

Legislative Report

Colorado Coalition for the Medically Underserved

HB1060 ADVANCED PRACTICE NURSE NETWORK PROVIDER

Sponsors Rep. Gagliardi & Sen. Spence

Beginning January 1, 2009, requires carriers that provide health benefit plans to use objective and reasonable criteria when evaluating an application for status as a participating provider submitted by an advanced practice nurse. Further requires the carrier to consider the provider-to-covered-person ratio for the covered benefits that may be provided by the advance practice nurse when evaluating the application. Requires carriers to make a determination regarding an advanced practice nurse application within the same time period within which they make determinations for physicians and also requires a carrier to provide a reason for any denial. If the application is approved, requires the carrier to list the advanced practice nurse in their provider directory.

Current Status Signed by Governor

Position Monitor

HB1061 ADVANCED PRACTICE NURSE SIGN AFFIDAVITS & CERTIFICATES

Sponsors Rep. Roberts & Sen. Hagedorn

Effective January 1, 2009, requires an advanced practice nurse to practice in accordance with standards from national professional nursing organizations and have a safe mechanism for consultation and collaboration with a physician, and when appropriate, referral to a physician or other health care providers. Allows an advanced practice nurse to sign an affidavit, certification, or similar document that documents a patient's current health status; authorizes continuing treatment, tests, services, or equipment; authorizes a parking placard for a person with a disability; or gives advance directives for end-of-life care, as long as the signing of the document fits within the scope of practice of an advanced practice nurse and within the advanced practice nurse-patient relationship. Specifies specific forms that may be signed by an advanced practice nurse. Further clarifies those forms that can only be signed by a physician. The sections of HB08-1061 related to the involuntary commitment of alcoholics and drug abusers will be effective July 1, 2009, instead of January 1, 2009 (this was changed per HB08-1167).

Current Status Signed by Governor

Position Monitor

HB1089 NONPROFIT BOARD ACTION FLEXIBILITY

Sponsors Rep. Balmer & Sen. Veiga

Facilitates email voting by permitting the board of directors of a nonprofit corporation to take action upon written notice and the board members' written vote or failure to respond, unless otherwise provided in the bylaws.

Current Status Signed by Governor

Position Monitor

HB1094 ADVANCED PRACTICE NURSES REIMBURSEMENT

Sponsors Rep. Gagliardi & Sen. Hagedorn

Effective July 1, 2008, authorizes payment to an advanced practice nurse for services provided under the Colorado Medical Assistance Act. Requires reimbursement for services to be made directly to the advanced practice nurse upon request, except when the services are provided within the scope of employment of a salaried employee of a public or private institution or a physician.

Current Status Signed by Governor

Position Monitor

HB1101 DEV DISABILITIES WAIT LIST FOR SERVICES

Sponsors Rep. B. Gardner & Sen. Renfroe

Creates the developmental disabilities services cash fund. In each of the next 5 fiscal years, directs the general assembly to appropriate the fund a specified percentage of the amount by which total general fund appropriations for the fiscal year may increase over the prior fiscal year in accordance with the statutory limit on general fund appropriations. During each regular session of the General Assembly, the Joint Budget Committee and the House and Senate Health and Human Services Committees must hold a joint hearing on the status of the waiting lists for services for persons with developmental disabilities. The goal of the hearing is to propose an appropriation from the General Fund to the Developmental Disabilities Services Cash Fund in an amount equal to 2 percent of the amount by which total state General Fund appropriations may increase over the prior fiscal year, pursuant to the Arveschoug-Bird limit on General Fund appropriations.

Current Status Signed by Governor

Position Monitor

HB1116 RULES DENTAL ASSISTANCE PROGRAM SENIORS

Sponsors Rep. Gallegos & Sen. Shaffer

Requires the state board of health to promulgate rules regarding allowable procedures and fees for the dental assistance program for seniors. Deletes dollar amounts in the existing fee schedule from statute, but maintains list of covered services. Effective date of August 6, 2008.

