2018 Legislation in Review

Analyzing Key Health Policy Trends

MAY 2018

COLORADO HEALTH INSTITUTE
Informing Policy. Advancing Health.

2018 Session by the Numbers

721 Bills introduced

441 in the House + **280** in the Senate

ALL-TIME RECORD
738
BILLS INTRODUCED IN 2003

423 Bills became law

59 percent success rate

Just short of the 2017 session's success rate of 62 percent

9 Vetoes
The most in Governor John Hickenlooper's eight years in office

135
Bills killed in State Affairs committees
(40 House, 95 Senate)

146 **Health bills watched by CHI in 2018**

70 Health bills became law
(48 percent success rate)

CHI Bills Watched by Primary Topic Area:

- Aging: 5
- Behavioral Health: 27
- Budget and Fiscal Policy: 9
- Contraception and Abortion: 4
- eHealth and Technology: 3
- Environmental Health: 8
- Firearms: 4
- Freestanding EDs: 4
- Hospitals: 2
- Housing and Health: 3
- Insurance and Health Costs: 9
- Licensing and Scope of Practice: 13
- Marijuana and Tobacco: 14
- Medicaid: 7
- Pharmaceuticals: 12
- Public Health: 5
- Miscellaneous: 17

Legislators are used to bare-knuckled political fights, but this year was something else.

For the first time in more than a century, the House of Representatives expelled one of its members. He had been accused of sexually harassing several women, including a House colleague. A senator accused of sexual harassment survived an expulsion vote. Four other legislators faced harassment complaints. The resulting tension strained the personal relationships that lawmakers depend upon to do the state's business.

Even so, legislators made headway on top-tier issues that had vexed them in past sessions. They funded construction of rural broadband lines, and they added money to the transportation budget — though it is short of what's needed to repair Colorado's highways.

Health bills did not fare as well. The exceptions were measures that responded to the high-profile drug overdose crisis. Some bills addressing mental health — especially among jail inmates — also succeeded. But multiple attempts to address the price of health care and insurance were brushed back.

Here are the five health policy themes the Colorado Health Institute identified in the 2018 legislative session.

1. Opioid Bills Steal a Win

Five of the six bills from a 2017 interim committee charged with addressing the substance use epidemic made it to the governor's desk. Despite the failure of a bill to allow a supervised drug injection site, this was the biggest health policy success story of the session.

2. Transparency Push Trips Up

Legislators finally found some consensus regarding greater price transparency at freestanding emergency departments, but every other major pro-transparency bill related to health — from drug pricing to hospital financial reporting — failed this session.

3. Still Struggling with Cost Control

While we once again saw attempts to rein in insurance cost growth, every notable effort failed. But bills focused on reinsurance, premium subsidies and geographic rating regions kept the conversation front and center and may position the General Assembly to enact changes in the near future.

4. Modest Progress on Mental Health

Legislators considered many bills focused on mental health and worked together to take some promising steps. But politics and philosophical disagreements derailed several suicide prevention measures.

5. Heated Battles Over Environmental Health

Environmental health, especially climate change and oil and gas issues, is increasingly in the spotlight at the Capitol. With the exception of a measure updating the Governor's Energy Office, no bills tackling this topic passed in 2018, but the issue is sure to be back next year — and hotter than ever.

In addition to election-year politics, legislators were dogged throughout the session by the distractions and tension resulting from sexual harassment allegations. Members of both parties and both chambers were accused, and independent investigations substantiated many of the accusers' claims.

Things came to a head with two votes on expelling legislators. One was successful, the other was not.

Members of the House voted on March 2 to kick out Rep. Steve Lebsock (D-Thornton), who faced credible accusations of sexual harassment and retaliation against several women. A fellow lawmaker was one of the accusers. Going into the floor debate, Democrats didn't believe they had enough support to expel him. But after seven hours of emotional testimony, they were joined by 16 of the 25 Republicans present in voting to remove him from office, easily clearing the 44-vote hurdle.

