

## Legislative Report

### Colorado Coalition for the Medically Underserved

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**HB1012 HEALTH INSURANCE INCENTIVES FOR WELLNESS & PREVENTION PROGRAMS**

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**Sponsors** Reps. Rice and Stephens & Sens. Mitchell and Newell

Allows insurance carriers that provide individual and group health insurance plans in Colorado, to offer incentives for participation in wellness and prevention programs, including Patient Centered Medical Homes. Carriers are given flexibility in determining the types of programs offered as long as: 1) program participation is not a condition of coverage; 2) participation in the program is voluntary; 3) participants are not required to achieve a specific outcome to receive the incentive; and the incentive is not used as a marketing device for the insurance plan. Requires carriers provide "adequate measures" to ensure confidential health information and compliance with HIPAA standards. Requires uniform application of rewards or incentives based on participation in wellness and prevention programs and not based on the size of group participating.

**Current Status** Signed by Governor

**Position** Monitor

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**HB1020 EXPEDITED MEDICAL PROGRAM REENROLLMENT**

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**Sponsors** Rep. Acree & Sen. Spence

Directs the department of health care policy and financing to establish a process for reenrollment in Medicaid and the children's basic health plan both over the phone and the internet. Allows the department to create a pilot program that will serve a limited amount of recipients and enrollees. This will be intended to serve as a transition until the system has the capability to serve recipients and enrollees statewide.

**Current Status** Delivered to Governor

**Position** Support

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**HB1064**      **CREATE LEGISLATIVE COMMITTEE TO STUDY POVERTY ISSUES**

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**Sponsors**      Rep. Kefalas & Sen. Sandoval

Creates the economic opportunity poverty reduction task force, consisting of 5 members from each house of the general assembly. Requires the task force to meet at least 4 times an interim and members may be reimbursed expenses up to six meetings a year. Specifies the duties of the task force, including assessing current policies and practices in Colorado that promote economic opportunity and poverty reduction and developing and implementing a strategic, integrated, and comprehensive plan to reduce the number of Coloradoans living in poverty by fifty percent, especially for families and children, and studying issues relating to poverty, nutrition programs, employment programs, and self-sufficiency. The task force will make recommendations to the general assembly and propose legislation. Clarifies the task force shall meet during each interim and all monies shall be continuously appropriated. Specifies that if there are insufficient funds received, the task force shall not meet. Repeals the task force July 1, 2014.

**Current Status**      Delivered to Governor

**Position**      Monitor

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**HB1102**      **HEALTH INSURANCE PORTABILITY STUDY**

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**Sponsors**      Rep. Acree & Sen. Scheffel

During the 2009 interim, requires the health care task force to study the portability of health insurance after a policyholder has separated from employment.

**Current Status**      Signed by Governor

**Position**      Support

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**HB1111**      **HEALTH RESOURCES FOR UNDERSERVED AREAS**

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**Sponsors**      Rep. Massey & Sens. Boyd and Schwartz

Creates the primary care office in the prevention services division in the department of public health and environment to identify areas of the state that lack sufficient health resources and to coordinate available federal and state programs to maximize medical reimbursements, grants, and the placement of health care professionals, defined as a licensed physician, an advanced practice nurse, a mental health practitioner, or a physician assistant, or any other professional determined eligible by the federal government. Specifies the office's duties, including applying for federal designation of certain health care shortage areas for the purpose of maximizing resources through administration of specified state and federal programs, including the health care provider loan repayment program and allowing for Conrad 30 J-1 visa waiver programs to be used to serve areas in need. Creates the visa waiver program fund. Transfers responsibility for administration of the loan repayment program from collegeinvest in the department of higher education to the office, and changes the name to the state health care professional loan repayment program. Increases the number of members on the health care community board that provides recommendations for implementing the loan repayment program and includes that board in the primary care office. Requires the office to provide staff assistance for the board. Directs the board to review the existing health care professional loan repayment programs and recommend to the governor and the general assembly whether to consider consolidating the existing health care professional loan repayment programs in Colorado. Makes conforming amendments.

