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Session Overview

The 2018 Colorado legislative session began on January 10 and concluded 120 days later on May 9. The historic session was marked by the early expulsion of Rep. Steve Leobsock amongst sexual harassment claims, and ended with last-minute decisions on, Colorado Public Employees’ Retirement Association (PERA) transportation funding and Civil Rights. The glimmer of hope in this deeply partisan session was the $1.3 billion growth of the General Fund. The increase in funding provided the General Assembly with more options for addressing long-term spending on roads and education. Healthcare issues mostly missed out on this increase of funding, with the exception of legislation related to opioids.

With split control over either chamber in the midst of deeply partisan divide, successful legislation required bipartisan compromise. Of the 721 bills introduced, 60% (432) bills passed. This compares to 62% of 681 introduced bills passed in 2017 and 56% of 685 passed in 2016. This year, more was packed in at the end than usual, with 57 of the bills introduced in the final 20 calendar days. Ten days before the session ended, there were still 276 bills pending passage.

While there were not considerably more bills introduced in the 2018 session compared with 2017, there was a sharp increase in the number of healthcare bills introduced. CHRC took positions on 55 bills, supporting 32 bills, monitoring 22 bills and opposing 1. Many of the same bill topics we have seen in the past were tackled, however legislators offered many different legislative fixes.

This report provides an overview of all legislation CRHC took a position on during the 120 day session. The report is organized by bill category, and color-coded by position; Support, Oppose, Monitor. You may click on the bill number to access more information, including the full bill text and fiscal note.
Opioid Abuse & Addiction

During the summer of 2017 the opioid interim study committee convened to learn about the state’s ongoing opioid crisis and develop legislation for the 2018 session. The committee consisted of members of the Senate and House, as well as healthcare experts and advocates. The committee developed six pieces of legislation for the 2018 session, tackling the crisis on many levels including prescribing, substance abuse prevention, and treatment coverage options. Many of the bills fared well, creating new options for school based health centers, reducing pre-authorizations for certain treatments, and adding inpatient treatment as a benefit for Medicaid enrollees.

PASSED:

HB18-1003 Opioid Misuse Prevention

Sec. 1 Continues the Opioid Interim Study Committee until July 2020. The committee, made up of five Senators and five Representatives of the General Assembly, will meet six times per year and refer up to six bills per interim. The committee will identify possible legislative options to address gaps and hurdles to accessing prevention, intervention, harm reduction, treatment, and recovery resources.

Sec. 2 Clarifies that School Based Health Centers (SBHCs) may apply for grant funding from Colorado Department of Public Health & Environment (CDPHE) for education, intervention, and prevention for opioid, alcohol, marijuana, and other substance use disorders. For FY 2018-19, an additional $775,000 from the Marijuana Cash Fund will be allocated to SBHCs to expand these preventative services, with priority going to high-risk and underserved SBHCs.

Sec. 3 Directs Colorado Healthcare Policy & Financing (HCPF), starting July 1, 2018, to award grants worth up to $1.5 million to organizations to operate a substance abuse screening, brief intervention, and referral program.

Section 4 Directs the Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery to develop and implement continuing medical education activities to help prescribers of pain medication to safely and effectively manage patients with chronic pain, and when appropriate, prescribe opioids. The Center, administered by the University of Colorado, will be allocated an additional $750,000 from the Marijuana Cash Fund to develop these programs.

Appropriation Summary: For FY 2018-19, the bill requires appropriations of $2.5 million to multiple state agencies.
**HB18-1007 Substance Use Disorder Payment and Coverage**

The bill makes many changes to individual, group and Colorado Medicaid insurance options’ coverage of substance use disorders, including:

- Requires all individual and group health benefit plans to provide coverage without prior authorization for a five-day supply of at least one of the federal food and drug administration-approved drugs for the treatment of opioid dependence for a first request within a 12-month period.
- Requires health benefit plans to handle requests for medication-assisted treatment (MAT) as an urgent prior authorization request.
- Prohibits carriers from taking adverse action against a provider or from providing financial incentives or disincentives to a provider based solely on a patient satisfaction survey relating to the patient’s satisfaction with pain treatment.
- Prohibits all individual and group health benefit plans that cover physical therapy, acupuncture, or chiropractic services from subjecting those services to dollar limits, deductibles, copayments, or coinsurance provisions that are less favorable than those applicable to primary care services under the plan if the covered person has a diagnosis of chronic pain and has or has had a substance use disorder diagnosis.
- Requires Medicaid to provide reimbursement for at least one federally approved, ready-to-use opioid overdose reversal drug without prior authorization.
- Requires health benefit plans and Medicaid to provide an enhanced dispensing fee to pharmacists who administer injections of MAT when practicing under a collaborative practice agreement with a physician.

**Appropriation Summary:** No appropriation is required for this legislation.

**HB18-1136 Substance Use Disorder Treatment**

This bill adds inpatient and residential substance use disorder treatment as a benefit under the Colorado Medicaid Program, conditional upon federal approval. HCPF must seek necessary federal approval by October 1, 2018. If the new benefit is enacted, the bill requires that managed service organizations contracted by the Office of Behavioral Health reprioritize Marijuana Tax Cash Fund funding for persons who are not eligible for substance use treatment under public or private insurance.

**Appropriation Summary:** While much of this bill is contingent on federal approval of additional benefits, the bill requires an appropriation of $473,655 to HCPF in FY 2018-19 to administer the enhanced benefits.
**SB18-022 Clinical Practice For Opioid Prescribing**

The bill restricts the number of opioid pills that a health care practitioner, including physicians, physician assistants, advanced practice nurses, dentists, optometrists, podiatrists, and veterinarians, may prescribe for an initial prescription to a seven-day supply and allows each health care practitioner to exercise discretion to include a second fill for a seven-day supply, unless, in the judgment of the practitioner, the patient:

- Has chronic pain that typically lasts longer than 90 days or past the time of normal healing, as determined by the provider, or following transfer of care from another podiatrist who prescribed an opioid to the patient;
- Has been diagnosed with cancer and is experiencing cancer-related pain; or
- Is experiencing post-surgical pain that, because of the nature of the procedure, is expected to last more than 14 days.

The bill also requires health care practitioners to indicate their specialty or practice area upon the initial query of the Prescription Drug Monitoring Program (PDMP) and to query the program prior to prescribing the second fill for an opioid unless the person receiving the prescription meets certain requirements. CDPHE must collect this data and report to the General Assembly its findings.

**Appropriation Summary:** No appropriation is required for this legislation.

**SB18-020 Registered Psychotherapists Auricular Acudetox**

This bill allows registered psychotherapists to practice auricular acudetox if they have documented that they have met certain training requirements. Under current law, only licensed mental health care professionals and level III certified addiction counselors may practice this technique. Auricular detoxification is the placement of acupuncture needles at certain points in the ear for persons undergoing detoxification for a substance use disorder.

**Appropriation Summary:** No appropriation is required for this legislation.

**DEFEATED:**

**SB18-168 Medication-assisted Treatment Through Pharmacies**

The bill would have added extended-release opioid antagonists for use in medication-assisted treatment (MAT) as a pharmacy benefit under Medicaid. Additionally, pharmacists that administer injectable MAT for substance use disorders would have received an enhanced dispensing fee from Medicaid.

**Appropriation Summary:** No appropriation would have been required for this legislation.
**SB18-040 Substance Use Disorder Harm Reduction**

The bill would have allowed hospitals to be clean syringe exchange sites and granted immunity to individuals who use the service. The bill would have allowed schools to obtain antagonists and train employees how to administer them. The bill would have created a supervised injection facility pilot program in the city and county of Denver and provide civil and criminal immunity for the approved supervised injection facility. Finally, the bill would have required the commission on criminal and juvenile justice to study certain topics related to sentencing for opioid-related offenses.

