



Health Care and Health Insurance

During the 2017 legislative session, the General Assembly considered several measures related to Medicaid, insurance carriers, and substance use disorder in Colorado. The General Assembly also considered measures related to background checks for some types of providers and made changes to the state behavioral health crisis response system.

Medicaid Issues

House Bill 17-1139 requires a provider who improperly bills or seeks collection from a Medicaid client or her or his estate to refund any amount unlawfully received, with interest, and to pay a civil monetary penalty for each violation. It also makes the provider liable for all related amounts submitted to a collection agency in the name of the Medicaid client.

Under prior Colorado law, home health services could only be provided in the home. However, a recent change in federal regulations requires that home health services be provided to clients in any setting in which normal life activities take place, including in the community. *Senate Bill 17-091* removes the requirement that home health services under Medicaid be provided in a client's place of residence, which is expected to increase utilization of health services within the existing service limits.

During the 2016 interim, the General Assembly formed the Interim Study Committee on Communication Between the Department of Health Care Policy and Financing and

Medicaid Clients. The interim study committee convened to study the following:

- the current form and content of letters that are sent to Medicaid clients by the Department of Health Care Policy and Financing (HCPF);
- the frequency with which letters are sent to Medicaid clients by HCPF; and
- whether such letters can be simplified and the content made more clear so as to improve the information that is communicated to Medicaid clients.

The following four bills were recommended by this interim study committee.

House Bill 17-1126 requires administrative law judges to review the legal sufficiency of Medicaid notices of action when a client appeals a termination or reduction in benefits.

House Bill 17-1129 clarifies that Medicaid benefits must automatically continue without requiring an affirmative request by a client who is appealing a termination or reduction in benefits, and HCPF must send the client written confirmation of the continuing benefits.

House Bill 17-1143 requires the Office of the State Auditor to conduct performance audits of client correspondence concerning eligibility for Medicaid programs. These audits, to be conducted in 2020 and 2023, will encompass correspondence generated both inside and outside of the Colorado Benefits Management System.

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Senate Bill 17-121 requires HCPF to engage in an ongoing process to improve Medicaid client correspondence that are revised or created after January 1, 2018. The bill specifies a number of criteria that must be included in client correspondence, and requires that HCPF report on its process for improving Medicaid client correspondence in its annual SMART Act hearing.

Insurance Carriers

Senate Bill 17-088 requires a health insurer (carrier) to develop and use standards for selecting participating health care providers for its network, and for tiering providers within a tiered network if the carrier offers a tiered network.

Under prior law, a contract between a health care provider and an insurance carrier had to contain a provision stating that neither the provider nor the carrier is prohibited from protesting or expressing disagreement with a medical decision, policy, or practice of the carrier or provider, and that the carrier cannot terminate the contract with the provider due to the provider's disagreement with a coverage decision by the carrier. *House Bill 17-1173* expands the required protections for providers in contracts with insurance carriers by prohibiting a carrier from taking any adverse action against a provider, who, acting in good faith, expresses his or her disagreement with a carrier's decision.

Senate Bill 17-203 defines "step therapy" as a protocol that requires a covered person to use a prescription drug, or sequence of prescription drugs, other than the drug recommended by the covered person's health care provider, prior to the carrier providing coverage for the recommended drug. Under the bill, health insurance carriers are prohibited from requiring a covered person to undergo step therapy if the covered person has tried a step-therapy-required drug under his or her current or previous health benefit plan and use of the drug was discontinued due to a lack of efficacy or effectiveness, diminished effect, or an adverse event.

Substance Use Disorder

House Bill 17-1351 requires HCPF, with assistance from the Department of Human Services (DHS) to prepare a written report, no later than November 1, 2017, concerning the feasibility and costs of providing residential and inpatient substance use disorder treatment as part of the Medicaid program.

State law gives Colorado pharmacists and licensed prescribers access to the Colorado State Board of Pharmacy's Electronic Prescription Drug Monitoring Program (PDMP), which is a secure online database used to store information about controlled substance prescriptions dispensed to Colorado patients. *Senate Bill 17-146* increases health professionals' access to the PDMP by allowing practitioners to query the PDMP about a current patient regardless of whether the practitioner is prescribing a controlled substance. The bill also allows veterinarians with prescribing authority to query the database under certain circumstances and allows a pharmacist to query the PDMP about any patient for whom the pharmacist is dispensing any prescription.

Senate Bill 17-193 and Senate Bill 17-074 also focused on substance use disorder. *Senate Bill 17-193* creates a research center for substance use disorder prevention, treatment, and recovery support strategies at the University of Colorado Health Sciences Center, while *Senate Bill 17-074* creates a pilot program in the University of Colorado College of Nursing to make grants for organizations providing medication-assisted treatment to persons with opioid use disorders in Pueblo and Routt counties.

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Provider Background Checks

House Bill 17-1121 would have required podiatrists; dentists and dental hygienists; medical doctors, physician assistants; and anesthesiologists; nurses; certified nurse aides; optometrists; and veterinarians to submit to a criminal background check. Based on the findings of the criminal history record check, the bill would have given the Department of Regulatory Agencies the authority to deny licensure or certification if an applicant was convicted of, pled guilty or nolo contendere to, or received a deferred sentence, in any state, to certain criminal charges related to unlawful sexual behavior or misuse of controlled substances. The bill was postponed indefinitely by the Senate State, Veterans and Military Affairs Committee.

Behavioral Health Crisis Response System

Senate Bill 17-207 makes changes to the state's coordinated behavioral health crisis response system, in order to end the use of jails and correctional facilities as placement options for individuals placed on emergency mental health holds if they have not also been charged with a crime. The bill also commits resources for the use of mental health providers and hospitals in a statewide framework and enhances the ability of emergency departments to serve individuals who are experiencing a behavioral health crisis.