**Current Status**      Delivered to Governor

**Position**      Support

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**HB1143 HMOs OFFER LIMITED BENEFIT PLANS**

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**Sponsors** Rep. Swalm & Sen. Schwartz

Allows health maintenance organizations, in counties with 25,000 people or less, to offer enrollees basic health care services through a limited benefit plan. Requires the HMO that offers these limited plans to clearly state in brochures, contracts, manuals and all printed materials, that a limited benefit plan may impose a total maximum benefit amount annually or on a particular service and that once the total maximum amount is exhausted the insured will be required to pay out of pocket. Requires a letter to the consumer explaining the limited benefits and requires the consumers signature. Prohibits an employer who has offered their employees health insurance for one year prior to offer a limited benefit plan. Repealed July 1, 2012.

**Current Status** Signed by Governor

**Position** Monitor

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**HB1164 SURCHARGE BREAST CANCER AWARENESS LICENSE PLATES**

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**Sponsors** Rep. Primavera & Sen. Kester

Authorizes a \$25 surcharge for a new \$25 surcharge for renewal of the license plate, but until July1, 2012, the renewal fee is optional for plate holders. Allocates the surcharge to a new account within the breast and cervical cancer prevention and treatment fund (BCCPT) to pay for costs to expand eligibility for the program under Medicaid to women who are screened through providers that do not receive federal funds through the centers for disease control and prevention's national breast and cervical cancer early detection program for their screening activities. Surcharges are credited to the eligibility expansion account. Authorizes that when sufficient funds are available or pledged to the fund to expand and sustain the Medicaid BCCPT program, the department of health care policy and financing shall request federal financial participation to expand Medicaid eligibility for the program. Authorizes the department following federal approval, to request funding through the budget process, dissolve the eligibility expansion account, and transfer moneys to the BCCPT Fund. Allows the department and CDPHE the use of the funds for related administrative costs.

**Current Status** Signed by Governor

**Position** Support

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**HB1204 PRIORITY PREVENTIVE HEALTH SERVICES**

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**Sponsors** Rep. Massey

As of January 1, 2010 expands the required coverage for preventive health care services under a policy or contract providing coverage for all commercially insured health care services to include the following mandated preventive health care services: 1) Alcohol misuse screening and intervention by an outpatient primary care provider; 2) Cervical cancer screening; 3) Cholesterol screening; 4) Childhood immunizations; 5) Influenza vaccinations; 6) Pneumococcal vaccinations; and 7) Tobacco use screening and intervention by an outpatient primary care provider. Specifies coverage shall be in accordance with A or B recommendations of the United States Preventive Services Task Force (USPSTF). Allows mandated coverage to change based on recommendations from the USPSTF with regard to services covered, recommended ages, populations for services covered and frequency of services to be covered. Requires all services to be covered with a co-pay as required by the policy, contract or other health care coverage and prohibits the application of policy deductible or co-insurance for the mandated services.

**Current Status** Delivered to Governor

**Position** Monitor

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**HB1224 NO GENDER CONSIDERATION IN INDIVIDUAL HEALTH INSURANCE RATES**

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**Sponsors** Rep. S. Schafer & Sen. M. Carroll

Directs the 2009 Health Care Task Force to study the variance in rates by health insurance carriers based on the gender of the individual insured.

**Current Status** Delivered to Governor

**Position** Monitor

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**HB1293 COLORADO HEALTHCARE AFFORDABILITY ACT**

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**Sponsors** Reps. Reisberg and Ferrandino & Sens. Keller and Boyd