Democrats — including Senate Minority Leader Lucia Guzman of Denver, who abruptly resigned her leadership position in March — cited frustration throughout the session with the refusal of Senate President Kevin Grantham (R-Cañon City) to discipline Republican senators accused of sexual harassment, especially Sen. Randy Baumgardner (R-Hot Sulphur Springs). But Grantham surprised legislators on April 2

Former Rep. Steve Lebsock (D-Thornton) speaks during his March expulsion debate at the State Capitol.

Sen. Randy Baumgardner

when he announced that the Senate would debate and vote on Baumgardner's expulsion that evening. Twenty-four votes were needed to remove him, and the move failed 17-17. Baumgardner was later stripped of his committee positions by leadership.

The discomfort and frustration went beyond legislators. An outside review of the atmosphere at the Capitol found that one-third of the 500 or so people surveyed have seen or experienced harassment there, but only a small fraction said they would feel comfortable reporting it. In response, a bipartisan committee of legislative leaders recommended that a summer working group look into the issue rather than making changes before the session ended.

Several lawmakers, including Reps. Jon Becker (R-Fort Morgan) and Yeulin Willett (R-Grand Junction), have decided not to seek reelection this fall, with the negativity at the Capitol seemingly a major driver of their decisions.

Sonya Doctorian/Special to CHI

Capitol Discord: The Toll of 2018

- 1 Legislator **leaves her party** prior to session.
- 1 Legislator **resigns her leadership position** during session.
- 1 Legislator **expelled** in House, *and switches parties moments before.*
- 1 Legislator **survives expulsion vote** in Senate, *but is later stripped of committee assignments.*
- 6 Legislators **formally accused** of sexual harassment.

Legislators enjoyed something in their 2018 budget they rarely get: options. The General Fund grew by $1.3 billion over the previous year's level, the most robust growth in a decade.

Health care, however, largely missed out on the windfall.

The legislature followed Gov. John Hickenlooper's wishes to spend most of the new money on three big items: K-12 schools, transportation and the Public Employees Retirement Association (PERA).

No one had proposed any major health care initiative that required tax money, so health programs mostly maintained the status quo. One partial exception is the approval of an inpatient substance use treatment benefit in Medicaid, but the biggest costs for that program won't arrive until at least two years from now. Legislators also set aside $6.5 million for other substance use legislation (see pages 10-11).

The Department of Health Care Policy and Financing (HCPF), which runs Medicaid, will get a modest 2.5 percent increase, bringing its total budget to $10.1 billion and keeping it the state's largest agency.

Despite a recent drop in Medicaid enrollment — down to 1,278,000 in April — the department predicts enrollment will grow to 1,350,000 for the 2018-19 budget year. Meanwhile, Medicaid members are getting older, which is driving an increase in the per capita cost of covering enrollees, according to the legislature's budget summary. The projected growth in these two areas is responsible for most of the cost increase.

For the second straight year, the culture war over public health remained in a state of truce. There were no serious attempts to defund immunizations, contraception programs, health surveys or school-based health centers. Conservative Republicans had targeted those topics as recently as 2017.

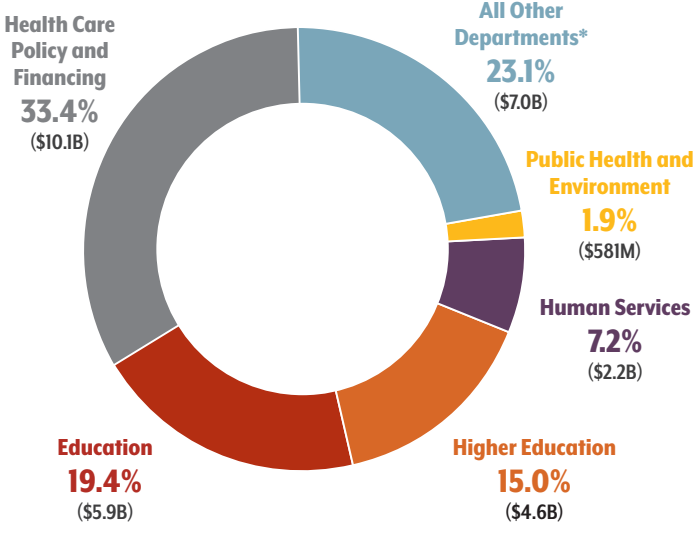
Two bills from the Joint Budget Committee are relevant to health policy:

- **House Bill (HB) 1322: 2018-19 Long Appropriations Act.** This bill, coming in at more than 600 pages, sets the budget for all state agencies through June 2019.
- **HB 1327: All Payer Claims Database.** The bill gives an important new revenue source to the insurance claims database by setting aside $1.5 million from the General Fund and another $1 million in federal money. The database had relied on grant funding that is about to expire.

Fiscal Year 2018-19 Budget

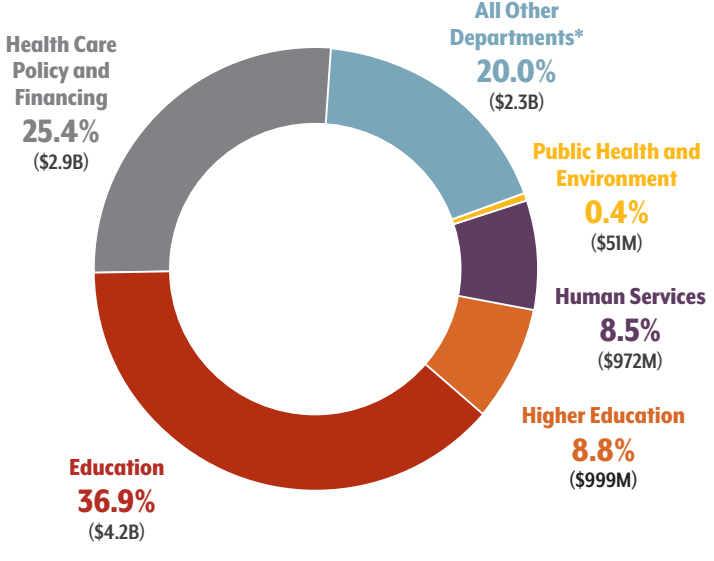
FY 2018-19 Total Funds

Total: **$30.4 Billion**



FY 2018-19 General Fund

Total: **$11.4 Billion**



Source: FY 2018-19 Long Bill (House Bill 1322) and Long Bill Narrative.

*Includes the following departments: Treasury, Public Safety, Local Affairs, Revenue, Natural Resources, Military and Veterans Affairs, Judicial, Corrections, Transportation, Governor, Personnel and Administration, Labor and Employment, Regulatory Agencies, Law, Agriculture, Legislature and State.

The state Capitol's three main power centers have existed in an uneasy balance over the past four years. Republicans hold a one-seat majority in the Senate, Democrats run the House, and Hickenlooper, a business-friendly Democrat, occupies the state's top office.

At least one of those power centers will change after the November election.

Hickenlooper is term-limited and will leave after eight years. Democrats and Republicans will choose their candidates to replace him in the June 26 primary election. The race has drawn more credible challengers than Colorado has seen in a long time.

Gov. John Hickenlooper's eight-year run as Colorado's governor will end in November. Brian Clark/CHI

The Democratic primary ballot has four names: former state Sen. Mike Johnston, former state Treasurer Cary Kennedy, Lt. Gov. Donna Lynne and U.S. Rep. Jared Polis. Republicans also have four candidates: former Parker Mayor Greg Lopez, former state Rep. Victor Mitchell, businessman Doug Robinson and state Treasurer Walker Stapleton.

A November victory by any of the Democrats would shift the state's health policy to the left. All four have called for a public insurance option or other government-sponsored insurance. Republican candidates have been less vocal about health issues, although Stapleton has called for dismantling Connect for Health Colorado, the online insurance marketplace.

Democrats also hope this will be the year they win back the Senate after four years in the minority. To do so, they will have to oust at least one Republican incumbent and defend three possibly vulnerable seats.