Current Status Signed by Governor

Position Monitor

HB1131 MERGERS OF HEALTH INSURANCE COMPANIES

Sponsors Rep. McGihon & Sen. Hagedorn

Requires the commissioner of insurance to conduct an independent investigation to determine the impact on competition resulting from a proposed merger or acquisitions of health insurers with sizable market shares. Any expenses associated with the independent investigation will be paid by the health insurance company. Requires the commissioner to issue a public report on his or her findings within a certain period of time. Specifies that all data and reports collected or used by the commissioner in his or her investigation and analysis shall be made available to the public, and sets forth the procedures and time frames for such independent investigation and for public hearings. If an insurer claims that certain information provided is proprietary, the insurer has the burden of proof to keep such information confidential. Specifies that the commissioner shall approve any merger or acquisition of control only after making certain findings. Specifies that, if the procedures set forth in the act are not followed, an aggrieved party may seek a preliminary injunction in a court of competent jurisdiction to stop the merger.

Current Status Signed by Governor

Position Support

HB1134 DENTAL OR DENTAL HYGIENE PRACTICE OWNER

Sponsors Rep. J. Kerr & Sen. Morse

Specifies that only a licensed dentist or dental hygienist may be the proprietor of a dental or dental hygiene practice. Requires the name, license number, ownership percentage, and other information required by the state board of dental examiners relating to the proprietors of a dental or dental hygiene practice to be posted on the premises in a conspicuous location. Exempts non-profit safety net dental clinics from this requirement so the nonprofit corporation can employ dentists and hygienists.

Current Status Signed by Governor

Position Monitor

HB1144 SUNSET HEALTH CARE CREDENTIALS APP

Sponsors Reps. Robert and Frangas

Continues the health care credentials application review committee.

Current Status Signed by Governor

Position Monitor

HB1167 HEALTH CARE FOR VULNERABLE POPULATIONS

Sponsors Rep. Frangas & Sen. Boyd

Allows for health care coverage for vulnerable populations by providing requirements for the continuation of employer-sponsored insurance coverage when an employee's work hours are reduced from full-time to less than 30 hours per week due to economic conditions. Eliminates a six-month employment requirement and extends continuation benefits to those whose reduction in work hours is due to the employee's injury, disability, or chronic health condition. In addition, the bill adds a guaranteed issue period for Medicare supplement policies of 6 months after a previous policy has been involuntarily terminated for reasons other than nonpayment of premiums or fraud. Creates the "Restroom Access Act" requiring: retail establishments with toilet facilities to allow customers with health conditions such as; Crohn's disease, ulcerative colitis, other inflammatory bowel disease, irritable bowel syndrome, or other medical condition that requires immediate access to a toilet facility, to use the facilities even if the facilities are not normally available to the public. Requires county departments of human services to refer children under the age of 5 who are the subject of substantiated abuse or neglect for developmental screening. Prohibits the department of Human Services, community centered boards, and service agencies from discriminating against developmentally disabled clients because of complaints, participation in dispute resolution procedures, and exercising certain rights.

Current Status Signed by Governor

Position Monitor

HB1203 MATERIAL CHANGE HOSPITAL TRANSACTIONS

Sponsors Rep. M. Carroll & Sen. Boyd

Defines the term "material change" for purposes of the laws relating to transactions involving licensed hospitals. Adds factors for the Attorney General to consider in determining whether an asset exchange transaction which results in a "material change". These factors include reductions in the availability and accessibility of health care services in the communities served by the hospital.

Current Status Signed by Governor

Position Monitor

HB1309 SUNSET REVIEW COVER COLORADO ASSESSMENTS

Sponsors Reps. V. Mitchell and Ferrandino & Sen. Isgar

Sunset Process - House Business Affairs and Labor Committee: Continues the assessments imposed upon health insurance carriers to fund the CoverColorado program and removes the repeal of the assessment. Creates the CoverColorado long-term funding task force to develop a plan for funding for at least 10 years the program into the future and consider: creating an all-payer system, increasing the premium tax credit for donations to the program, implementing varied levels of premiums based on income level, offering a high deductible plan that will qualify for a health savings account, revising the methods, administration, and collection of the assessment; and waiting periods and the cap on benefits. Requires the task force to submit its plan to the General Assembly by March 31, 2009.

