

# 2019 Legislative Session Summary



This report provides an overview of the 2019 Colorado legislative session for members of the Colorado Rural Health Center. The report summarizes 44 bills related to or impacting rural health that CRHC took a position on during the 120 day session. CRHC bill positions, which are decided by majority vote by the CRHC Policy & Legislative Committee (PLC) and approved by the CRHC Board of Directors, are included after each bill summary. If applicable, CRHC lobbying activities are also included after each bill summary. Lobbying activities listed are not inclusive of all advocacy activities undertaken by CRHC. The bills are linked to Colorado Capitol Watch, where you can find the most recent bill text, fiscal note, bill history and bill sponsors.

## Table of Contents

Session Overview-----	2
Healthcare Facility & Provider Requirements-----	3
Mental Health & Substance Abuse-----	5
Scope of Practice & Workforce -----	7
Public Healthcare Coverage (Medicaid & CHP+)-----	9
Healthcare Costs-----	9
Prescription Drug Costs-----	12
Children’s Health-----	13
Other Bills-----	14
Interim Committees-----	15
2020 Session-----	16

## Session Overview

The 2019 Colorado legislative session began on January 4 and concluded 120 days later on May 3. Of the 598 bills introduced, 460 passed, or 77%. This compares to 2018 when 432 of 721, or 60% of introduced bills passed and 2017 when 422 of 681, or 62% of introduced bills passed. While fewer bills were introduced than each of the prior two years, more bills passed in 2019 due in large part to the Democratic majority in both chambers.

The 2018 midterm elections helped shape the 2019 legislative session, bringing many new faces to the Capitol. Democrats swept the House, Senate and Governor's seat, the first party 'trifecta' for democrats since 2014. As a result, many progressive policy solutions were passed to address the state's most pressing problems, such as education, healthcare and the environment. Fifty-four percent of bills passed this session were by democrat-only sponsors. However, this doesn't mean republicans took a back seat this session, as 30% of all bills passed were bipartisan.

Jared Polis proved to be a different kind of governor than John Hickenlooper. Polis, who spent 10 years in Congress, took a much more active role in developing legislation than his predecessor. While most governors focus on implementation rather than policy-making, it's noted Polis read every bill introduced, met with party leaders multiple times a week and negotiated many changes. By the end of the session, Polis had signed about 450 bills and vetoed five, three of which dealt directly with licensing. His entrepreneurial background is said to have influenced these vetoes, as Polis noted too often licensing measures dampen innovation and competition.

Polis touted an aggressive healthcare and education agenda during his campaign, which undoubtedly influenced some of the legislation introduced. Polis promised voters full-day kindergarten, which ate up much of the state budget early on and required policymakers to be nimble in crafting any policy that required state money. Ultimately, it was the state budget, not republicans, which served as the opposition party this session. In terms of healthcare, Polis campaigned on "bold ideas" and has been open about his willingness to test certain policies in Colorado, such as reinsurance and the Canadian drug importation program.

The Colorado Rural Health Center tracked 78 bills during the session, voting to take positions on 44 bills. CRHC supported 36 bills, opposed 3 bills and monitored 5 bills. Eighty-six percent, or 31 bills CRHC supported passed, and 60% of bills CRHC opposed failed. Throughout the

session, CRHC testified 18 times to various committees, sent out 4 email action alerts, and attended or hosted over 70 policy and stakeholder meetings.

## **Healthcare Facility & Provider Requirements**

*The following bills related to healthcare facility requirements were adopted:*

**[HB19-1001](#) Hospital Transparency Measures to Analyze Efficacy** requires HCPF to compile an annual report about uncompensated costs and expenditures made by hospitals. The bill requires hospitals to submit certain financial information annually for the purposes of the report. HCPF must post the report to its website and submit it to the General Assembly, the Governor, and the Medical Services Board by January 15 of each year beginning in 2020. Long-term care facilities, Critical Access Hospitals and some other healthcare facilities are exempt from the requirements of the bill.

