s Hospital Colorado
Planned Parenthood of the Rocky Mountains
Denver Health
Colorado Academy of Family Physicians
ACLU of Colorado
Colorado Consumer Health Initiative
Colorado Obstetrical and Gynecological Society
Kaiser Permanente
Colorado Association of Local Public Health Officials
Colorado Women’s Foundation

OPPOSITION:

Colorado Catholic Conference
Colorado Family Action, Inc.

SUMMARY: The Colorado Department of Public Health and Environment currently administers the family planning program. Starting in 2008, CDPHE received a multi-year grant to conduct an expanded family planning program, the primary focus of which was to expand access to long-acting reversible contraception (LARC) and related services, particularly to low-income women statewide, in order to reduce unintended pregnancies. Grant funding for the expanded program ends June 30, 2015. The bill requires the department to continue the expanded program and appropriates \$5 million from the state general fund to the department to provide LARC services in the 2015-16 fiscal year.

RURAL HEALTH IMPACT: Prior to the program in 2008, only 1 in 170 young, low-income women in Colorado received an IUD or implant. By 2011, this ratio had reduced to 1 in 15 young, low-income women in Colorado receiving an IUD or implant. This bill will continue to make long-term birth control options affordable in the state, which is especially important in rural Colorado, where incomes are statistically lower and the rate of births to teens is 1.4 times higher than in urban areas of the state, according to HARC. Moreover, according to the state fiscal note, continuing the program will likely contribute to cost avoidance or potential cost savings for pregnancy related costs that would otherwise be funded by Medicaid.

ADDITIONAL INFORMATION:

[Fiscal Note \(2/19/2015\)](#)

<http://www.aspendailynews.com/section/home/165591>

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Bill Identified for Support

HB15-1214	Abuse-deterrent Opioid Analgesic Drugs
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DATE INTRODUCED: 2/10/2015

CRHC POSITION ADOPTED: 2/18/2015

HOUSE SPONSORS: [J. Singer \(D\)](#)

SENATE SPONSORS: [J. Cooke \(R\)](#)

OTHER SUPPORTERS:

Colorado Association of Nurse Anesthetists
Pfizer
Purdue Pharma, LP
AspenPointe

OPPOSITION:

United Healthcare
CVS Health
Kaiser Permanente
Blue Cross Blue Shield

SUMMARY: The bill prohibits an opioid analgesic drug product that is not abuse-deterrent to be substituted for an abuse-deterrent opioid analgesic drug product if a healthcare provider prescribes an abuse-deterrent opioid analgesic drug product to a patient and the prescription includes the instructions dispense as written.

A carrier must cover the abuse-deterrent opioid analgesic drug product at the lowest cost-sharing level as an opioid analgesic drug product. A carrier cannot require treatment failure with an opioid analgesic drug product that is not abuse-deterrent prior to providing coverage for the abuse-deterrent opioid analgesic drug product if the prescribing healthcare provider determines that the covered person would benefit from the abuse-deterrent opioid analgesic drug product.

RURAL HEALTH IMPACT: This bill is intended to reduce prescription pain relief drug abuse, a growing problem across the nation and the state of Colorado. In 2013 alone, 893 Coloradans died from drug overdoses, and prescription opioids were a factor in a third of those deaths. Rural Coloradans will benefit from additional protection against opioid analgesic drug abuse through the proposed conditions of prescribing these potentially abusive drugs. Moreover, Coloradans requiring these types of prescriptions will not have to pay more for the abuse-deterrent drug varieties, as the bill requires carriers to cover the abuse-deterrent variety at the lowest cost-sharing level as the potentially abusive variety.

ADDITIONAL INFORMATION:

[Fiscal Note \(2/25/2015\)](#)

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Bill Identified for Support

SB15-005	Medical Testing For 1st Degree Assault
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DATE INTRODUCED: 1/7/2015

CRHC POSITION ADOPTED: 2/18/2015

HOUSE SPONSORS: [M. Foote \(D\)](#)

SENATE SPONSORS: [J. Cooke \(R\)](#)

OTHER SUPPORTERS:

Colorado Association of Chiefs of Police
Colorado Academy of Family Physicians
Denver Health and Hospital Authority

SUMMARY: Current law provides that certain persons charged with or convicted of second or third degree assault are required to undergo testing for communicable diseases. The bill expands communicable disease testing to a person charged with or convicted of first degree assault if the person's blood, seminal fluid, urine, feces, saliva, mucus, or vomit came into contact with a peace officer, firefighter, emergency medical care provider, or emergency medical service provider.