Current Status Signed by Governor

Position Support

HB1375 **LONG APPROPRIATIONS BILL**

Sponsors Rep. Buescher & Sen. Keller

Health care items of interest from the 2008 long appropriations bills for State Fiscal Year 2008-09 include the following items listed in TOTAL amounts (unless otherwise noted):

- 1.5% Community Provider rate increase \$4.7M
 - CBMS Changes to expand Medical Assistance sites - \$5.3M
 - Vendor to analyze centralized eligibility for Medicaid/CHP - \$153,600
 - Program Eligibility Training Unit for Medicaid/CHP - 1.9 new FTE
 - Additional CHP Outreach and Enrollment Funding - \$1.4M
 - Medical Homes for Children Enhanced Provider Reimbursement - \$3.3M
 - Other Medical Homes for Children (Enrollment Broker and Recruit/Certify Providers) - \$740,000
 - CORHIO - \$500,000
 - Clinic Based Indigent Care Program (CICP) - \$26.3M
 - Hospital Based Outpatient Clinic Program (CICP) - \$9.8M
 - Commission on Family Medicine for Residency Programs - \$2.2M
 - The Children's Hospital - \$10.9M additional
 - 340b Pharmaceutical Pricing Pilot Program - \$61,000 plus future year savings
 - Medicaid Provider Rate Increases of \$11.7M for primary care, \$11.8M for dental, \$750,000 for substance abuse, \$2.25M for radiology, \$500,000 for prenatal plus, others
 - Comprehensive Primary and Preventive Care Grants - \$6.4M
 - Primary Care Fund from Amendment 35 - \$31.3M
 - Local public health agencies - \$1.5M increase from increased tobacco settlement funds
 - Immunization Information System - \$654,000 GF to expand and move it from the CU Health Sciences Center to the Department of Public Health and Environment
- JBC Budget Package:
- \$2.0M transfer for Disease Management Fund
 - \$2.9M to remove 95% cap on PACE
 - \$1.8M to allow Breast and Cervical Cancer Fund to receive 100% state match

Current Status Signed into Law; Portions Vetoed

Position Monitor

HB1385 **HEALTH INSURANCE TRANSPARENCY**

Sponsors Rep. Primavera & Sen. Schwartz

Requires the Insurance Commissioner to implement and maintain a consumer guide to health benefits coverage on the Division of Insurance website. The website must include information on each carrier, a link to the division's complaint form and index of complaints, and other information the commissioner determines to be useful to consumers. In addition, health care insurance producers and agents must disclose expected commission amounts to consumers. It will not include information that is not open to the public. It can include information on health plan quality from state or nationally recognized organizations.

Current Status Signed by Governor

Position Monitor

HB1389 **INCREASED OVERSIGHT OF INSURANCE RATES**

Sponsors Rep. M. Carroll & Sen. Sandoval

Requires each insurance carrier to file with the commissioner of insurance a detailed description of its rating and renewal practices for health insurance. Requires such information to be public when filed and requires requested rate filing increases for health insurance to be submitted at least 60 days prior to the proposed implementation date. Allows the rates to be implemented if the commissioner does not approve the rates within the 60-day period. Allows the commissioner to disapprove the rates upon later review. Requires the commissioner to disapprove the rates if certain conditions apply. Requires insurance carriers to report if specific reasons apply to an increase in rates. Prohibits persons from willfully withholding information that will affect rates or premiums. Amended to delete all provisions pertaining to auto insurance.