**CRHC Position: SUPPORT**

**[HB19-1010](#) Freestanding Emergency Departments Licensure** requires CDPHE to create a new health facility license for freestanding emergency departments and to begin issuing these licenses by December 1, 2021. To continue operating in the state, freestanding emergency departments must be licensed by CDPHE by July 1, 2022. Facilities licensed as community clinics before 2010 and serving a rural community or ski area are exempt. The department may also waive the licensure requirements for facilities licensed as community clinics or those facilities seeking community clinic licensure to serve an underserved population in the state.

**CRHC Position: SUPPORT**

**[HB19-1320](#) Hospital Community Benefit Accountability** requires nonprofit hospitals to perform a community health needs assessment and create a community benefit implementation plan. Nonprofit hospitals are required to submit community benefit activities reports to HCPF each year. HCPF is required to establish a reporting process through rulemaking and post reports online. Nonprofit hospitals are also required to convene a public meeting to seek feedback regarding the hospital's community benefit activities during the previous year and the hospital's community benefit implementation plan for the following year. The bill outlines the entities and state agencies that hospitals are required to invite to the public meeting, and requires hospitals to advertise the meeting in a major newspaper. Hospitals may convene joint public meetings with one or more hospitals that share some or all of the hospital's community. Long-term care facilities and Critical Access Hospitals are exempted from the requirements of the bill.

**CRHC Position: OPPOSE**

*The following bills related to healthcare provider requirements were adopted:*

**SB19-079 Electronic Prescribing Controlled Substances** requires podiatrists, physicians, physician assistants, advanced practice nurses, and optometrists to electronically prescribe schedule II, III, or IV controlled substances by July 1, 2021. For dentists and prescribers who work in a solo practice, or are in rural areas, the requirement begins July 1, 2023. There are some exemptions for the requirements of the bill if certain conditions are met.

**CRHC Position: SUPPORT**

**HB19-1211 Prior Authorization Requirements Health Care Service** establishes guidelines for prior authorization by health insurance carriers. Effective January 1, 2020, some of the requirements include: carriers must limit the use of prior authorization to providers whose prescribing or ordering patterns differ significantly from their peers, after adjusting for patient mix and other relevant factors; carriers must exempt from prior authorization requirements any provider that has at least an 80% approval rate of prior authorization requests over the preceding 12 months; any new prior authorization requirements implemented or changes to existing requirements require 90 days' notice to any participating providers; upon approval, a prior authorization request is valid for at least 180 days. The requirements do not apply to a nonprofit health maintenance organization (HMO).

**CRHC Position: SUPPORT**

**SB19-193 Sunset Continue Colorado Medical Practice Act** continues the Colorado Medical Board and the regulation of physicians, physician assistants and anesthesiology assistants until September 2026. The bill also makes some modifications to the practice act, including eliminating the 60-day limit for physicians to practice with a pro bono license, removing the requirement that letters of admonition be sent through certified mail, and allowing the Colorado Medical Board to suspend a medical license if the professional has been formally charged of a crime.

**CRHC Position: SUPPORT**

**SB19-234 Sunset Professional Review Committees** continues the registration and reporting requirements of professional review committees under the Colorado Medical Board and the State Board of Nursing until September 1, 2030. Both boards are in the Division of Professions and Occupations (DPO) in the Department of Regulatory Agencies (DORA). The bill also adopts some recommendations from the sunset review, including requiring governing boards to annually update their information with DPO, requiring DPO to promulgate rules regarding the information a governing board is required to report, and establishing a process to remove governing boards from the registry.

**CRHC Position: SUPPORT**

**CRHC Lobbying Activities:** CRHC testified in support of the bill in the Senate Judiciary committee.

## **Mental Health & Substance Abuse**

*The following bills related to mental and behavioral health were adopted:*

**[HB19-1044](#) Advance Behavioral Health Orders Treatment** allows a Colorado adult to establish a behavioral health order for scope of treatment that communicates their behavioral health history, decisions, and preferences in the event they later lack decisional capacity to provide informed consent to, withdrawal from, or refuse behavioral health treatment.