**Appropriation Summary:** No appropriation would have been required for this legislation.

**Prescription Drug Costs**

Attempts to control prescription drug costs were reflected in many bills that would have required prescription drug manufacturers to be much more transparent and report pricing information to the state. CRHC testified multiple times in support of HB18-1009 and HB18-1260. Sadly, much of this legislation fell flat, with prescription drug lobbyists rushing in to warn that any increase in reporting would eventually increase drug costs for consumers. Many frustrated legislators vowed to learn more about the topic this summer and re-introduce bills to contain prescription drug costs in 2019.

**PASSED:**

**HB18-1284 Disclosure Of Prescription Costs At Pharmacies**

The bill prohibits a health insurance carrier or a pharmacy benefit management organization (PBM) from requiring a pharmacist charge a covered person a copayment that exceeds the out-of-pocket cost of the drug. Essentially, if the covered person’s copay for a prescription is $10 and the out-of-pocket cost for the drug is $5, the pharmacist will be allowed to inform the covered person and bill for the out-of-pocket amount. The bill also prohibits insurance carriers or PBMs from prohibiting or penalizing a pharmacist for informing a covered person about a more affordable alternative.

**Appropriation Summary:** No appropriation is required for this legislation.

**HB18-1112 Pharmacist Health Care Services Coverage**

The bill requires a health benefit plan to provide coverage for health care services provided by a pharmacist if the services are provided within a health professional shortage area and the health benefit plan provides coverage for the same services provided by a licensed physician or advanced practice nurse.

**Appropriation Summary:** No appropriation is required for this legislation.
DEFEATED:

**HB18-1009** Diabetes Drug Pricing Transparency Act 2018

The bill would have required drug manufacturers, pharmacy benefit managers, health insurers, and pharmacies to submit information on insulin drug costs and price increases to CDPHE.

**Appropriation Summary:** For FY 2018-19, the bill would have required an appropriation of $287,602 to CDPHE for financial analysis and reporting of any findings.

**HB18-1260** Prescription Drug Price Transparency

Similar to HB18-1009, this bill would have required health insurers and drug manufacturers to report information to the Commissioner of Insurance about drug price increases and the introduction of any new specialty drugs quarterly.

**Appropriation Summary:** No appropriation would have been required for this legislation.

**HB18-1370** Drug Coverage Health Plan

The bill would have prohibited a health insurance carrier from excluding, limiting or moving a drug to a disadvantaged tier during the period of enrollment if the drug was covered at the time the person enrolled.

**Appropriation Summary:** No appropriation would have been required for this legislation.

**HB18-1179** Prohibit Price Gouging On Prescription Drugs

The bill would have made the practice of prescription price gauging, defined as a price increase of fifty percent or more in the wholesale acquisition cost within the preceding year, as a deceptive practice under the Colorado Consumer Protection Act. If price gauging was detected, the state attorney general may file law suits against the company.

**Appropriation Summary:** For FY 2018-19, this bill would have required appropriations of $154,164 to the Department of Regulatory Agencies (DORA) and $41,448 to the Department of Law.

**SB18-080** Wholesale Canadian Drug Importation Program

The bill would have created a state-run program to import prescription drugs from Canada and sell them to Colorado Consumers.

**Appropriation Summary:** For FY 2018-19, the bill would have required an appropriation of $1,152,557 to CDPHE.
HB18-1097 Patient Choice Of Pharmacy
The bill would have prohibited insurance carriers from charging people more for choosing their own pharmacist or opting out of mail-order prescription delivery.

Insurance Coverage & Costs

Similar to legislation intended to control the cost of prescription drugs, many bills were introduced to reduce the cost of healthcare coverage for consumers. A bill to allow the sale of catastrophic health care plans in Colorado passed, with mixed support from health care advocates. While these low-premium high-deductible plans may be more affordable for consumers in the short term, healthcare providers know these plans discourage regular primary care, resulting in chronic conditions going unmanaged and patients winding up in the emergency room unable to afford their high deductible. Unfortunately, two bills CRHC testified to support, including HB18–1311 and HB18–1384, both failed.