Current Status Signed by Governor

Position Monitor

HB1390 **COVERCOLORADO LONG-TERM FUNDING**

Sponsors Rep. McGihon & Sen. Isgar

This bill establishes a new funding structure for the CoverColorado program beginning January 1, 2009, as follows: 50 percent from premiums, grants and donations; 25 percent from the unclaimed property trust fund; and up to 25 percent from special fees assessed against insurers. The CoverColorado Board shall determine the amount of the special fees assessed against insurers, and the Commissioner of Insurance is authorized to enforce payment of the special fees. If the program experiences unexpected growth in program enrollment or claims expenses, it can request additional funding from the Unclaimed Property Trust Fund. The 11-member CoverColorado Long-term Funding Task Force is created to develop a plan for at least 10 years of funding for the program. The program director will chair the task force and the program will provide staff support. The plan is to be submitted to the General Assembly by March 31, 2009. Prior to the July 1, 2017 repeal date, the State Auditor shall conduct or contract for a review and evaluation of the efficacy of the funding structure and report its findings to the General Assembly by January 1, 2017.

Current Status Signed by Governor

Position Support

HB1393 **CONSUMER HEALTH CARE TRANSPARENCY ACT**

Sponsors Reps. Stephens and Pommer & Sens. Morse and S. Mitchell

Requires the commissioner of insurance to work with the association of hospitals to approve an information system that records charges reported by hospitals for 25 most common inpatient procedures. Requires each licensed hospital to annually report the charges for the 25 most common inpatient diagnostic-related groups. Requires the association to make hospital charges available on its web site, as well as information reported by health insurance carriers. Requires the association to submit a plan and report regarding the process and time frame to display the information system on their website.

Current Status Signed by Governor

Position Monitor

HB1407 PENALTY UNREASONABLE CONDUCT INSURERS

Sponsors Rep. Romanoff & Sen. Gordon

Prohibits the unreasonable delay or denial of payment of a claim for benefits owed by an insurance company, and provides remedies for claimants, including a new cause of action. If an action brought under this bill is found to be frivolous, the court shall award costs and attorney fees to the defendant in the action. The bill exempts workers' compensation, life and title insurance from its provisions. It increases the monetary penalties the Commissioner of Insurance can impose on insurance companies and agents for violations of law. It prohibits an insurance contract from giving the plan administrator sole discretion in determining eligibility for benefits. The bill expands the definition of restitution to include costs and expenses for lost time from work and attorney fees. Fiscal note includes savings to the Medicaid program, as health insurers that also insure Medicaid patients will be less likely to deny valid claims due to the increased costs of doing so.

Current Status Signed by Governor

Position Monitor

HB1410 PREVENTIVE COVERAGE COLORECTAL CANCER

Sponsors Rep. A. Kerr & Sen. Tochtrop

Mandates health insurance plans to cover screening tests for colorectal cancer with total cost sharing limited to 10 percent of the cost of screening. An allows for co-payment and coinsurance to be collected at the time the patient is receiving the preventative service. Requires that HMO's keep the sum of the co-payments and coinsurance under 10 percent of the cost of the preventative service.

Current Status Signed by Governor

Position Monitor

HJR1031 STUDY HEALTH CARE VULNERABLE POPULATIONS

Sponsors Rep. Frangas

The resolution creates a nine-member task force to study health care for vulnerable populations. The committee is to study various issues related to health care, including improving access to mental health and substance abuse treatment, improving access and delivery of services to the disabled community, easing barriers to enrollment in public programs, and financing the CoverColorado program. In addition, the committee is to consider requiring the Division of Insurance to collect and make public certain information from health insurance carriers, and requiring health insurers to use standardized forms, electronic identification cards, and prior authorization procedures. Finally, the committee is to study a single-payer health care system as presented in the final report of the Blue Ribbon Commission for Health Care Reform. The task force would consist of one member appointed by the President of the Senate and one member appointed by the Speaker of the House of Representatives (co-chairs), one member of the House appointed by the House minority leader and one member of the Senate appointed by the Senate minority leader; and five members of the public appointed jointly by the co-chairpersons of the task force who shall have knowledge and experience working with vulnerable populations in health care. Appointments shall be made on or before July 1, 2008. The task force shall meet three times between July 1, 2008 and August 31, 2008 and may make legislative recommendations to the existing Health Care Task Force.

Current Status Adopted

Position Monitor

SB003 **FAMILY PLANNING PILOT PROGRAM**

Sponsors Sen. Boyd & Rep. Riesberg

Directs that the percentage of the federal poverty level used to determine eligibility for the family planning pilot program be established in the request for a federal waiver to be budget neutral.