RURAL HEALTH IMPACT: According to HARC, the violent crime rate in rural Colorado was 169.47 per 100,000 people in 2014. Additionally communicable disease rates in rural Colorado are 249.4 and 97 per 100,000 for chlamydia and HIV, respectively. The potential corollary nature of these figures is concerning, especially when considering the health and safety of emergency medical professionals who respond to violent crime scenes.

This bill will extend protection against communicable diseases to valuable first responders and emergency medical professionals. These positions serve a vital role in public health and safety, especially in rural or areas with vulnerable populations. Protecting individuals from diseases contracted while performing their job duties will increase public health and safety. Moreover, the bill will not require any additional funding for these individuals or their affiliated organization, as the testing and treatment costs will be paid by the defendant.

ADDITIONAL INFORMATION:

[Fiscal Note \(2/9/2015\)](#)

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Bill Identified for Support

SB15-053	Dispense Supply of Emergency Drugs for Overdose Victims
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DATE INTRODUCED: 1/8/2015

CRHC POSITION ADOPTED: 2/18/2015

HOUSE SPONSORS: [E. McCann \(D\)](#), [S. Lontine \(D\)](#)

SENATE SPONSORS: [I. Aguilar \(D\)](#)

OTHER SUPPORTERS:

Colorado Medical Society
Colorado Hospital Association
Colorado Psychiatric Society
Colorado Academy of Family Physicians
Public Health Nurses Association of Colorado
County Sheriffs of Colorado
Colorado Criminal Defense Bar
RxPlus Pharmacies
Denver Health

SUMMARY: Under current law, physicians, physicians assistants, advanced nurse practitioners with prescriptive authority (licensed prescribers), and pharmacists (licensed dispensers) are permitted to prescribe or dispense opiate antagonists to aid specific individuals experiencing an opiate-related drug overdose event. An opiate antagonist reverses the effects of an opioid drug, is not a controlled substance and is approved by the Federal Food and Drug Administration for the treatment of a drug overdose.

The bill extends this authority by permitting licensed prescribers and licensed dispensers to also prescribe or dispense opiate antagonist drugs either by a direct prescription or a standing order directly to individuals, a friend or family member of an individual who may experience an opiate-related drug overdose, an employee or volunteer of a harm reduction organization or a first responder. Licensed prescribers and licensed dispensers may prescribe or dispense permitted opiate-antagonist drugs in a good-faith effort.

RURAL HEALTH IMPACT: This bill will significantly expand access to life-saving opiate antagonist drugs to Coloradans experiencing an opioid drug overdose. In 2013 alone, 893 Coloradans died from drug overdoses, and prescription opioids were a factor in a third of those deaths. While prescription drug abuse is decreasing across the state, deaths from heroin overdoses have increased from 79 deaths in 2011 to 118 in 2013. Increasing the availability of life saving opiate antagonists will have a significant impact in rural Colorado where healthcare options are fewer and further between.

ADDITIONAL INFORMATION:

[Fiscal Note \(1/12/2015\)](#)

[The antidote to death: harm reduction for opioid addicts draws bipartisan support](#)

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Bill Identified for Support

SB15-057	Clean Claims Task Force Reporting Requirements
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DATE INTRODUCED: 1/12/2015

CRHC POSITION ADOPTED: 2/18/2015

HOUSE SPONSORS: [A Williams \(D\)](#)

SENATE SPONSORS: [D. Balmer \(R\)](#)

OTHER SUPPORTERS:

Colorado Hospital Association

Colorado Medical Society

Colorado Obstetrical and Gynecology Society

Colorado Society of Eye Physicians and Surgeons

SUMMARY: The bill directs that the medical clean claims task force report be submitted to the commissioner of insurance and to the business, labor, and technology committee of the senate and the business, labor, economic, and workforce development committee of the House of Representatives. Under current law, the task force's final report, due January 31, 2016, must be sent to the executive director of the Department of Health Care Policy and Financing (HCPF) and the health and human service committees of the General Assembly. Under the bill, the report will be sent to the Commissioner of Insurance in the Department of Regulatory Agencies and the business committees of the General Assembly.