PASSED:

SB18-132 1332 State Waiver Catastrophic Health Plans
The bill requires the Commissioner of Insurance to submit a Section 1332 state innovation waiver to the federal government to request the ability for all Coloradans to purchase catastrophic health plans through the state health insurance exchange. Under current law, catastrophic plans can only be purchased by persons under the age of 30 or who meet certain hardship criteria.

Appropriation Summary: For FY 2018-19, the bill requires an appropriation of $9,200 to the Department of Regulatory Agencies. This cost, paid from the Division of Insurance Cash Fund, is for temporary contract staff to conduct rate and actuarial analysis for the waiver.

HB18-1012 Vision Care Plans Carriers Eye Care Providers
The bill provides certain protections for vision care providers from insurance carriers, including prohibiting a carrier from changing the terms of a contract between the carrier or entity and an eye care provider without communication with the eye care provider.

Appropriation Summary: No appropriation is required for this legislation.
DEFEATED:

**HB18-1311 Single Geographic Rating Area Individual Health Plan**
The bill would have created a single geographic rating area consisting of the entire state for purposes of determining premiums for individual health plans.

**Appropriation Summary:** The bill would have required an appropriation of $28,383 to DORA for FY18-19 only for personnel services.

**HB18-1384 Study Health Care Coverage Options**
The bill would have required HCPF and the Division of Insurance (DOI) to study three options for health care coverage: a Medicaid buy-in option; a public-private partnership option, and a community or regionally based cooperative health plan affiliated with a private carrier. A report on the most feasible option based on affordability, administrative/financial burden to the state, ease of implementation, and likelihood of success would have been developed for possible legislative action.

**Appropriation Summary:** The bill would have required a General Fund appropriation of $225,000 to HCPF $135,141 to DORA for research and actuarial analysis.

**HB18-1392 State Innovation Waiver Reinsurance Program**
The bill would have authorized the Commissioner of Insurance to apply for a federal waiver and/or federal funding to allow the state to implement and operate a reinsurance program to assist health insurers in paying high-cost insurance claims. For more information about reinsurance, see this report from CHI, [A Game-Changer for High Insurance Prices?](#)

**Appropriation Summary:** The bill would have required an appropriation of $15,000 to DORA for actuarial analysis.
Transparency & Reporting

For years legislators have been introducing bills to increase the transparency in healthcare with the hopes of eventually reducing costs. Legislators on both sides of the aisle agree that transparency in healthcare is a good idea, but trying to find consensus around a legislative strategy proved much more difficult. Many of the bills were defeated, with the exception of a small number of bills aimed at more closely monitoring the Medicaid program.

**PASSED:**

**HB18-1211 Medicaid Fraud Control Unit**
The bill establishes the Medicaid Fraud Control Unit in the Department of Law that is responsible for investigation and prosecution of Medicaid fraud and waste, as well as patient abuse, neglect, and exploitation. HCPF is authorized to require Medicaid providers to include information about reporting Medicaid fraud in any explanation of benefits (EOB).

**Appropriation Summary:** No appropriation is required for this legislation.

**SB18-266 Controlling Medicaid Costs**
The bill requires HCPF to implement new initiatives intended to control Medicaid expenditures, including an evidence-based hospital review program and automatic review of claims to identify and correct improper coding prior to payment. HCPF is required to provide recipients, providers, and other stakeholders an opportunity to comment on changes, and it must report to the JBC on stakeholder feedback, timelines for implementation, and the expected impact of any cost control measures by November 1, 2018. HCPF is also required to contract for an independent evaluation and must provide a report on the results of the evaluation on November 1, 2019 and 2020. In FY 2018-19, the bill is expected to save over $1.9 million and an additional $40 million in FY2019-20.

**Appropriation Summary:** This bill will decrease net General Fund expenditures by $2.0 million in FY 2018-19 and $40.2 million in FY 2019-20 and in future years.

**SB18-136 Health Insurance Producer Fees And Fee Disclosure**
The bill allows a health insurance producer or broker to charge a fee for advising a client on the purchase of an individual plan if the producer or broker does not receive a commission from the health insurer and discloses the fee to the client in writing.