Current Status Signed by Governor

Position Support

SB011 **TRAUMA CARE FUNDING**

Sponsors Sen. Morse & Rep. Massey

This bill, as amended by the Senate Health and Human Services Committee, requires insurance companies to include medical payments coverage of at least \$5,000 on motor vehicle policies beginning January 1, 2009. A policy may be issued without medical payments coverage if the policyholder rejects the coverage. If the insurance company fails to offer the coverage or to maintain documentation of the rejection, the policy is assumed to include coverage. Motorcycles, motorscooters, snowmobiles, and people who self-insure, are exempted from the requirements. The medical care coverage will provide \$5,000 per person, for bodily injury resulting from a motor vehicle accident regardless of fault. The bill specifies the priority in which health care providers are to be paid benefits: licensed ambulances or air ambulances; trauma physicians; level III, IV or V trauma centers in rural areas; and level I, II or III trauma centers or regional pediatric trauma centers. Any remaining benefits are to be paid to health care providers for subsequent medical services.

Current Status Signed by Governor

Position Monitor

SB022 **OVEREXPENDITURES IN THE CHILDREN'S BASIC HEALTH PLAN**

Sponsors Sen. Sandoval & Rep. Ferrandino

Upon approval of the governor, authorizes expenditures of the department of health care policy and financing for the children's basic health plan to exceed the amount appropriated if there are sufficient moneys available in reversions from the department, the health care expansion fund, or the children's basic health plan trust.

Current Status Signed by Governor

Position Active Support

SB057 **INSURANCE COVERAGE HEARING AIDS MINORS**

Sponsors Sen. Kester & Rep. Marshall

This bill requires health insurance coverage for medically necessary hearing aids for minor children whose hearing loss is verified by a physician or audiologist. These benefits are subject to the same annual deductibles or co-payments established for all health insurance covered benefits and to utilization review. Coverage includes: initial hearing aids and replacement hearing aids, but not more often than every five years; a new hearing aid when alterations to the existing appliance cannot adequately meet the needs of the child; and services and supplies including but not limited to the initial assessment, fitting, adjustments, and auditory training.

Current Status Signed by Governor

Position Monitor

SB099 **EXTEND MEDICAID FOSTER CARE**

Sponsors Sen. Sandoval & Rep. Stafford

Allows a person younger than 21 years of age for whom the state made subsidized adoption payments but who did not meet certain federal requirements and who attained 18 years of age or otherwise became emancipated to continue to be eligible for medicaid. Requires court or youth's guardian ad litem to notify the youth of option to receive Medicaid benefits through his or her twenty-first birthday before closing a case. SB07-002 expanded Medicaid eligibility to young adults, ages 18 to 21, who qualified for federal benefits through Title IV-E and aged-out of foster care or subsidized adoption programs. This bill adds an additional category of foster care youth. For FY 2008-09, the fiscal note for SB07-002 estimated costs of \$8.3 million and a caseload of 1,471 clients. However, implementation of SB07-002 has not progressed as anticipated. Enrollment of these young adults has not approached the estimates provided. While nearly 1,500 young adults were newly eligible for Medicaid, only a fraction have enrolled (50 as of January 2008). SB08-99 is expected to increase enrollment. This Medicaid expansion was funded from the Health Care Expansion Fund from Amendment 35.

Current Status Signed by Governor

Position Support

SB131 **INCREASE SUPPLEMENTAL OLD AGE PENSION FUND**

Sponsors Sen. Morse & Rep. Buescher

Recommended by the Joint Budget Committee. For all fiscal years, beginning with FY 2009-10, the bill increases funding to the Supplemental Old Age Pension (OAP) Health and Medical Care Fund by \$2,100,000. The total diversion to the fund increases from \$750,000 to \$2,850,000 annually.