Five Senate races to watch:

District 5 (Vail, Aspen, Gunnison). Incumbent **Kerry Donovan** (D-Vail). This is one of the few rural seats that Democrats hold, and it's always competitive.

District 16 (Clear Creek, Gilpin and rural Jefferson counties). Incumbent **Tim Neville** (R-Littleton). Neville narrowly won this seat from a Democratic incumbent in 2014 — a much friendlier year for Republicans.

District 20 (north suburban Jefferson County). Open seat. Incumbent **Cheri Jahn** (Unaffiliated-Wheat Ridge) is term-limited. Suburban Jeffco voters have been moving toward Democrats in recent years, but the county is still one of Colorado's top battlegrounds.

District 22 (central suburban Jefferson County). Open seat. Incumbent **Andy Kerr** (D-Lakewood) is term-limited. Just like District 20, Democrats can't take this seat for granted.

District 24 (Adams County). Incumbent **Beth Martinez Humenik** (R-Thornton). Republicans picked up this longtime Democratic seat in 2014. Although Martinez Humenik tried to establish an independent voting record, she could be in trouble unless the tough national environment for Republicans changes.

If Democrats can pull off a sweep — winning back the Senate while holding on to the House and governor's office — then look for a lot of bills that failed the past four years to be resurrected in 2019.

Health legislation, in particular, often passed the House and died in Senate committees. For example, a Democratic Senate majority likely would have passed a reinsurance program and a study of a Medicaid public option.

Following the work of the 2017 Interim Committee on Opioid and Other Substance Use Disorders, which voted to introduce six bills (described below), it was clear that efforts to address the opioid epidemic would be top-of-mind for lawmakers this session. Senate Bill (SB) 40, to allow a supervised injection site, was disposed of in mid-February — but the rest were not decided until the final few days of the session. At various points, progress stalled, and other budget priorities seemed to elbow ahead. But five bills became law, and the package's 83 percent success rate is one of health policy's biggest wins in such a partisan year.

HB 1003: Opioid Misuse Prevention

A wide-ranging bill, HB 1003 creates the Opioid and Other Substance Use Disorders Study Committee; expands the definition of behavioral health services to include substance use disorders (SUDs) to allow for more grant and funding availability; extends funding and the scope of activities for Screening, Brief Intervention and Referral to Treatment (SBIRT); and states that school-based health centers can apply for grants to provide SUD services.

SPOTLIGHT

HB 1136: Substance Use Disorder Treatment

The most surprising success of the opioid bills, HB 1136 directs the state to pursue a federal waiver to add residential and inpatient SUD treatment and medical detoxification services to the list of Medicaid benefits. The bill's champion, **Rep. Brittany Pettersen** (D-Lakewood), convinced her colleagues to focus on the manageable costs to develop the program next year, rather than on the predicted $34 million net budget impact in fiscal year 2020-21. Hickenlooper signed the bill into law but included a letter that noted the large proposed costs and lack of treatment facilities. The letter asked hospitals to expand their services to meet the need.

HB 1007: Substance Use Disorder Payment and Coverage

Prohibits insurance companies' prior authorization requirement for at least one form of a FDA-approved drug for SUD treatment and allows pharmacists to inject SUD medications under certain conditions. The bill reflected a push for broader availability of medication-assisted treatment. The success of HB 1007 made another bill, SB 168, unnecessary.

SB 22: Clinical Practice for Opioid Prescribing

Limits physicians, dentists, advanced practice nurses and other providers to prescribing a seven-day initial supply of opioids and seven-day refills. The bill allows exemptions for patients with cancer, chronic pain and other conditions. An amendment says these rules only apply for patients who have not received an opioid prescription from the provider in question in the past 12 months.

SB 24: Expand Access to Behavioral Health Providers

Makes behavioral health providers in underserved areas eligible for scholarships and loan repayment benefits. Sponsors hope SB 24 will help address the provider shortage in many communities, especially rural areas.