**Appropriation Summary:** No appropriation is required for this legislation.
DEFEATED:

SB18-130 Repeal Carrier Reporting Requirements To Division Of Insurance

The bill would have repealed the current law requiring health insurance carriers to report to the Division of Insurance a list of average reimbursement rates for the average inpatient day or the average reimbursement rate for the 25 most common inpatient procedures.

Appropriation Summary: No appropriation would have been required for this legislation.

HB18-1207 Hospital Financial Transparency Measures

The bill would have required hospitals to report information relating to uncompensated costs to HCPF for analysis and a report about financial status of Colorado hospitals.

Appropriation Summary: No appropriation would have been required for this legislation.

HB18-1358 Health Care Charges Billing Required Disclosures

The bill would have required healthcare facilities, healthcare providers, pharmacies, and health insurers to disclose information about healthcare charges, including publishing fee schedules, an itemized explanation of each charge on every healthcare bill, and the in-network and out-of-network status for all carriers.

Appropriation Summary: The bill would have required an appropriation of $175,545 to CDPHE and $43,873 to DORA to oversee and enforce the requirements.

Freestanding Emergency Departments

There has been a persistent push to regulate freestanding emergency departments (FSEDs) in the state. Many old ideas were recycled, including creating a freestanding emergency department license and providing consumers with more transparency around cost of care.
PASSED:

HB18-1282 Health Care Provider Unique Identification Per Site Or Service

This bill requires off-campus locations of a hospital to obtain and use a unique National Provider Identifier (NPI) code apart from the NPI code used by the main campus of the hospital starting January 1, 2019. There is no cost to obtain an NPI code from CMS.

Appropriation Summary: No appropriation is required for this legislation.

SB18-146 Freestanding Emergency Departments Required Consumer Notices

This bill requires freestanding emergency departments (FSED) to provide certain written and oral disclosures to a patient before and after screening for an emergency condition, including information about their ability to refuse treatment if they are not experiencing an emergency, other healthcare options, facility fees, insurance carriers accepted, and a fee schedule of the most common procedures. Additionally, an FSED must post a sign that states 'This is an emergency medical facility that treats emergency medical conditions.' The sign must also indicate whether the facility contains an urgent care clinic.

Appropriation Summary: For FY 2018-19, this bill requires an appropriation of $34,725 to CDPHE to promulgate and enforce rules.

DEFEATED:

HB18-1212 Freestanding Emergency Departments Licensure

The bill would have created a new facility license for FSEDs and would have prohibited FSEDs from charging patients a facility fee that is in excess of reasonable operations costs.
Mental & Behavioral Health

Many bills were introduced to increase access to mental and behavioral health services, reduce youth suicide, and increase behavioral health providers in the state. The link between mental and physical health has become much more understood by members of the general assembly, resulting in bipartisan support for many of these measures. CRHC testified in support of three different bills aimed at reducing youth suicide were introduced, with one finding eventual passage. A bill to develop a referral program for high-risk individuals was also created, and will hopefully reduce the burden on law enforcement in healthcare professionals by connecting individuals with housing, legal, employment and other supportive services.

**PASSED:**

**SB18-024 Expand Access Behavioral Health Care Providers**
The bill provides $2.5 million in marijuana taxes to add health professionals with substance use disorder expertise to the Colorado Health Service Corp Loan Repayment Program would be eligible for student loan repayment or scholarships for a commitment to serve a high-need area. Bill sponsors hope to increase the number of substance abuse professionals in the state, especially in rural and underserved areas.

**Appropriation Summary:** For FY 2018-19, the bill requires an appropriation of $2.5 million from the Marijuana Tax Cash Fund to CDPHE, who administers the Colorado Health Service Corps program.

**SB18-272 Crisis And Suicide Prevention Training Grant Program**
The bill creates the Crisis and Suicide Prevention Training Grant Program to provide financial assistance to schools in providing crisis and suicide prevention training to schools, with priority given to those schools that have previously not received such training, including many rural schools. The grant program may authorize up to $400,000 in grants per year in varying amounts. The office of suicide prevention and the school safety resource center shall work collaboratively with CDPHE to develop guidelines and criteria for the grant program.