**CRHC Position:** **SUPPORT**

**[HB19-1269](#) Mental Health Parity Insurance Medicaid** enacts “The Behavioral Health Care Coverage Modernization Act” which aims to address parity issues between mental and physical health. The bill requires private health insurers and the state's Medicaid plan to provide medically necessary coverage for behavioral, mental health, and substance use disorder services on par with the coverage for physical health services and to demonstrate compliance through new reporting requirements.

**CRHC Position:** **SUPPORT**

**CRHC Lobbying Activities:** CRHC testified twice in support of the bill in House and Senate health committees.

*The following bills related to substance abuse were adopted:*

**[SB19-001](#) Expand Medication-assisted Treatment Pilot Program** expands access to Medication-Assisted Treatment (MAT) for opioids. In 2017, the legislature created a two-year pilot program in Pueblo and Routt counties to increase access to MAT. The bill expands the pilot program to the San Luis Valley and up to two more counties, increases the budget to \$2.5 million per year, and extends the program through 2021.

**CRHC Position:** **SUPPORT**

**[HB19-1160](#) Mental Health Facility Pilot Program** creates a three-year mental health facility pilot program in CDPHE. Two entities may be selected to participate in the pilot program through an application process that begins October 1, 2019. To be eligible, applicants must provide residential care, treatment, and services to individuals with physical and/or mental health diagnoses and meet other criteria, such as demonstrated cost savings or cost neutrality to Medicaid. CDPHE must select program participants by February 1, 2020.

**CRHC Position:** **SUPPORT**

**[HB19-1193](#) Behavioral Health Supports for High-risk Families** increases access to SUD treatment and support for pregnant women and new mothers through the Medicaid Special Connections program.

**CRHC Position:** **SUPPORT**

**[HB19-1287](#) Treatment for Opioids and Substance Use Disorders** enacts several initiatives to improve access to behavioral health care and substance use disorder treatment services. The bill requires DHS to establish a centralized, web-based behavioral health capacity tracking system to track bed space use and availability at crisis stabilization units, acute treatment units, community mental health centers, and hospitals, including the state mental health institutes, inpatient treatment facilities, residential treatment facilities, medical detoxification facilities, and substance use disorder treatment facilities, and medical providers providing behavioral health treatment. The system is intended to provide real-time data that is accessible to health care professionals, law enforcement, court personnel, and the public. The bill establishes a care navigation system to assist individuals in accessing substance use disorder treatment. The bill also creates a capacity building grant program for rural and frontier communities needing capital funds to expand or build substance use disorder services. Managed service organizations, local primary care or substance use disorder treatment providers, local governments, counties, schools, and law enforcement agencies may apply.

**CRHC Position:** **SUPPORT**

**CRHC Lobbying Activities:** CRHC testified twice in support of the bill in House and Senate health committees.

*The following bill related to mental and behavioral health was postponed indefinitely:*

**[HB19-1169](#) Mental Health Involuntary Transportation Holds** would have clarified that the authority to involuntarily hold a person on a transportation hold in a mental health crisis remains in effect until an evaluation for treatment is completed. Under current law, the authority to involuntarily hold an individual in need of a transport for immediate evaluation expires upon delivery of that person to the facility, leaving a gap in the ability to hold someone until the evaluation is completed.

**CRHC Position:** **OPPOSE**

## Scope of Practice & Workforce

*The following bills related to scope of practice were adopted:*

**[SB19-052](#) Emergency Medical Service Provider Scope of Practice** authorizes emergency medical service providers to practice in a clinical setting under the medical supervision of a physician, PA, advanced practice nurse, or registered nurse. Each clinical setting at which an EMS provider practices must establish operating policies and procedures to ensure that EMS providers perform tasks and procedures within their scope of practice.

