

2014 Colorado Legislative Session Report

The Colorado Rural Health Center (CRHC) is Colorado's nonprofit State Office of Rural Health. CRHC works with federal, state and local partners to offer services and resources to rural healthcare providers, facilities and communities. We work to improve healthcare services available in rural communities to ensure that all rural Coloradans have access to comprehensive, affordable, high quality healthcare.

The 69th legislative session saw less healthcare bills than previous years, but it was not without significant policy changes. Healthcare legislation in the 2014 session addressed access and coverage, healthcare cost drivers and made system improvements. At the same time, the budget strengthened funding for the rural safety net and made investments in oral health and workforce development. CRHC was involved with several pieces of legislation with the potential to improve health and healthcare in rural communities. A summary of those bills, and their rural impact, are outlined below.

Access to Care and Coverage

HB14-1045 – Breast and Cervical Cancer Treatment

The law continues the Medicaid Breast and Cervical Cancer Treatment (BCCT) program for five years.

Result – The bill was signed into law and is set to sunset June 30, 2019.

CRHC Impact/Rationale – [Support] – The Women's Wellness Connection (WWC) provides access to breast and cervical cancer screenings for low-income women. Many rural clinics use the WWC program to promote and ensure breast and cervical cancer screening for underserved women, and are subsequently able to provide access to the BCCT program in the event of a diagnosis.

HB14-1053 – Consistent Requirements Pediatric Dental Benefits

The law provides authority to the Commissioner of the Division of Insurance to adopt rules as necessary to ensure consistent requirements for pediatric dental benefits regardless of whether a health benefit plan is purchased inside or outside the health benefit exchange.

Result – The bill was signed into law, and rules will be promulgated for the 2015 rate filing deadline.

CRHC Impact/Rationale – [Support] – CRHC supported the development of the health exchange. One of their key developing principles was to ensure alignment between the exchange and the outside insurance marketplace to ensure fair competition for business and easy to understand choices for consumers.

HB14-1288 – Student Immunizations Prior to School Attendance

The law requires the Colorado Department of Public Health and Environment (CDPHE) to create an online education module outlining the benefits and risks of vaccines; directs the Board of Health to promulgate rules around the frequency that child care centers and schools must collect the exemption forms; requires schools and child care centers to make the immunization

and exemption rates publicly available upon request; directs CDPHE to work with other state agencies to establish a policy on immunization data collection; and directs CDPHE to provide technical assistance to schools and child care centers regarding how to analyze and interpret immunization data.

Result – The bill was signed into law and is set to take effect July 1, 2014.

CRHC Impact/Rationale – [Support] – Rural Health Clinics (RHCs) and other rurally located clinics provide vaccines to patients. The introduced version of the bill would have directly impacted providers, but the passed version will have little impact.

SB14-144 – Family Medicine Residency Programs in Rural Areas

The law extends the Commission on Family Medicine’s support of the development and maintenance of the family medicine residency programs in rural and other underserved areas of the state and requires an annual report regarding its efforts. The Commission will complete a study concerning how residency programs will meet the primary care workforce needs of rural Colorado and other underserved parts of the state.

Result – The bill was signed into law, and the report will be submitted on or before March 1, 2015.

CRHC Impact/Rationale – [Support] – The report requires the Commission make recommendations concerning funding to support family medicine training. Increasing and optimizing healthcare workforce capacity is essential to ensuring Coloradans have access to care across the state.

SB14-180 – Transfer Senior Dental Program to Health Care Policy and Financing

The law moves the Old Age Pension Dental Program from the Department of Public Health and Environment to the Department of Health Care Policy and Financing and makes changes to the program. The newly named Colorado Dental Health Care Program for Low-Income Seniors will be a grant program for qualified low-income seniors who are not eligible for Medicaid or private insurance.

Result – The bill was signed into law, and the transfer and program changes take effect March 1, 2015.

CRHC Impact/Rationale – [Monitor] – Currently, few CRHC members participate in the OAP Dental Program, but some rural local public health agencies participate as it provides low-income seniors with access to oral health services. In the future, the take up rate might increase, therefore, CRHC participated in stakeholder conversations to ensure any proposal to move the program ensured patients maintained access to services during the transfer, allowed as many providers and community-based organizations to participate in the program as possible, and did not add administrative burdens to grantees.

Affordability and Cost

SB14-016 – CDPHE Regulate Free Standing Emergency Centers

The bill proposed new licensing standards for emergency rooms that aren’t affiliated with a hospital. It would have created its own license category, required the free standing emergency centers to serve all patients regardless of their ability to pay and prevented the centers from charging a facility fee.

Result – The bill was killed.

CRHC Impact/Rationale – [Monitor] – CRHC was initially concerned that the bill would create unintended consequences by making changes to the community clinic license. In committee, the bill was amended to create its own license category, thereby reducing concern.

SB14-050 – Financial Assistance in Colorado Hospitals

The law clarified the standards and expectations for financial assistance in Colorado hospitals by allowing for hospitals to have a clear understanding of the guidelines for implementing the Hospital Payment Assistance Program enacted in 2012 (SB12-134). Additionally, the law requires the Department of Public Health and Enforcement to promulgate rules and to evaluate hospitals for compliance with all aspects of the Program.

Result – The bill was signed into law, and the Hospital Financial Assistance Standards Committee will begin meeting in by August 6, 2014.

CRHC Impact/Rationale – [Support] – Not having health insurance places individuals and families at financial risk when faced with costly medical services in the event of hospitalization. The law ensures that low-income hospital patients are informed about the availability of financial assistance and that patients can access affordable hospital care when they need it.