**Appropriation Summary:** For FY 2018-19, the bill requires an appropriation of $400,000 from the General Fund to CDPHE.

**SB18-270 Behavioral Health Crisis Transition Referral Program**
The bill establishes a program to coordinate referrals of high-risk individuals to transition specialists by certain behavioral health facilities and programs. High-risk individuals are under an emergency or involuntary hold, have a significant mental health or substance use disorder, and are not in consistent behavioral health treatment. Transition specialists provide services
related to housing, program placement, access to behavioral health treatment or benefits, advocacy, and other supportive services. The fiscal note estimates that 17 contract staff are required to provide transition services statewide, including 12 licensed behavioral health providers, four peer specialists, and one program supervisor. Contract personnel would be distributed around the state based on population, geographic coverage, and service needs.

**Appropriation Summary:** For FY 2018-19, the bill requires an appropriation of $1,588,250 to the Department of Human Services for contacting healthcare professionals.

**HB18-1017 Psychology Interjurisdictional Compact**

The bill enters Colorado into the Psychology Interjurisdictional Compact to allow psychologists to practice in other compact member states via telepsychology or short-term, in-person practice.

**Appropriation Summary:** For FY 2018-19, this bill requires appropriations of $151,332 DORA for implementation and overseeing the program.

**DEFEATED:**

**HB18-1416 Student Suicide Prevention Grant Program**

Similar to SB18-272, the bill would have created a grant program to reduce youth suicide in the state.

**Appropriation Summary:** For FY 2018-19, the bill would have required an appropriation of $400,000 for CDPHE to administer the grant.

**HB18-1177 Youth Suicide Prevention**

Similar to SB18-272, the bill would have created a grant program to reduce youth suicide in the state. Pushback on this bill came from stakeholders who opposed a provision in the bill that would have allowed children aged 10 and up to receive talk therapy without their parents’ consent.

**Appropriation Summary:** For FY 2018-19, the bill would have required an appropriation of $97,838 to CDPHE.

**HB18-1376 Regulate Residential Services And Supports Providers**

The bill would have defined in statute individual residential services and supports providers for persons with intellectual and developmental disabilities. The bill would have also granted CDPHE with the Division of Housing the authority to inspect individual providers for compliance with standards, as well as permissible corrective actions.

**Appropriation Summary:** For FY 2018-19, this bill would have required an appropriation of $32,329 to HCPF. The state would also expect to see revenue from licensure fees.
Health Equity

Building on our work to increase health equity in rural Colorado, CRHC tracked and supported many bills related to addressing the root causes of healthcare disparities. Legislation to increase eligibility for free and reduced lunch options, provide rural communities with state-supported opportunities for economic development, and additional funding for rural broadband development were all successful. Unfortunately a $10 million appropriation for small rural school districts was defeated.

PASSED:

**SB18-013 Expand Child Nutrition School Lunch Protection Act**

Current law allocates state funding for free and reduced lunch for Colorado children from kindergarten up to fifth grade. The bill expands the program’s eligibility to children in the eighth grade. Many school districts in the state have the local tax revenue to implement free and reduced lunch up to grade twelve, however state funding is needed to support smaller and less prosperous school districts.

**Appropriation Summary:** For FY 2018-19, the bill requires an appropriation of $564,279 to the Colorado Department of Education. The State of Colorado pays for 40 cents of each reduced-price meal served to eligible students, while the federal government pays at least $2.89. The fiscal note reflects the expansion of the state’s 40 cent per-meal contribution.

**HB18-1267 Income Tax Credit For Retrofitting Home For Health**

The bill provides an income tax credit to an individual who retrofits their home to increase the person’s “visitability”, enable greater accessibility and independence to the person in the home, or is necessary due to illness, impairment, or disability to allow the person to age in place. The credit is available for tax years 2019 through 2023 and the amount is equal to the cost of the retrofit or $5,000, whichever is less. The bill caps the total amount of credits that can be issued in each year to $1 million.