Creates the Health Care Affordability Act of 2009. The Department of Health Care Policy and Financing (HCPF) is authorized to collect hospital provider fees for the purpose of obtaining federal financial participation for the state's medical assistance programs. Fees are set by the State Medical Services Board based on federal regulations and are for the following: 1) to increase Medicaid and CICP reimbursements to hospitals); 2) to increase the number of people covered by medical assistance programs; and 3) to pay for administrative costs related to the fee and program expansions. Payments to hospitals are subject to the receipt of federal authorization, state payments to hospitals will increase through 1) maximizing provider payments based on federal regulations, 2) increasing payments under the Colorado Indigent Care Program (CICP) to 100 percent of cost, and 3) paying a new quality incentive payment. Expanding Medical Assistance Programs will occur if sufficient fees and federal funding are available. Allows HCPF to expand medical assistance programs as follows: 1) increasing the income eligibility limit for the Children's Basic Health Plan (CBHP) from 205 up to 250 percent of the federal poverty level (FPL) for both children and pregnant women (implementation Spring 2010); 2) increasing the income eligibility limit for Medicaid for parents from 60 up to 100 percent FPL (Implementation Spring 2010); 3) providing for 12-month continuous eligibility for children in Medicaid (Implementation Spring 2012); 4) creating a new Medicaid buy-in program for disabled adults and children with income up to 450 percent FPL (Implementation Summer 2011); and 5) creating a new Medicaid eligibility category for childless adults with income up to 100 percent FPL (Implementation Winter 2012). Requires payments to hospitals be fully funded before any eligibility expansion. Authorizes the Medical Services Board to set rules related to the fee and expansion programs, but rules to reduce medical benefits or eligibility must be approved by the Joint Budget Committee. Creates a 12-member Hospital Provider Fee Oversight and Advisory Board established to provide recommendations to the HCPF and the Medical Services Board regarding the implementation of the fee and the expansion of programs. Requires the advisory board to report to the General Assembly. Requires five years after the bill becomes law, legislative service agencies of the General Assembly must conduct a review of the implementation of the act, and provide a written report.

**Current Status** Signed by Governor

**Position** Active Support

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**HB1338 STATE INSURANCE LAW COMPLY FEDERAL LAW**

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**Sponsors** Rep. Casso & Sen. Bacon

Modifies state insurance laws as follows to comply with recent federal law enactments. Conforms state law with the federal "Genetic Information Nondiscrimination Act" by expanding the scope of protections to the use of all genetic information, rather than just information derived from genetic testing. Conforms state law with the federal "Children's Health Insurance Program Reauthorization Act of 2009" by specifying that a person who loses eligibility under the "Colorado Medical Assistance Act" or the children's basic health plan, or who becomes eligible for premium assistance under such act or plan, is eligible to enroll in his or her employer's group health plan. Conforms state law with the federal "Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008" by specifying that the mental illness mandate only applies to small group plans and that the state mental health disorder parity law applies to large group plans. Conforms state law with the federal "Michelle's Law" by prohibiting carriers from terminating dependent coverage for a child under 24 years of age who is enrolled in a post-secondary institution and who takes a medically necessary leave of absence from the institution before the earlier of one year after the first day of the medically necessary leave of absence, or the date the coverage would otherwise terminate under the terms of the plan or health insurance coverage.

**Current Status** Conference Committee Report Adopted by Senate and House

**Position** Pending review

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**HB1342 ELIMINATE CIGARETTE SALES TAX EXEMPTION**

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**Sponsors** Reps. Benefield and Kagan & Sens. Boyd and Williams

Beginning July 1, 2009, eliminates the state sales and use tax exemption for cigarettes. Maintains the sales and use tax exemption for cigarettes for counties, statutory towns and cities, and special districts.

**Current Status** Delivered to Governor

**Position** Active Support

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**HB1349 CONTINUE HEALTH CARE AFTER EMPLOYMENT**

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**Sponsors** Rep. Fischer

Allows an employee who has been terminated from employment the right to continue health care coverage with a 65% premium subsidy if the employee is an assistance-eligible individual. Defines "assistance-eligible individual" as an individual who: - Between September 1, 2008 and February 16, 2009, was continuously insured under the group policy of the employer for at least 6 months prior to termination; - Experienced a qualifying event; - and is not eligible for health care coverage under another group plan or under Medicare. Defines "qualifying event" to mean an involuntary termination from employment that does not include the death of the employee, divorce or legal separation from the employee, or loss of dependent status. Requires an employer to provide notice to qualified beneficiaries of the right to elect coverage that includes eligibility and other information pursuant to the federal "American Recovery and Reinvestment Act of 2009." Applies this act to employers who employ employees on at least 50% of its working days, or if the employer was not in business for the entire preceding calendar year, on at least 50% of its working days in the preceding calendar quarter.