Current Status Signed by Governor

Position Monitor

SB135 **HEALTH INSURANCE STANDARDIZED BENEFITS CARD**

Sponsors Sen. S. Mitchell & Rep. Gagliardi

Requires health insurance carriers to develop and issue a printed standardized card to covered persons under a health coverage plan. Requires the card to contain information about the contents of and procedures to access benefits under the plan. The minimum information to be included on the card is, the covered person's name and plan number, the type of plan and available coverage, the co-payment and deductible amounts as well as basic benefits. To the extent possible the rules developed by the insurance commissioner shall not interfere with the current standardized prescription drug card. In addition requires the commissioner of insurance within thirty days of the bill passage, to convene a working group of carriers, medical professionals, pharmacists and other stakeholders to develop recommendations for the transfer of "real time data." The work group shall look at standards for technology and tools for information exchange consistent with national standards. The work group must, at a minimum, make recommendations for; simplifying eligibility and coverage verification, using electronic data interchange for eligibility notification, preauthorization, or service notification, and retroactive denial, when to implement technology for medical assistance programs; and whether to create a pilot program. Allows the division of insurance to adopt the recommendations for standardized electronic swipe cards, allows the industry two years to comply and requires providers to purchase electronic equipment compatible with the standardized card.

Current Status Signed by Governor

Position Support

SB138 **PHYSICIAN DESIGNATION FULL DISCLOSURE**

Sponsors Sen. Johnson & Rep. McGihon

Creates the Physician Designation Disclosure Act establishing minimum requirements to be used by a health care entity when developing a designation for a physician. Requires a disclaimer be included in all reporting of physician designations. A designation presented without the disclaimer stated in the bill constitutes a violation. Upon request of the designated physician or the Commissioner of Insurance, a health care entity is required to disclose the process and data used in creating a designation. Physicians have the right to appeal a designation, during which time the designation can not be public. Allows a physician to take civil action against a health care entity. A health care entity violating the act, commits an unfair or deceptive practice in the business of insurance.

Current Status Signed by Governor

Position Monitor

SB148 **HEALTH CARE MANAGED CARE ORG DEFINITION**

Sponsors Sen. Penry & Rep. Kefalas

Defines several terms for Medicaid, including managed care entity (MCE). A MCE is an entity that enters into a contract to provide services in a managed care system and includes managed care organizations, prepaid inpatient health plans, and prepaid ambulatory health plans. Primary care case managers are not MCEs. References federal definitions for these Medicaid providers.

Current Status Signed by Governor

Position Monitor

SB160 **CHILDREN'S HEALTH CARE**

Sponsors Sen. Hagedorn & Rep. McGihon

For the children's basic health plan, increases the percentage level of the federal poverty line for eligibility from 205% to 225% for children (beginning March 2009) and pregnant women (beginning October 2009). Allows eligibility to increase up to 250 percent of FPL subject to available appropriations. For the children's basic health plan, increases the mental health benefits to be as comprehensive as those provided in Medicaid.

Current Status Signed by Governor

Position Active Support

SB161 **MEDICAID AND CHP+ ENROLLMENT**

Sponsors Sen. Boyd & Rep. Merrifield

Allows HCPF to adopt rules to verify income eligibility under medicaid and the children's basic health plan through the most recent records of the department of labor and employment and/or the federal income, eligibility, and verification system. Allows applicants to submit more current income information and to reenroll recipients if the records establish the recipient's income eligibility. Clarifies that self-employed applicants shall continue to provide documentation until their income can be verified by the state. Directs the advisory committee on covering all children in Colorado to investigate the feasibility of combining medicaid and the children's basic health plan.

Current Status Signed by Governor

Position Active Support

SB203 REPEAL BLUE RIBBON COMMISSION

Sponsors Sen. Shaffer & Reps McGihon and Massey

Repeals the blue ribbon commission for health care reform on July 1, 2008. Specifies that any moneys remaining in the health care reform cash fund shall be transferred to the general fund.