**Appropriation Summary:** For FY 2018-19, the bill requires an appropriation of $132,328 and 1.0 FTE to the Division of Housing in DOLA.

**SB18-005 Rural Economic Advancement Of Colorado Towns**

The bill authorizes Department of Local Affairs(DOLA) to coordinate the provision of nonmonetary resources to assist with job retention or creation in a rural community experiencing a significant economic event, such as a plant closure or layoffs, including industry-wide layoffs, that has a significant, quantifiable impact on jobs within that community. Nonmonetary resources and assistance must be applied for using an application and guidelines.
developed by DOLA using criteria specified in the bill. The bill defines a rural community as a county with a population of less than 50,000 residents or a municipality with a population of less than 20,000 if it is not adjacent to another municipality with a population of greater than 20,000.

**Appropriation Summary:** No appropriation is required for this legislation.

**SB18-002 Financing Rural Broadband Deployment**

Sec. 1 of the bill amends the definition of 'broadband network’ to increase the speed of downstream broadband internet service from at least four megabits per second to at least 10 megabits per second and the definition of ‘unserved area’ to refer to an area that is unincorporated, or within a city with a population of fewer than 7,500 inhabitants, and that is not receiving federal support to construct a broadband network to serve a majority of the households in each census block in the area.

Sec. 2 requires the Public Utilities Commission in 2019 to allocate 60% of the total amount of high cost support mechanism (HCSM) money that the non-rural incumbent local exchange carrier would receive to the HCSM account dedicated to broadband deployment, and to allocate an additional 10% of the total money that the non-rural incumbent local exchange carrier would receive in each subsequent year until, in 2023, all of the money that the non-rural incumbent local exchange carrier would receive is allocated to the HCSM account dedicated to broadband deployment.

Sec. 4 updates language regarding the use of money from the HCSM for broadband deployment grant applications approved by the broadband deployment board (board) to have money transferred directly from the HCSM to approved broadband deployment grant applicants.

**Appropriation Summary:** No appropriation is required for this legislation.

**DEFEATED:**

**SB18-215 Additional Funding For Small Rural Schools**

The bill would have allocated $10 million to distribute to small rural districts and institute charter schools that are located within small rural districts. The money was to be distributed on a per pupil basis based on the student enrollment or funded pupil count for the 2017-18 budget year.

**Appropriation Summary:** For FY 2018-19, the bill would have required an appropriation of $10.0 million to the Colorado Department of Education. Per pupil funding per school district can be found on the fiscal note.
Workforce

Workforce bills fared well this session including two bills to allow community and local district colleges to offer a bachelor of science in nursing. Another bill to allow dental hygienists to apply silver diamine fluoride under the supervision of a dentist also passed. The passage of these workforce bills will help fuel the pipeline of future rural healthcare providers and increase access to care.

**PASSED:**

**HB18-1086 Community College Bachelor Science Degree Nursing**
The bill allows Colorado community colleges to offer Bachelor of Science degrees in nursing.

**Appropriation Summary:** No appropriation is required for this legislation.

**HB18-1300 Bachelor Nursing Completion Degree Local District College**
Similar to HB18-1300, the bill allows local district colleges, such as Aims Community College, to offer Bachelor of Science degrees in nursing.

**Appropriation Summary:** No appropriation is required for this legislation.

**HB18-1313 Pharmacists To Serve As Practitioners**
The bill clarifies that a licensed and qualified pharmacist may serve as a practitioner for the purposes of prescribing over-the-counter medication under Medicaid or participating in a statewide drug therapy protocol pursuant to a collaborative pharmacy practice agreement.

**Appropriation Summary:** No appropriation is required for this legislation.

**HB18-1045 Dental Hygienist Apply Silver Diamine Fluoride**
This bill allows a dental hygienist to apply silver diamine fluoride under the supervision of a dentist under certain conditions. The bill also outlines procedures for supervising dentists who are providing supervision from a separate location apart from the dental hygienist or via telehealth. The authority of dental hygienists to apply silver diamine fluoride is repealed on September 1, 2021, following a sunset review by DORA.