**Current Status** Delivered to Governor

**Position** Monitor

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<b>HB1353</b>	<b>MEDICAL BENEFITS FOR LEGAL IMMIGRANTS</b>
<b>Sponsors</b>	Rep. Miklosi & Sen. Foster  Subject to sufficient appropriations and the receipt of federal financial participation, authorizes the department of health care policy and financing to provide benefits under medicaid and the children's basic health plan to pregnant women and children who are legal immigrants prior to the 5-year waiting period following their date of entry into the United States.
<b>Current Status</b>	Delivered to Governor
<b>Position</b>	Active Support
<b>HB1364</b>	<b>INCREASE HEALTH CARE TASK FORCE TERMS</b>
<b>Sponsors</b>	Rep. Reisberg & Sen. Boyd  Increased the length of terms that members appointed to the health care task force serve from one year to no more than two years.
<b>Current Status</b>	Passed Senate unamended
<b>Position</b>	Monitor
<b>SB088</b>	<b>DOMESTIC PARTNER GROUP HEALTH BENEFITS STATE EMPLOYEES</b>
<b>Sponsors</b>	Sen. Veiga & Rep. Ferrandino  Makes a legislative declaration about the prevalence of domestic partner health care benefits and the need for the state to remain competitive for recruiting and retaining skilled employees. Defines "domestic partner" as an unmarried person of the same gender as the employee who is ineligible to marry the employee with whom they have had an exclusive relationship for at least one year. Directs the state personnel director to adopt rules for state employees to elect domestic partner coverage. Beginning in fiscal year 2010-11, allows state employees to elect such coverage for their domestic partners and their dependents.
<b>Current Status</b>	Delivered to Governor
<b>Position</b>	Support
<b>SB132</b>	<b>PROVIDE DISCOUNT PRESCRIPTION DRUG INFO</b>
<b>Sponsors</b>	Sen. Boyd & Rep. J. Kerr  Requires the department of health care policy and financing to make information available to the public regarding the availability of lower-cost generic or discounted prescription drug programs. Repeals the "Colorado Cares Rx Act" created by article 2.5 of title 25.5.
<b>Current Status</b>	Signed by Governor
<b>Position</b>	Monitor
<b>SB211</b>	<b>DELAY CHP+ ELIGIBILITY EXPANSION</b>
<b>Sponsors</b>	Sen. Keller & Rep. Ferrandino  Eliminates the scheduled increase in eligibility to 225% of the federal poverty level for the children's basic health plan and increases it to 205% of the federal poverty level. Reduces the appropriation made in fiscal year 2008-2009 for the eligibility expansion in the children's basic health plan.
<b>Current Status</b>	Signed by Governor
<b>Position</b>	Pending review

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**SB228**      **INCREASE GENERAL ASSEMBLY'S FLEXIBILITY IN USING REVENUES**

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**Sponsors**      Sen. Morse & Reps. Marostica and Court

Under current law, General Fund appropriations are limited to the lesser of a 6 percent increase from the previous year's appropriation level and 5 percent of Colorado personal income. SB 09-228 sets the limit equal to 5 percent of Colorado personal income. Transfers from the General Fund to transportation, capital construction, and the General Fund statutory reserve are required by the bill as follows: 2% of general fund appropriations to transportation, 0.5% to capital construction and 0.5% to the reserve beginning in FY12-13 and continuing for 5 years, however the capital construction transfer increases to 1% in the third, fourth and fifth years of the transfers. The five-year block of transfers is subject to a trigger on personal income growth. If personal income increases by less than 5 percent in 2012, the entire five-year block of transfers is postponed until the first fiscal year in which personal income increases by at least 5 percent during the calendar year in which the fiscal year originated. If personal income growth were to fall below 5 percent during the five-year period, the transfers would continue to occur without pause. Each individual transfer is subject to a trigger based on the size of future TABOR refunds. If a TABOR refund equal to between 1 percent and 3 percent of General Fund revenue is expected to occur, transfers will be reduced by 50 percent. If the TABOR refund is equal to more than 3 percent of General Fund revenue, the transfer will not occur. Once the five-year period of transfers is complete, the General Fund statutory reserve will equal 6.5 percent of General Fund appropriations. Eliminates other statutory references and obsolete provisions related to the appropriation limit and makes conforming amendments. Eliminates the automatic transfer to the controlled maintenance trust fund that is a percentage of excess general fund revenue. Eliminates the automatic transfer of general fund surplus to the HUTF and capital construction fund. Eliminates the automatic diversion of sales and use tax revenues to the sales and use tax holding fund and instead gives General Assembly the discretion to make such transfers. Eliminates the limit on the amount the General Assembly may appropriate from the HUTF for specified state agencies.