**CRHC Position:** **SUPPORT**

**[HB19-1095](#) Physician Assistants Supervision and Liability** modifies supervision and liability requirements for physician assistants. For PA's with less than 3 years of experience or a PA changing practice, the bill codifies into law current supervision requirements. For a PA who has practiced in the state for more than 3 years, the scope of supervision is determined by a practice agreement between the primary supervising physician and the PA. In addition, after 3 years, a PA may be liable for damages resulting from negligence and must maintain at least \$1.0 million per claim in liability insurance. Under current law, a physician can supervise up to four physician assistants at any one time, the bill increases this limit to eight. The bill also increases the number of PAs on the Colorado Medical Board and adds a PA to the licensing panel.

**CRHC Position:** **SUPPORT**

**CRHC Lobbying Activities:** CRHC testified twice in support of the bill in House and Senate health committees.

**[HB19-1242](#) Board of Pharmacy Regulate Pharmacy Technicians** requires pharmacy technicians to become certified by the Colorado Board of Pharmacy by June 15, 2020. An applicant for certification by the board must provide proof of certification by a board-approved, nationally recognized organization that certifies pharmacy technicians and either submit to a criminal history record check or provide evidence of a prior check. The board may grant a provisional certification to an applicant who has not satisfied certain requirements for certification. Additionally, the bill requires that pharmacy technicians meet continuing education requirements from national accreditation organizations before renewing a certification and details ratios for supervision of interns and pharmacy technicians by pharmacists. Finally, the bill replaces one pharmacist member of the Colorado Board of Pharmacy with a certified pharmacy technician with at least 5 years of experience.

**CRHC Position:** **SUPPORT**

*The following bills related to workforce adopted:*

**[HB19-1088](#) Modify Income Tax Credit Health Care Preceptors** extends the existing Rural & Frontier Preceptor Tax Credit to 2022 and clarifies the length of an eligible preceptorship to 4 working weeks or 20 business days, rather than 4 calendar weeks. The credit, which was created in 2017, provides a \$1,000 individual income tax credit for primary care providers, including MDs, DOs, Pas, APNs and dentists, who provide uncompensated personalized instruction, training, and supervision to one or more graduate students seeking a medical degree at a Colorado institution of higher education. A qualifying healthcare professional must be practicing in a designated rural or frontier county and must provide a certification form with their income tax return certifying they have satisfied the requirements for the tax credit. The credit is available to up to 200 qualifying taxpayers each year. In tax year 2017, 74 taxpayers claimed credits. [Click here for more information about the Rural & Frontier Healthcare Preceptor Tax Credit.](#)

**CRHC Position:** **SUPPORT**

**CRHC Lobbying Activities:** CRHC helped lead advocacy efforts on this bill. CRHC created fact sheets, coordinated testimony and lobbied members of the General Assembly. CRHC testified 6 times on the bill, including House and Senate Health and Finance committees. CRHC also solicited and submitted 107 stories and comments from members and supporters via email action alerts.

**[SB19-065](#) Peer Assistance Emergency Medical Service Provider** creates a peer health assistance program for emergency medical service providers, funded through fees collected from applicants for EMS certification. Under current law, there is not a fee to apply for certification as an EMS provider, the program is financed primarily by a \$1.4 million Long Bill appropriation from the EMS account in the Highway Users Tax Fund. The bill directs the Colorado Board of Health and CDPHE to designate one or more peer health assistance program to provide assistance to EMS providers dealing with physical, emotional, or psychological conditions that are affecting their ability to work. Any certified EMS provider who does not have access to an employee assistance program may apply to CDPHE for participation in a designated peer health assistance program. The initial fee of \$2.55 is set in statute and can be adjusted annually by the board beginning January 1, 2021.

**CRHC Position:** **SUPPORT**

*The following bill related to workforce was postponed indefinitely:*

**[HB19-1241](#) University of Colorado Training and Scholarships Rural Physicians** would have required CU's medical school to provide scholarships of at least \$10,000 per year to students who demonstrate financial need, complete their residency in a rural or frontier part of Colorado, and commit to practicing in a rural professional shortage area for at least four years.