SPOTLIGHT

SB 40: Substance Use Disorder Harm Reduction

This bill drew the most media attention of the six introduced by the interim committee and was the only one not to make it to the governor's desk — or even out of its first committee. It would have set up a supervised injection facility pilot program in Denver, allowing users to inject illegal drugs in a clean environment without fear of arrest. It also would have allowed school districts to stock and administer the overdose reversal drug naloxone. Ultimately, the concept of such a facility was not palatable for some Republicans. The discussion is far from over — look for it to continue in 2019.


THE DENVER POST

Denver wanted to pursue a supervised injection site for heroin users. Colorado lawmakers told them no

The measure had bipartisan support but died in a Republican-led state Senate committee

For several years, legislators have made health care transparency a major topic of discussion. We saw new versions of previously failed bills to address hospital costs, pharmaceutical pricing and freestanding emergency departments (EDs). Legislators managed to find consensus on old ideas about freestanding EDs, showing that persistence can pay off, but they didn't agree on much else. Hospitals were in the hot seat, but largely defended themselves from attempts to open their books and publish an exhaustive list of their services and prices. The lesson? Lauding the value of transparency is easy, but agreeing on actual policy change is hard.

HB 1009: Diabetes Drug Pricing Transparency Act of 2018

Would have required drug manufacturers, pharmacy benefit managers, insurers and pharmacies to submit annual reports about the price and wholesale acquisition cost of prescription insulin drugs used to treat diabetes. That information, along with details like administrative expenses and research and development costs, would have been published.

FREESTANDING EMERGENCY DEPARTMENTS

SB 146: Freestanding EDs Required Consumer Notices

A breakthrough in a multiyear saga to regulate freestanding EDs, SB 146 requires the facilities to give written and oral notice to customers about the costs of procedures and their rights. Freestanding EDs must inform customers that they will be screened and treated regardless of ability to pay and that they have the right to ask questions about treatment options and costs. In addition, freestanding EDs must provide written disclosures about which plans are in-network and which are out-of-network.

HB 1282: Health Care Provider Unique ID Per Site or Service

Requires freestanding EDs and other off-campus hospital facilities to obtain a unique National Provider Identifier (NPI) that is separate from the affiliated hospital's NPI. Freestanding EDs must use this NPI on claims for reimbursement, so that the costs associated with these facilities are more transparent and accountable.

HB 1212: Freestanding EDs Licensure

HB 1212 would have created a new license for these facilities and authorized the Department of Public Health and Environment (CDPHE) to regulate the facility fees that they can charge, limiting them to the costs reasonably related to freestanding EDs' operating expenses. Despite bipartisan sponsorship, the bill went too far for some legislators.

HB 1260: Colorado Prescription Drug Price Transparency Act

Would have required health insurers to submit information on covered prescription drugs — such as lists of their 25 most frequently prescribed and 25 most costly for total plan spending — to the Commissioner of Insurance, who would make it publicly available. HB 1260 also added reporting requirements for drug manufacturers; for example, they would have had to notify insurers and pharmacy benefit managers when introducing new specialty drugs or increasing the price of certain drugs by more than 10 percent.

HB 1284: Disclosure of Prescription Costs at Pharmacies

Prohibits insurance carriers from applying so-called "gag clauses" that penalize pharmacists who provide information on the cost of a person's share for a prescription drug or on the clinical efficacy of other equivalent and more affordable drugs. The bill also bars pharmacies from collecting unreasonably high copayments (those higher than the insurer's total cost of a drug).

SB 155: Hospital Community Benefits Reporting Requirements

Would have required most hospitals that are exempt from state or local taxes to annually report information about the tax benefits they receive and the community benefits they provide.

SPOTLIGHT

HB 1358: Health Care Billing Disclosures

The bill would have required almost all health care providers, including hospitals, surgical centers, community clinics and physician groups, to publish their charges for health care services and include detailed price breakdowns on patients' bills beginning in 2019. It also would have required pharmacies to publish a list of retail drug prices and insurance carriers to share additional information about contracts and pricing. The far-reaching bill failed overwhelmingly in committee (12-1), but backers are working to get it on the statewide ballot so voters can have the final say.