**Current Status**      Delivered to Governor

**Position**      Active Support

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**SB244**      **INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDERS**

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**Sponsors**      Sen. B. Shaffer & Rep. Primavera

Effective July 1, 2010, requires group health insurance policies, subject to state regulation, to provide coverage for applied behavior analysis for autism spectrum disorders (ASD). The bill includes definitions of terms including: ASD, applied behavior analysis, autism services provider, and treatment plan. Insurance carriers cannot deny coverage for the treatment of ASD or refuse to renew coverage because the individual or a covered dependent is diagnosed with ASD or due to utilization of services. The bill specifies that early intervention services, currently a mandatory coverage, shall supplement the services required under SB09-244. As amended, the bill includes the following annual maximum benefits: children from birth to 8 years of age - \$34,000 per year; children ages 9 to 19 years of age - \$12,000 per year; and adults over 19 years of age - no mandatory coverage.

**Current Status**      Delivered to Governor

**Position**      Support

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**SB262 BREAST & CERVICAL CANCER PROGRAM COSTS**

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**Sponsors** Sen. White & Rep. Marostica

Budget Package Bill from JBC. For fiscal years 2009-10 through 2011-12, requires that 100% of the state costs of the breast and cervical cancer prevention and treatment program be paid from the breast and cervical cancer prevention and treatment Cash Fund. For fiscal years 2012-13 and 2013-14, there will be appropriated annually 50% of the state costs of the Breast and Cervical Cancer Prevention and Treatment Program from the General Fund and 50% from the moneys credited to the Breast and Cervical Cancer Prevention Fund. Makes adjustments to 2009 long bill.

**Current Status** Signed by Governor

**Position** Monitor

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**SB265 MEDICAID CHP+ PAYMENT TIMING**

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**Sponsors** Sen. White & Rep. Pommer

Budget Package Bill from JBC. Authorizes Health Care Policy and Financing to delay the last normal provider payment cycle for the 2009-10 fiscal year until after July 1, 2010. Specifies that, after June 1, 2010, capitated payments made to various managed care entities (prepaid inpatient health plans, BHOs, PACE and managed care plans) shall be made on the first day of the month following the enrollment of the recipients in the managed care entities. Clarifies that the Medicare Modernization Act State Contribution Payment does not have to be paid before the date it is due. This bill is anticipated to reduce expenditures in FY 2009-10 by \$87.3 million total funds (including \$35.6 million General Fund).

**Current Status** Signed by Governor

**Position** Monitor

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**SB269**      **ADJUST TOBACCO SETTLEMENT MONEYS ALLOCATION**

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**Sponsors**      Sen. White & Rep. Ferrandino