The bill requested funding for “educational support services” to administer the rural track and establish relationships with host sites. The bill also requested funding to pay full or partial housing costs for students while the trained in rural or frontier Colorado.

**CRHC Position:** **SUPPORT**

**CRHC Lobbying Activities:** CRHC testified 2 times in support of the bill in House and Senate education committees.

## **Public Healthcare Coverage (Medicaid & CHP+)**

*The following bills related to public healthcare coverage were adopted:*

**[HB19-1038](#) Dental Services for Pregnant Women on CHP+** expands dental services provided under the Children's Health Plan Plus to pregnant women starting October 1, 2019. CHP+ provides coverage to nearly 76,250 children and 900 pregnant or postpartum women. The federal government provides 88% of the funding, while the state contributes the remaining 12% in transfers from the CHP+ Trust. The fiscal note assumes 900 pregnant women on CHP+ will utilize the new dental benefit.

**CRHC Position:** **SUPPORT**

**CRHC Lobbying Activities:** CRHC testified 2 times in support of the bill in House and Senate health committees.

## **Healthcare Costs**

*The following bills related to healthcare costs were adopted:*

**[HB19-1004](#) Proposal for Affordable Health Coverage Option** directs HCPF and DOI to develop a proposal for a state option for healthcare coverage, possibly similar to Medicaid, to be submitted for federal approval. The proposal must explain the design, costs, benefits, and how the option would be implemented. Colorado legislators will have viewing access of the plan this fall before it's sent to the federal government, but it does not require further approval from the General Assembly.

**CRHC Position:** **SUPPORT**

**[SB19-004](#) Address High-Cost Health Insurance Pilot Program** strengthens the power of communities to form health care cooperatives, which could band individuals and employers together to directly negotiate prices from hospitals and doctors and then ask insurers to bid for the co-op's business. The bill modernizes laws authorizing health care cooperatives in the state

to incorporate consumer protections and collective rate negotiations. The model is already being used in Summit County.

**CRHC Position:** **SUPPORT**

**HB19-1176 Health Care Cost Savings Act of 2019** creates a task force to study and compare three methods of financing health care in Colorado, including the current health care financing system, a multi-payer universal health care system, and a publicly financed and privately delivered universal health care system that directly compensates providers. The task force must hire a contractor to convene stakeholders, conduct an analysis, and report to the General Assembly by September 1, 2021.

**CRHC Position:** **SUPPORT**

**HB19-1174 Out-of-network Health Care Services** requires healthcare facilities and insurance carriers to provide better disclosures about possible out-of-network billing situations. The bill also sets reimbursement amounts for out-of-network providers working at in-network facilities or in emergency departments and creates an arbitration process for addressing billing disputes.

**CRHC Position:** **SUPPORT**

**HB19-1233 Investments in Primary Care to Reduce Health Costs** aims to reduce health care costs by increasing utilization of primary care. It creates a primary care payment reform collaborative in the DOI to advise in the development of affordability standards and establish targets for investments in primary care. The Commissioner of Insurance is required to establish affordability standards for premiums, which must include targets for investments in primary care. The bill requires private insurance carriers, those carriers that offer state employee health benefit plans, and HCPF (for Medicaid) to adopt targets for investments in primary care based on such standards.

**CRHC Position:** **SUPPORT**

**CRHC Lobbying Activities:** CRHC testified 3 times in support of the bill in House and Senate health and finance committees.

**HB19-1301 Health Insurance for Breast Imaging** requires insurance carriers to cover any preventive breast cancer screening study and subsequent breast imaging that is deemed appropriate by the patient's health care provider and within appropriate national use guidelines. Current law requires that state-regulated insurance carriers provide coverage for the total cost of certain preventive health care services, including an annual breast cancer screening with mammography for all individuals possessing at least one risk factor. The bill does not apply to Medicare, Medicaid, military plans, or self-insured employer-based health plans, which are regulated by the federal government.