RURAL HEALTH IMPACT:

This bill may have a positive effect on rural health, as the findings and recommendations contained in the final report will be submitted to more appropriate Senate and House committees of the Colorado General Assembly. Moreover, according to the state fiscal note, the bill is assessed as having no fiscal impact. Changing the recipient of the task force's final report will not affect the revenue or expenditures of any state agency involved in the work of the task force.

ADDITIONAL INFORMATION:

[Fiscal Note \(1/13/2015\)](#)

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Bill Identified for Support

SB15-067	Second Degree Assault Injury to Emergency Responders
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DATE INTRODUCED: 1/14/2015

CRHC POSITION ADOPTED: 2/18/2015

HOUSE SPONSORS: [J. Joshi \(R\)](#)

SENATE SPONSORS: [J. Cooke \(R\)](#)

OTHER SUPPORTERS:

Colorado Hospital Association
County Sheriffs of Colorado
Denver Health
Emergency Medical Services Association of Colorado
University of Colorado Health
Colorado District Attorneys' Council

OPPOSITION:

Colorado Criminal Defense Bar
CO Orgs. Responding to AIDS

SUMMARY: The bill increases the class of offense from assault in the third degree to assault in the second degree for the commission of intentionally causing bodily injury to emergency medical providers, firefighters and police while performing their professional duties.

RURAL HEALTH IMPACT: According to HARC, the violent crime rate in rural Colorado was 169.47 per 100,000 people in 2014. In the event of bodily harm while performing emergency medical care duties, this bill will extend the same legal protections currently granted to medical service providers to emergency responders. These emergency care positions, such as firefighters, peace officers and EMTs, serve a vital role in public health and safety, especially in rural or areas with vulnerable populations. Extending legal protections to emergency medical care providers will increase public health and safety.

ADDITIONAL INFORMATION:

[Fiscal Note \(1/27/2015\)](#)

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Bill Identified for Support

SB15-105	Sunset Review Respiratory Therapy Practice Act
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DATE INTRODUCED: 1/23/2015

CRHC POSITION ADOPTED: 2/18/2015

HOUSE SPONSORS: [D. Primavera \(D\)](#)

SENATE SPONSORS: [B. Martinez Humenik \(R\)](#)

OTHER SUPPORTERS:

Colorado Hospital Association
Denver Health

SUMMARY: The bill implements the recommendations contained in the department of regulatory agencies' sunset review and report on the Respiratory Therapy Practice Act. Under current law, the licensing requirements are set to expire on July 1, 2015; this bill extends the program until September 1, 2024.

RURAL HEALTH IMPACT: The bill focuses on respiratory therapist's care for patients who have trouble breathing. Rural Coloradans unfortunately face higher rates of respiratory conditions than urban Coloradans. According to HARC, 4.5 percent of rural Coloradans suffer from asthma, while the urban rate is 2.9 percent. Moreover, the number of deaths due to respiratory complications is significantly higher than in urban areas. According to HARC, in 2014, 56.9 deaths due to chronic lower respiratory disease and 58.2 deaths due to emphysema were reported in rural Colorado, compared 40.7 deaths and 46.2 deaths in urban areas, respectively.

While a number of factors influence those statistics, access to care is certainly one of them. Extending the current state licensure requirements for an additional ten years will ensure that proper and consistent respiratory therapy is being performed around the state. In rural Colorado, where residents already face fewer options in medical care, this bill will ensure that the care they do receive can be provided in their own community.