Budget Balancing Bill from JBC. Requires all disputed payments of tobacco settlement moneys received by the state during FYs 2008-09, 2009-10 and 2010-11 to be credited to the general fund (approx \$6.9M). Also requires all tobacco settlement moneys in excess of \$100M that would be allocated to tobacco settlement programs for the 2009-10 fiscal year under current law to instead be credited to the general fund (approx \$3M). Reduces appropriations to the tobacco settlement programs as follows: Read to Achieve (\$165K), Pediatric Specialty Hospital (\$5K), Primary and Preventive Care (\$190K), University of Colorado Health Sciences Center (\$262K), Offender Mental Health Services (\$64K), Alcohol & Drug Abuse (\$16K), Nurse Home Visitor (\$982K), Public Health Support Services (\$37K), Colorado Immunization Fund (\$21K), and adds \$128K to HIV and AIDS Prevention and \$13K to AIDS Drug Assistance Program. Suspends the 1% annual increase in the percentage of settlement moneys allocated to the nurse home visitor program mandated by current law for the 2009-10 fiscal year and thus reduces the percentage allocated to this program by 1% of each subsequent fiscal year. For the 2009-10 fiscal year only, appropriates a specified amount from the AIDS and HIV prevention fund, which currently only funds the HIV and AIDS prevention program, to the AIDS drug assistance program. Changes the funding source for the Summer School Grant Program from the State Education Fund to the Read-to-Achieve Cash Fund (\$1.0 million). Later amendments to this bill and SB271 allow up to \$65M of tobacco settlement monies to be transferred to the General Fund for FY09-10. This was accomplished without an impact to program funding by allowing more of the tobacco settlement funds to be used in the year the funds are received by the state, rather than waiting one year. The controller was given authority to grant interest free advances of funds to provide working capital for operation of programs if tobacco settlement funds are anticipated but not yet received.

**Current Status**      Delivered to Governor

**Position**      Monitor

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**SB270**      **TOBACCO TAX INVESTMENT INCOME TRANSFERS**

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**Sponsors**      Sen. Tapia & Rep. Marostica

Budget Package Bill from the JBC. Requires all interest and income derived from the deposit and investment of moneys from Amendment 35 funds from fiscal years 2008-09 through 2011-12 to be credited to the General Fund (approx \$3 - 5M/year). Specifically names all of the A35 funds: tobacco tax cash fund; health care expansion fund; primary care fund; tobacco education programs fund; prevention, early detection, and treatment fund; and the health disparities grant program fund.

**Current Status**      Signed by Governor

**Position**      Pending review

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<b>SB271</b>	<b>EMERGENCY USE TOBACCO TAX REVENUES</b>
<b>Sponsors</b>	Sen. Tapia & Rep. Ferrandino
	Pursuant to the declaration of state fiscal emergency contained in SJR 35, expands the purposes for which tobacco tax revenues may be used to any health-related purpose and to serve populations enrolled in CHP+ and Medicaid at the programs' respective levels of enrollment as of Jan. 1, 2005. Reduces expenditures for tobacco education and prevention by \$8 million, early detection and treatment funds by \$12 million, and primary care fund by up to \$7.4 million and transfers this \$27.4 million to the medical services premium line in the Long Bill. Effective date is contingent upon SJR 35 receiving the constitutionally required 2/3 supermajority vote in each chamber.
<b>Current Status</b>	Delivered to Governor
<b>Position</b>	Pending review

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<b>SJR035</b>	<b>DECLARE FISCAL EMERGENCY TOBACCO TAX</b>
<b>Sponsors</b>	Sen. White & Rep. Marostica
	Pursuant to the provisions of "Amendment 35" in the Colorado Constitution, declares a fiscal emergency for purposes of permitting tobacco tax revenues to be spent on any health-related purpose and to serve populations enrolled in the children's basic health plan and the Colorado medical assistance program at their respective levels of enrollment on January 1, 2005. Makes findings as to the state of the state and national economies and revenue shortfalls.
<b>Current Status</b>	Signed by Governor
<b>Position</b>	Monitor

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<b>SJR044</b>	<b>INTERIM COMMISSION STUDY LONG-TERM FISCAL STABILITY</b>
<b>Sponsors</b>	Sen. Shaffer & Rep. Weissmann
	Creates a long-term fiscal stability commission which shall meet during the interim after the 2009 Regular Session of the Sixty-seventh General Assembly to study matters related to the long-term fiscal stability of the state. Such matters include, but are not limited to, long-term solutions for the economy, higher education and K-12 education funding, state transportation funding, affordable access to health care, state-owned assets and creation of a rainy day fund. Specifies the commission shall have 16 members, 6 of whom are legislators and 10 others appointed by legislative leadership.
<b>Current Status</b>	Adopted
<b>Position</b>	Monitor