**CRHC Position:** **SUPPORT**

[HB19-1168](#) **State Innovation Waiver Reinsurance Program Requires** DOI to establish a reinsurance program, which aims to reduce premiums on the individual market by covering the highest-cost claims for insurers. The reinsurance program is contingent on a State Innovation Wavier under the Affordable Care Act. If federal approval is granted, the reinsurance program will be in effect for calendar year 2020 and 2021 health plans sold on the individual health insurance market.

The Commissioner of Insurance will set the payment parameters of the reinsurance program. These include the attachment point, above which claims are eligible for reinsurance payments, the coinsurance rate, and the reinsurance cap, above which claims are no longer eligible for reinsurance payments. The bill directs the commissioner to set the parameters of the program so that claims costs are reduced, with a priority on high-cost rural and frontier areas of the state.

Initially, the bill sought to lower rates on most hospital services for expensive patients in order to pay for the reinsurance fund, but it was revised to draw funding from a fee on hospitals, existing taxes on insurance policies, and support from the General Fund. Hospital fee assessments may be up to \$40.0 million total per calendar year, but combined with other fees on hospitals, may not exceed 6% of total patient revenue. Hospitals are prohibited from passing the special fee on to consumers in any manner. Procedures will be created to exempt certain hospitals from the special fees based on parameters included in the bill. The program is authorized to run for two years instead of the original five-year request, repealing on September 1, 2023.

**CRHC Position: MONITOR**

*The following bills related to healthcare costs were postponed indefinitely:*

[HB19-1089](#) **Exemption from Garnishment for Medical Debt** would have exempted medical debt from garnishment if an individual's family was under 400% of FPL.

**CRHC Position: OPPOSE**

[SB19-134](#) **Out-of-network Health Care Disclosures and Charges** would have required new disclosures to patients and set rates that insurance carriers must reimburse providers for unanticipated out-of-network services. The bill was similar to HB19-1174 but had a much higher benchmark in terms of reimbursement rates for out-of-network providers.

**CRHC Position: SUPPORT**

## Prescription Drug Costs

*The following bills related to scope of practice were adopted:*

**[HB19-1216](#) Reduce Insulin Prices** requires insurance carriers to cap the copayment or coinsurance amount imposed on a covered person for prescription insulin drugs at an amount not to exceed \$100 per 30-day supply of insulin, regardless of the amount or type of insulin needed to fill the covered person's prescription. The bill takes effect August 2, 2019 and applies to health coverage plans issued or renewed on or after January 1, 2020.

**CRHC Position:** **SUPPORT**

**[SB19-005](#) Import Prescription Drugs from Canada** directs HCPF to request federal approval to bring in prescription medications from Canada. If federal approval is granted, HCPF will contract with a vendor to import wholesale drugs and distribute them to licensed Colorado pharmacies. President Trump recently communicated to Governor Polis that he supports the plan, though Colorado must also receive approval from HHS after demonstrating that the program will reduce costs and be safe for patients. It will cost \$3 million to explore the idea and submit the request. An assumed timeline from the fiscal note indicates the request for federal program approval will be submitted by September 1, 2020, federal approval may be granted by January 1, 2021, followed by vendor selection, and importation of prescription drugs to begin July 1, 2021.

**CRHC Position:** **MONITOR**

*The following bills related to prescription drug costs were postponed indefinitely:*

**[HB19-1154](#) Patient Choice of Pharmacy** would have prohibited insurance carriers that cover pharmaceutical services and pharmacy benefit managers from prohibiting or imposing a fee for a covered person's ability to select a pharmacy of their choice, including opting out of receiving prescription drugs via mail.

**CRHC Position:** **SUPPORT**

**[HB19-1296](#) Prescription Drug Cost Reduction Measures** would have required various new reports, including financial information from insurance carriers and PBMs, and disclosures from other organizations about gifts from pharma manufacturers, PBMs, and insurers. Using the published information, insurers would have had to reduce pharmaceutical cost sharing for enrollees through passing on all savings from rebates.