ADDITIONAL INFORMATION:

[Fiscal Note \(2/10/2015\)](#)

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Bill Identified for Support

SB15-109	Mandatory Abuse Report For Adult With A Disability
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DATE INTRODUCED: 1/23/2015

CRHC POSITION ADOPTED: 2/18/2015

HOUSE SPONSORS: [D. Young \(D\)](#)

SENATE SPONSORS: [K. Grantham \(R\)](#)

OTHER SUPPORTERS:

The Arc of Colorado

Independent Bankers of Colorado

Colorado Organizations Responding to AIDs

Boulder County

Kaiser Foundation Health Plan

OPPOSITION:

Colorado Bankers Association

SUMMARY: Under current law, certain persons are required to report to a law enforcement agency if the person observes or has reason to believe that a person 70 years of age or older has been abused or exploited. The bill expands this requirement to also cover a person with a disability who is 18 years of age or older.

Mandatory reporters of elder abuse for who the bill applies include professions such as: Doctors, nurses, chiropractors, dentists, pharmacists, and emergency medical service providers; Medical examiners and coroners; Hospital and long-term care facility personnel engaged in admission, care, or treatment of patients; Mental health professionals and social workers; Clergy members; Law enforcement and fire protection personnel; Staff at community-centered boards (CCBs); Personnel at banks and financial institutions; and Home health providers and home care placement agency staff.

RURAL HEALTH IMPACT: This bill is intended to decrease abuse and exploitation of vulnerable adults, defined in this bill as a person over 18 years of age with a mental or physical disability rendering them unable to obtain services to protect themselves. According to Darla Stuart, Executive Director of the Arc Aurora, vulnerable adults with intellectual and developmental disabilities are generally unable to perceive threats and protect themselves from victimization. Therefore, expanding mandatory reporting of abuse to adults with disabilities will provide these vulnerable Coloradans with additional protection against abuse.

ADDITIONAL INFORMATION:

[Fiscal Note \(2/11/2015\)](#)

[Committee Testimony from Darla Stuart, Arc Aurora Executive Director \(2/11/2015\)](#)

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Bill Identified for Support

SB15-128	Medical Reports Of Alleged Sexual Assaults
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DATE INTRODUCED: 1/28/2015

CRHC POSITION ADOPTED: 2/18/2015

HOUSE SPONSORS: [D. Primavera \(D\)](#), [L. Landgraf \(R\)](#)

SENATE SPONSORS: [M. Carroll \(D\)](#)

OTHER SUPPORTERS:

County Sheriffs of Colorado

Colorado Association of Chiefs of Police

Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)

NAPRAL Pro-Choice Colorado

Colorado Coalition Against Domestic Violence

Colorado Coalition Against Sexual Assault

SUMMARY: This bill adds nurses to the list of personnel in a medical facility required to report to law enforcement when a victim of sexual assault consents to collection of forensic medical evidence. The bill clarifies the types of reports that are required under specific circumstances and specifies that when an anonymous report is made, the medical facility may not provide information identifying the victim and that law enforcement shall not submit the evidence for testing. Under the bill, a victim may speak anonymously to law enforcement and no report is required if evidence is not collected.

RURAL HEALTH IMPACT: This bill will provide rural Coloradans who have experienced sexual assault greater opportunity to report said abuse and submit forensic evidence. The bill will also provide rural healthcare facilities with additional employees permitted to report sexual abuse and collect corollary forensic evidence. This is especially significant in rural areas, where physicians are not always present round-the-clock, and nurses and advanced practice nurses often serve as the primary provider for sexual assault patients. Finally, this bill will allow sexual assault victims to submit anonymous reports of abuse to law enforcement, which is significant in rural areas where fear of perpetrators or concerns about confidentiality may deter a sexual assault victim from reporting their abuse.

ADDITIONAL INFORMATION:

[Fiscal Note \(2/2/2015\)](#)

[SB15-128 Fact Sheet from Colorado Coalition Against Sexual Assault](#)

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Bill Identified for Opposition

HB15-1182	Scope Of Practice Certified Nurse Aides
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DATE INTRODUCED: 1/29/2015

CRHC POSITION ADOPTED: 2/18/2015

HOUSE SPONSORS: [L. Landgraf \(R\)](#), [S. Lontine \(D\)](#)

SENATE SPONSORS: [I. Aguilar \(D\)](#)

OTHER OPPOSITION:

Colorado Society of Osteopathic Medicine

SUPPORT:

Colorado Medical Society

Home Care Association of Colorado

Colorado Academy of Family Physicians

The Arc of Colorado

Colorado Long-Term Assistance Providers

SUMMARY: The bill allows certified nurse aides (CNAs) who are deemed competent by a registered nurse to perform the following tasks:

- Digital stimulation, insertion of a suppository, or the use of an enema to stimulate a bowel movement;
- Certain tube-based feedings; and
- Placement of pre-sorted medication in a patient's mouth if the medication has been boxed or packaged by a registered nurse or pharmacist.

