



Health Care and Health Insurance

During the 2018 legislative session, the General Assembly considered a number of measures related to Medicaid, insurance carriers, and health care facilities. It also considered measures concerning substance use disorders, health care costs, and the health care workforce.

Medicaid

The General Assembly passed several bills aimed at addressing Medicaid costs. *Senate Bill 18-266* requires the Department of Health Care Policy and Financing (HCPF) to provide information to providers participating in the Accountable Care Collaborative regarding costs and quality of services provided and pharmaceuticals prescribed by Medicaid providers. SB 18-266 also allows HCPF to pursue cost-control strategies. *House Bill 18-1211* establishes the Medicaid fraud unit which is responsible for investigation and prosecution of Medicaid provider fraud and waste, as well as patient abuse, neglect, and exploitation.

The General Assembly updated the Colorado Medical Assistance Act with *House Bill 18-1431*. The bill updates provisions to align with the federal rule changes and to reflect the implementation of the Accountable Care Collaborative as the statewide managed care system.

A number of bills passed that expanded care for Medicaid patients including *House Bill 18-1321*. This bill requires HCPF to create and implement a method for meeting urgent

transportation needs within the existing nonemergency medical transportation benefit.

Insurance Carriers

Section 1332 of the federal Affordable Care Act allows states to apply for a waiver of various requirements of the federal law to pursue innovative strategies for providing residents with access to high-quality, affordable care. Colorado passed *Senate Bill 18-132* which requires the Commissioner of Insurance to pursue a 1332 waiver to allow all Coloradans to purchase catastrophic health plans through the state health insurance exchange.

House Bill 18-1327 allows General Fund money to be used to support the All-Payer Health Claims Database (database) and creates a grant program to support organizations using its data. The database was implemented in 2010 to facilitate the reporting of data on safety, quality, cost, and efficiency of health care.

Senate Bill 18-136 allows an insurance producer or broker to charge a fee for advising a client on an individual health benefit plan if the producer or broker does not receive a commission related to the individual health benefit plan. The producer or broker must disclose this fee to the client.

House Bill 18-1112 requires a health insurance plan to cover health care services provided by a pharmacist if the services are provided within a health professional shortage area and if the

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health insurance plan covers the same services provided by a licensed physician or advanced practice nurse.

House Bill 18-1284 enacts the Patient Drug Costs Savings Act. The act establishes that health insurance carriers and pharmacy benefit managers may not prohibit pharmacists from discussing cost-sharing requirements or more affordable alternative drugs with covered patients. Carriers or benefits managers may not require pharmacists to collect a copayment that exceeds the total charges billed by the pharmacy.

House Bill 18-1012 prohibits health insurance carriers or other entities that offer vision care plans from setting prices or fees for services or materials offered by a contracted provider that are not covered by the plan.

Health Care Facilities

Currently, freestanding emergency departments are licensed by CDPHE as community clinics with emergency departments. *House Bill 18-1212* would have required CDPHE to create a new health facility license for freestanding emergency departments and begin issuing these licenses by December 1, 2020. The bill was postponed indefinitely by the Senate State, Veterans, and Military Affairs Committee.

Senate Bill 18-146 requires that a freestanding emergency department inform patients that the facility is an emergency room and clarify that it is not an urgent or primary care provider's office.

Under prior law, all records of the Denver Health and Hospital Authority were subject to the Colorado Open Records Act. *Senate Bill 18-149* specifies that certain documents will remain public record, but that the content of an electronic medical record system, individual

medical records, and other documents related to individual patient care are not public records.

House Bill 18-1032 requires the Department of Public Health and Environment (CDPHE) to make individual patient information in the Emergency Medical Services Agency Patient Care Database available to health information networks.

Substance Use Disorders

During the 2017 interim, the General Assembly formed the Opioid and Other Substance Use Disorders Interim Study Committee to study the current scope of substance use disorder in Colorado including current recovery resources and to identify possible legislative options to address the issue. The following bills were recommended by the interim committee.

House Bill 18-1003 continues the interim study committee for two years and allocates marijuana tax revenue to various substance use prevention efforts.

House Bill 18-1007 makes several changes to payment and coverage for substance use disorder treatment under private health insurance plans and the state Medicaid program. Specifically, the bill requires insurance plans to cover a five-day supply of a drug for treatment of opioid dependence, prohibits a carrier from taking adverse action against a provider based on patient satisfaction surveys, and requires Medicaid to authorize reimbursements for opioid overdose reversal drugs.

House Bill 18-1136 adds residential and inpatient substance use disorder and medical detoxification services to the Colorado Medicaid program.

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Senate Bill 18-022 limits, with certain exceptions, the number of opioid pills prescribed to a seven-day supply with one seven-day refill.

Senate Bill 18-024 modifies the Colorado Health Service Corps program to expand the availability of behavioral health care providers in designated shortage areas.

Health Care Workforce

The General Assembly passed a number of bills aimed at addressing the Colorado health care workforce shortage and other health care workforce issues.

House Bill 18-1313 clarifies that a licensed and qualified pharmacist may prescribe over-the-counter medication under the Colorado Medicaid program and when operating under a statewide drug therapy protocol pursuant to a collaborative pharmacy practice agreement.

House Bill 18-1086 allows a community college that is part of the state system of community and technical colleges to offer a Bachelor of Science degree in nursing as a completion degree. Similarly, *House Bill 18-1300* allows local district colleges to offer a Bachelor of Science degree in nursing.

Senate Bill 18-027 adopts the Enhanced Nurse Licensure Compact and requires all registered and licensed practical nurses to complete a fingerprint-based criminal history check in order to participate in the compact. The purpose of the compact is to establish relationships between participating states in the areas of jurisdiction, discipline, and information sharing. SB 18-027 also allows the Interstate Commission of Nurse Licensure Compact Administrators to adopt rules related to the compact, and specifies procedure for states to enter, withdraw, or amend the compact.

House Bill 18-1017 enters Colorado into the Psychology Interjurisdictional Compact to allow licensed psychologists to practice in multiple states via telepsychology or in-person.

Senate Bill 18-174 updates definitions related to service providers for persons with developmental disabilities and clarifies the rules that must be followed in disputes concerning the civil liability of providers.