SB14-187 – Colorado Commission Affordable Health Care

The law creates the Colorado Commission on Affordable Health Care to analyze health care costs in Colorado. The Commission will be comprised of 12 voting members with expertise in the areas of healthcare administration, financing, delivery and consumption and other pertinent disciplines, and is tasked with studying and making recommendations to address rising healthcare costs.

Result – The bill passed. The members of the Commission will be announced by July 7, 2014. An annual report will be submitted in 2015 and 2016, and the Commission will submit a final report by June 30, 2017 detailing their work and the final outcomes of its efforts.

CRHC Impact/Rationale – [Monitor] – Colorado has made great strides to increase coverage through the Medicaid expansion and by creating a state-based exchange. Rural Coloradans historically pay higher premiums for health insurance. The Commission will represent both rural and urban areas and will move the conversation from coverage to cost.

System and Administrative Changes

HB14-1115 – Medicaid Expansion Private Insurance Pilot Program

The bill would have created a premium assistance pilot program to enroll some Medicaid clients in a health plan offered through the health benefit exchange. The premiums for the plan would be paid for by the state.

Result – The bill was amended to become a study, but ultimately died in committee.

CRHC Impact/Rationale – [Monitor] – If this were to become law, it could pose some access barriers for vulnerable patients. However, a study might provide valuable information about the viability of a premium assistance pilot program for Colorado’s Medicaid expansion population before directly impacting patients.

HB15-1283 – *Modify Prescription Drug Monitoring Program*

The law makes changes to the electronic Prescription Drug Monitoring Program. This includes: authorizing the State Board of Pharmacy to develop criteria for indicators of controlled substance misuse, abuse and diversion; allowing state departments to access the database for public health purposes and Medicaid patient care coordination; and authorizing the Department of Regulatory Agencies to develop a plan to reduce prescription drug abuse.

Result – The bill was signed into law. Everyone with a DEA registration and pharmacists must register in the database by January 1, 2015 and may authorize up to three designees.

CRHC Impact/Rationale – [Support] – In the past, several Rural Health Clinics reported their ability to enter the patient information into the database, as well as to pull information on patients, was challenged as a result of provider capacity. One modification enacted by this law allows prescribers to authorize up to three designees per account. This will allow ancillary staff to enter the information or run a report on patients, thereby increasing efficiency and improving the efficacy of the database.

Behavioral Health

HB14-1253 – *Recommendations Civil Commitment Review Task Force*

The bill would have consolidated the drug, alcohol, and mental health civil commitment statutes and revised definitions for “danger to self or others” and “gravely disabled.” A pared down version of the legislation appeared at the end of the session when it appeared HB1253 would not pass (HB14-1386).

Result – Both HB1253 and HB1386 were killed.

CRHC Impact/Rationale – [Monitor] – This bill would not have a direct impact on rural facilities, but it was a significant conversation at the Capitol during the session.

SB14-088 – *Suicide Prevention Commission*

The law creates a Commission to serve as the interface between public and private sectors in establishing statewide suicide prevention priorities in Colorado that are data-driven and evidence-based. The Commission will make annual reports with recommendations to the Governor.

Result – The bill was signed into law and the members of the Commission will be named in October.

CRHC Impact/Rationale – [Support] – Suicide rates are disproportionately higher in rural parts of the state.

Budget

HB14-1336 – *2014-2015 Long Appropriation Bill*

The budget for Fiscal Year 14-15 beginning July 1st, 2014 totals almost \$24 billion, with \$8.7 billion from state General Funds and the remainder from Cash and Federal Funds. Some of the line items with the potential to impact rural providers and patients are listed below.

- Funding to cover certain legal immigrant pregnant women and children in Medicaid and CHP+

- Two percent across the board increase in all Medicaid reimbursement rates (except Rural Health Clinics and some others)
- Targeted Medicaid provider reimbursement increases above the two percent to address inequities in rates
- Continuation of the enhanced primary care physician reimbursement included in the Affordable Care Act (ACA), with expanded reimbursement to Advanced Practice Nurses (APNs) and elimination of administration burdens associated with the law
- Increase in Medicaid reimbursement to return all Federally Qualified Health Centers (FQHCs) to their reimbursement methodology and rates cut in 2009
- Increase in family planning fee for service reimbursement for specific codes
- Funds for Health Care Policy and Financing (HCPF) to develop a plan for addressing disparities in Medicaid rates that limit client access to cost-effective care
- Health Information Exchange (HIE) funding to help Medicaid providers adopt electronic health record (EHR) systems and connect to the HIE and to increase the data capacity of the HIE
- Continued and enhanced Medicaid eligibility determination activities
- Project for primary care providers and specialists to acquire and utilize technology that allows remote specialty care consultation
- \$500,000 to provide scholarships for nonprofit and governmental entities to defray the costs of access to the All-Payer Claims Database (APCD) to conduct research
- Increase of \$2 million to the Commission on Family Medicine for family practice residency training costs
- Addition of coverage for full dentures as part of the new, limited Medicaid adult dental benefit
- Enhanced CHP+ dental benefit for kids to comply with federal law, adding certain services and increasing the annual cap from \$600 to \$1,000
- \$5 million to provide financial incentives and support to dentist and dental hygienists who participate in the Medicaid program
- \$40.2 million to modernize Colorado Benefits Management System (CBMS)
- Increase in total funds for behavioral health by 36.2 percent (from \$404 million to \$550 million)

We appreciate everyone who helped with the successes achieved during the legislative session and look forward to working together again during the 2015 state legislative session to improve healthcare services available in rural communities in order that rural Coloradans have access to comprehensive, affordable, high-quality healthcare.

This summer, CRHC will monitor the implementation of state legislation, proposed federal legislation and proposed regulatory changes at the state and federal levels. Watch for policy updates through CRHC's policy blog at [The Rural Voice](#).