The bill requires the State Board of Nursing (state board) to promulgate rules concerning the competency requirements for CNAs to perform these tasks. A registered nurse is not liable for the actions of a CNA performing these tasks if he or she made a good faith determination of the competency of the CNA in accordance with the rules of the state board.

RURAL HEALTH IMPACT: This bill may have a negative effect on the quality of care in rural healthcare facilities. Increased workload for CNAs could negatively affect their job performance, considering the additional skill level required to administer these additional services. Moreover, there are already certifications CNAs can gain to provide these increased services with adequate training.

ADDITIONAL INFORMATION:

[Fiscal Note \(2/13/2015\)](#)

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Bill Identified for Opposition

SB15-077	Parent's Bill of Rights
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DATE INTRODUCED: 1/14/2015

CRHC POSITION ADOPTED: 2/18/2015

HOUSE SPONSORS: **P. Neville (R)**

SENATE SPONSORS: **T. Neville (R)**

OTHER OPPOSITION:

Colorado Medical Society
Colorado Academy of Family Physicians
Mental Health Professionals Coalition
Colorado Education Association
Colorado Association of School Boards
Planned Parenthood of the Rocky Mountains
Colorado Consumer Health Initiative
Colorado Bar Association
Colorado Association of Family and Children's Agencies
Colorado Association of Public Health Officials
Stand For Children Colorado

SUPPORT:

Colorado Catholic Conference
Colorado Family Action, Inc.

SUMMARY: The bill establishes a parent's bill of rights that sets forth specific parental rights related to education, healthcare, and mental healthcare of minor children. Specifically, the bill prohibits the state or any other government entity in Colorado from infringing upon the fundamental rights of a parent to direct the upbringing, education, and physical and mental healthcare of his or her child without first demonstrating that there is a compelling governmental interest and no less restrictive manner of doing so.

RURAL HEALTH IMPACT: This bill may have negative implications for children and parents in rural areas. Namely, one aspect of the bill allows "parent's rights" to supersede immunization requirements, which may put children at risk for contracting communicable diseases from unvaccinated classmates. According to HARC, flu vaccination rates for rural Coloradans 18 and older is 54.4 percent, compared to 61.3 percent in urban areas. Reducing the risk of contracting the flu and other vaccine-preventable conditions is necessary in protecting the health of our rural population, especially in a school setting. Moreover, this bill is unnecessary because of existing parental rights laws, and might lead to potential harm to children with neglectful or abusive parents, or increased administrative burden for healthcare providers.

ADDITIONAL INFORMATION:

[Fiscal Note \(3/2/2015\)](#)

[GOP effort moves on; critics call it unnecessary \(2/6/2015\)](#)

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The Policy and Legislative Council (PLC) serves as the advocacy arm of the Colorado Rural Health Center (CRHC). Members of the Council identify, discuss and prioritize emerging rural health issues. They then develop strategies for educating others about these issues and addressing them. The Council is composed of representatives from public and private organizations statewide, the majority of which are CRHC investing members, and who are interested and involved in rural healthcare.

If you have questions about CRHC's policy related efforts or have questions about current legislative bills, please contact CRHC's Policy Program Coordinator, Kelly Erb, at 720.248.2748 or email ke@coruralhealth.org.

CRHC distributes policy email updates to inform CRHC member and other rural stakeholders of any new information during the legislative session. To subscribe to these updates, visit <http://eepurl.com/syLF>.

** Supplemental bill information and statistics provided by the [Health Awareness for Rural Communities \(HARC\) Data Bank](#)*



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