**CRHC Position:** **SUPPORT**

## Children's Health

*The following bills related to children's health were adopted:*

**[HB19-1120](#) Youth Mental Health Education and Suicide Prevention** allows minors 12 years or older to seek outpatient mental health services with or without the consent of their parents, with some exceptions. Current law only allows this for those 15 or older. The bill also requires the Colorado Department of Education to create a mental health education literacy resource bank that is available to the public for free. The Board of Education will be required to adopt standards related to mental health, including suicide prevention, to improve mental health awareness in Colorado schools.

**CRHC Position:** **SUPPORT**

**CRHC Lobbying Activities:** CRHC testified twice in support of the bill in House and Senate health committees.

**[HB19-1122](#) Colorado Department of Public Health and Environment Maternal Mortality Review Committee** creates the Colorado Maternal Mortality Review Committee within CDPHE to review maternal deaths that occur in the state, identify the causes of maternal mortality and develop recommendations to address preventable maternal deaths. The 11 committee members will be appointed by the Chief Medical Officer no later than October 1, 2019. The committee is permitted access to health records related to maternal mortalities from health care providers, law enforcement, and coroners.

**CRHC Position:** **SUPPORT**

**[HB19-1171](#) Expand Child Nutrition School Lunch Protection Act** allows eligible youth through 12th grade to participate in the Child Nutrition School Lunch Protection program, which uses state funds to cover families' co-payments for reduced-price lunches. The program had previously been limited to students 8th grade and younger. The state receives federal money through the National School Lunch Program to reimburse participating schools for each lunch served. The federal government pays \$2.99 of the total \$3.37 meal cost, and the states makes up the \$0.40 gap for reduced cost lunches. The expanded program will provide 1,138,590 reduced-cost lunches in FY 2019-20 and is estimated to cost about \$475,000/year from the General Fund.

**CRHC Position:** **SUPPORT**

*The following bills related to children's health were postponed indefinitely:*

**[HB19-1312](#) School Immunization Requirements** would have required the State Board of Health to adopt federal standards for immunization as a requirement for students to attend

school and to develop standardized forms and submission processes to claim a medical or nonmedical exemption from the immunization requirements.

**CRHC Position:** **SUPPORT**

## Other Bills

*The following bills were adopted:*

**[SB19-073](#) Statewide System of Advance Medical Directives** requires CDPHE to create and administer a statewide electronic system that allows qualified individuals to upload and access advanced medical directives, essentially adding advanced directives to a patient's electronic health record.

**CRHC Position:** **SUPPORT**

**[SB19-015](#) Create Statewide Health Care Review Committee** creates the Health Care Legislative Review Committee (HCLRC) as an ongoing interim committee of the General Assembly. The HCLRC will study health care issues affecting Colorado residents and include no more than 10 members of the House and Senate health committees and 4 support staff. The HCLRC will meet during legislative interim, including up to 2 field trips. It is assumed that any other committee meetings will be held at the Capitol. The fiscal note also assumes that the first meeting of the HCLRC will occur after July 1, 2019. CRHC has been in contact with staff of the HCLRC to aide in the coordination of field trips to rural Colorado healthcare facilities.

**CRHC Position:** **SUPPORT**

**CRHC Lobbying Activities:** CRHC testified in House & Senate Health Committees in support of the legislation. CRHC also solicited and submitted over 30 comments from members in support of the legislation via an email action alert.

**[HB19-1239](#) Census Outreach Grant Program** creates the 2020 Census Outreach Grant Program within the Division of Local Government in the Department of Local Affairs (DOLA) to provide grants to eligible recipients in order to support an accurate census count in 2020. The program has been allocated \$6 million from the General Fund and may also solicit gifts, grants, and donations. Eligible recipients include local governments, intergovernmental agencies, councils of governments, housing authorities, school districts, and nonprofit organizations. Eligible recipients may use the awarded grant money to conduct education, outreach, and promotion activities to target hard-to-reach communities and increase the census response rate. The bill also creates a 7 member 2020 Census Outreach Grant Program Committee to review grant

applications and make recommendations to DOLA's director regarding those grant applications. Program grants must be awarded by November 1, 2019.