**Appropriation Summary:** No appropriation is required for this legislation.
Other Topics

The following bills did not fit into any of the legislative categories, however they are still impactful to healthcare in rural Colorado.

**PASSED:**

**HB18-1006 Infant Newborn Screening**

This bill expands newborn screening for genetic and metabolic diseases, increases access to follow-up services, and creates a funding source for newborn hearing loss screening. CDPHE is authorized to assess a fee for newborn screening and necessary follow-up services, which may be passed on to healthcare facilities and/or patients. The Disease Screening Fee, currently at $92, will increase to $111. The Hearing Loss Screening, created by the legislation, will cost $4.

**Appropriation Summary:** For FY 2018-19, the bill requires an appropriation of $1,951,722 to CDPHE, which will be paid by the increased screening costs.

**HB18-1032 Access Medical Records State Emergency Medical Services Patient Care Database**

The bill ensures that emergency medical services data regarding ambulance and paramedic services that is submitted to CDPHE is routed into Colorado’s Health Information Exchanges.

**Appropriation Summary:** No appropriation is required for this legislation.

**DEFEATED:**

**HB18-1082 A Woman’s Right To Accurate Health Care Information**

The bill would have defined an “abortion provider” as a physician who performs or induces an abortion, a person employed by the facility where the abortion is performed and who will physically assist with the procedure, and a person employed by the facility where the abortion is to be performed who performs any administrative duties directly concerning the patient. This bill would have required abortion providers to give certain information to women 24 hours prior to performing an abortion and created new civil and criminal offenses for noncompliance. The bill would have granted oversight authority of abortion providers in Colorado to the Attorney General.

**Appropriation Summary:** For FY 2018-19, the bill would have required an appropriation of $59,302 to the Department of Law.
**SB18-261 Medical Marijuana Condition Opiates Prescribed For**
The bill would have added a condition for which a physician could prescribe an opiate for pain to the list of disabling medical conditions that authorize a person to use medical marijuana for his or her condition. Current qualifying medical conditions for which medical marijuana may be prescribed in Colorado include: cancer, glaucoma, HIV or AIDS, cachexia, persistent muscle spasms, seizures, severe nausea, severe pain, PTSD.

** Appropriation Summary:** No appropriation would have been required for this legislation.

**HB18-1118 Create Health Care Legislative Review Committee**
The bill would have recreated the former healthcare task force, renamed as the statewide health care review committee, to study health care issues that affect Colorado residents throughout the state. The committee was to consist of the members of both the House of Representatives healthcare committee and the Senate committee on Health and Human Services. The committee would have been permitted to meet up to two times during the interim between legislative sessions, including two field trips.

** Appropriation Summary:** The bill would have required a $23,951 appropriation from the general fund to the Legislative Department to implement the bill in FY18-19.

**HB18-1365 Primary Care Infrastructure Creation**
The bill would have established a primary care payment reform “collaborative” in the Primary Care Office of CDPHE consisting of a variety of stakeholders to: examine medical expenses allocated to primary care and alternative payment models, review data from the All Payer Claims Database and publish a report on primary care spending that includes recommendations for next steps.

** Appropriation Summary:** For FY 2018-19, and conditional upon receiving sufficient gifts, grants, or donations, this bill would have required cash fund spending authority for gifts, grants, or donations received by CDPHE of $167,915. Additionally, it would have required a General Fund appropriation of $3,496 in FY 2018-19 to the Legislative Department.

**HB18-1263 Medical Marijuana Use For Autism And Acute Pain**
This bill would have added Autism Spectrum Disorder to the list of disabling medical conditions for which medical marijuana may be used. Current qualifying medical conditions for which medical marijuana may be prescribed in Colorado include: cancer, glaucoma, HIV or AIDS, cachexia, persistent muscle spasms, seizures, severe nausea, severe pain, PTSD. The bill passed through the General Assembly and was vetoed by Governor Hickenlooper on June 5.

** Appropriation Summary:** No appropriation would have been required for this legislation.