Current Status Signed by Governor

Position Monitor

SB214 LOCAL GOVERNMENT MEDICAID PROVIDER FEES

Sponsors Sen. Shaffer & Rep. Frangas

Makes the following changes to the process local governments can use to impose a provider fee on hospitals and home health agencies for the purpose of obtaining federal financial participation through Medicaid as authorized by SB07-245: changes the definition of qualified provider to include all licensed hospitals and home health agencies instead of only non-government providers; clarifies that the any fee is to be based on aggregate gross or net revenue with certain exclusions as authorized by state and federal regulations; allows local governments either to collect the fee or to allow providers to pay the fee directly to the Department of Health Care Policy and Financing; specifies how the local government must distribute the fee and any federal matching funds if the local government collects the fee; allows the State Medical Board to adopt rules necessary for the administration of provider fees; and establishes the Local Government Provider Fee Cash Fund for fees paid to the department and allows administrative costs to be paid from the fund.

Current Status Signed by Governor

Position Monitor

SB217 CENTENNIAL CARE CHOICES

Sponsors Sen. Hagedorn & Reps. McGihon and Massey

Authorizes the creation of the centennial cares choice program to reduce the number of uninsured in Colorado. Creates a panel of expert advisors (to be appointed by 7/1/08) who work with the Department of Health Care Policy and Financing and Division of Insurance to issue a request for information (RFI) to health insurance companies and other specified interested parties, including the state of Colorado. Respondents would provide information on the development of value benefit plans (VBPs) for the individual market. VBPs will include the following: A premium subsidy program for low-income individuals; Consideration of a mandate that individuals obtain health insurance to be enforced through the tax code as well as consideration of an environment without a mandate; Primary and preventive care benefits and wellness programs; Encourage use of regional networks of providers, Community Health Centers and other safety net providers; an adequate network of providers to assure statewide coverage; Be offered as a guarantee issue product with rating based on age and geography only and use a benchmark plan valued at approximately 80% of the actuarial value of a state employee PPO plan. Requires HCPF, DOI and panel to evaluate the proposals and make recommendations to the joint HHS Committees, with an interim report due by 12/15/08 and a final report due by 3/1/09. The general assembly may then pursue legislation and funding, including a possible ballot initiative to raise revenue. References the expansion of Medicaid to 100% of FPL for adults as one of the issues to be considered by legislation. If statutory authority and funding is available, allows the issuance of a Request for Proposals (RFP) for health plans who wish to provide VBPs in Colorado. The same requirements above that apply to the RFI would also apply to the RFP.

Current Status Signed by Governor

Position Support

SB220 EMPLOY PHYSICIANS BY HEALTH CARE FACILITY

Sponsors Sen. Boyd & Rep. Riesberg

In addition to licensed or certified hospitals and licensed hospices, allows a community mental health center currently licensed by the department of public health and environment, a federally qualified health center, or a rural health clinic to employ a physician as long as the center or clinic: Does not limit or exercise control over the physician's independent judgment; and Does not offer the physician any percentage of fees charged to patients by the center or clinic or any other financial incentive. Requires a center licensed by the department that employs a physician to report to the department, upon initial and renewal license application, the number of physicians so employed by the center. Requires a federally qualified health center or rural health clinic that employs a physician to annually report to the department the number of physicians so employed. Requires the center's or clinic's policies to contain a procedure for physicians to make complaints alleging a violation of the requirements pertaining to the employment of physicians by such centers or clinics.

Current Status Signed by Governor

Position Monitor

SB230 HOSPITALS MEDICAID UNITS OF GOVERNMENT

Sponsors Sen. Morse & Rep. Buescher

Authorizes specified governmental hospital care providers, subject to voter approval, to levy and collect a sales tax within certain geographic areas. Establishes a definition of "state university teaching hospital". Authorizes the general assembly to appropriate moneys annually to state university teaching hospitals for services provided under the state's medicaid program. Proposed by Denver Health and University Hospital to address potential losses due to a new federal Centers for Medicare and Medicaid Services (CMS) rule. Under this proposed rule, the ability for public hospitals in Colorado to certify public expenditures will be eliminated. Without intervening action from Congress or the courts, this rule will be implemented in May 2008. If the rule goes into effect, the public hospitals in Colorado could lose up to \$128.2 million in federal funds. In addition, the state could lose \$13.8 million in federal funds that the state currently uses to offset General Fund appropriations.

Current Status Signed by Governor

Position Monitor