**CRHC Position:** **SUPPORT**

**CRHC Lobbying Activities:** CRHC testified twice in support of the bill in House and Senate State, Veterans & Military Affairs committees.

**[HB19-1065 Public Hospital Boards of Trustees](#)** removes a restriction that no more than four of the seven trustees of a public hospital board may be residents of the city/town in which the hospital is located and clarifies that a board may acquire property by lease only with the approval of the board of county commissioners.

**CRHC Position:** **MONITOR**

*The following bills were postponed indefinitely:*

**[SB19-098 Cost-based Reimbursement for Rural Hospitals](#)** would have required Medicaid to pay rural Critical Access Hospitals and sole community hospitals 100% of their total reasonable costs for outpatient hospital services

**CRHC Position:** **MONITOR**

**[HB19-1075 Tax Credit Employer-assisted Housing Pilot Program](#)** would have created an income tax credit for taxpayers who provide donations to non-profit sponsors of employer-assisted housing projects in rural areas of the state.

**CRHC Position:** **MONITOR**

## **Interim Committees**

Interim Committees meet between legislative sessions, to consider issues of importance to the state. Interim committees generally meet for only one interim period, however some may be extended based on the significance of the issue. Committees are made up of appointed General Assembly members and subject matter experts. The following committees will be meeting during the 2019 interim. Click the links to learn more about the committee activities and schedule. Live and archived audio is also available for each committee.

**[Colorado Youth Advisory Council Review Committee\\*\\*](#)**

**[Prison Population Management Interim Study Committee](#)**

**[Early Childhood and School Readiness Legislative Commission](#)**

**[Sales and Use Tax Simplification Task Force](#)**

**[Energy Legislation Review Interim Study Committee](#)**

[School Safety Committee](#)

[Investor-owned Utility Review Interim Study Committee](#)

[Statewide Health Care Review Committee\\*\\*](#)

[Legislative Interim Committee on School Finance](#)

[Tax Expenditure Evaluation Interim Study Committee](#)

[Making Higher Education Attainable Interim Study Committee](#)

[Transportation Legislation Review Committee](#)

[Opioid and Other Substance Use Disorders Study Committee\\*\\*](#)

[Water Resources Review Committee](#)

[Pension Review Commission](#)

[Wildfire Matters Review Committee](#)

[Pension Review Subcommittee](#)

[Zero Waste and Recycling Interim Study Committee](#)

-CRHC will be attending or participating the interim committee meetings marked with an \*asterisk\*.

## **2020 Legislative Session**

Many bills passed during the 2019 session will be shaped this summer through research, rule-making and implementation, including the public option/Medicaid buy-in program, reinsurance program, and the Canadian drug importation program. Some of these bills are contingent on federal approval, leaving their future uncertain. A ballot initiative concerning TABOR revenue will also be on the ballot this November, asking voters to allow legislators to keep tax revenue over the TABOR limit for certain spending priorities, including education and healthcare. These issues, along with an impending 2020 election, will largely shape the 2020 legislative session.

CRHC will be actively participating in many legislative and rule-making activities during the interim. CRHC will be joining the Primary Care Collaborative created by HB19-1233. CRHC will also be attending or participating in the Colorado Youth Advisory Council Review Committee, Statewide Health Care Review Committee, and Opioid and Other Substance Use Disorders Study Committee.

Advocacy and education are top priorities for CRHC during the interim. Staff will be researching and developing the 2020 Snapshot of Rural Health and five Regional Snapshots. Policy and Outreach staff will be once again hitting the road to produce and film the annual Safety Net Clinic Week video series, featuring clinics in Rangely, Rocky Ford and Delta. Finally, CRHC will continue working to address federal policy issues, such as commingling and increased RHC reimbursement, and developing materials for annual meetings with Colorado Congressional and Senate representatives.

The Legislature will convene on January 8, 2020 and end on May 6, 2020.