HB 1207: Hospital Financial Transparency Measures

Would have required hospitals to share more financial information with HCPF, such as their audited financial statements and hospital cost reports they file with the federal government. HCPF then would have developed a Hospital Expenditure Report detailing uncompensated care costs, major cost drivers and more.

If transparency stumbled this session, cost control fell completely flat. Despite the lack of progress on bills, however, legislators seem to be inching forward on reining in high and rising insurance prices. Some ideas were recycled from previous legislative sessions, while newer concepts, such as creating a reinsurance program or instituting Medicaid work requirements, emerged. Various pieces are now on the board — and the next moves will depend heavily on the outcomes of the election in November.

SPOTLIGHT

HB 1392: State Innovation Waiver Reinsurance Program

HB 1392 would have directed the state to apply for an Affordable Care Act (ACA) waiver to establish a reinsurance fund. The fund would have helped insurance carriers pay for high-cost customers, with the idea that insurers could in turn reduce premiums for the rest of their customers who purchase insurance on the individual market. Alaska has been operating a similar model with well-documented success.

HB 1205: Financial Relief to Defray Individual Health Plan Costs

This bill sought to expand financial assistance to qualified people purchasing insurance on the state exchange who are not eligible for advance premium tax credits under the ACA. To qualify, people must have earned between 400 and 500 percent of the federal poverty level, lived in one of the three most costly geographic rating regions in the state, and spent at least 20 percent of their income on health insurance premiums, among other criteria.

HB 1311: Single Geographic Rating Area for Individual Health Plans

Colorado is divided into nine geographic rating regions for pricing health insurance. This bill would have prohibited insurers from considering the geographic location of a policyholder when establishing rates for an individual or group plan, effectively establishing a

single geographic rating area for the entire state. A 2016 actuarial analysis had recommended against the idea.

SB 132: ACA State Waiver for Catastrophic Health Plans

Requires the state to conduct a study and then, assuming positive results, to submit an ACA waiver allowing the sale of catastrophic health insurance plans to anyone shopping on Colorado's exchange. These plans provide minimal financial protection and are therefore cheaper. Currently, catastrophic plans are limited to people who are under age 30 or who meet a hardship requirement.

HB 1384: Study Health Care Coverage Options

Would have required the state to conduct a study and submit a report regarding the costs, benefits and feasibility of implementing several models: a Medicaid buy-in program ("public option"), a public-private partnership option, or a community or regionally based option for health coverage.

HB 1118: Create Health Care Legislative Review Committee

Would have created the Statewide Health Care Review Committee to study health care issues.

SPOTLIGHT

SB 214: Request Self-Sufficiency Medicaid Waiver Program

Would have directed HCPF to submit a waiver to the federal Centers for Medicare & Medicaid Services (CMS), which would require able-bodied Medicaid enrollees to be working, seeking work, or enrolled in school or a job-training program. Such requirements have been pursued recently in other states and caught the eye of two Colorado Republicans as a means to reduce costs and encourage personal responsibility. In addition, the bill would have required able-bodied adults to verify their income eligibility each month and established a five-year lifetime limit on Medicaid benefits for nonexempt enrollees.

Colorado legislators struggled to decide how — and if — to fund suicide prevention efforts. Three bills supporting suicide determent for youth failed in the Senate, largely due to philosophical disagreements over the appropriate role of government in addressing social problems. There was some progress, however. A bill provided funding for a new school-based suicide prevention program, and legislators agreed to create a behavioral health ombudsman position and support efforts to better link people in the criminal justice system with behavioral health care.

SB 272: Crisis and Suicide Prevention Training Grant Program

Creates the Crisis and Suicide Prevention Training Grant Program for teachers and staff at schools across the state. Grants to administer the program can total up to $400,000 per year.

SB 114: Student Suicide Prevention

Would have directed districts and schools to develop a student suicide prevention policy and designate a staff person to serve as a suicide prevention coordinator.

SB 153: Behavioral Health Care Related to Suicide Ideation

Would have required CDPHE to work with hospitals to evaluate the Colorado Suicide Prevention Plan and improve communication practices.

SB 151: Colorado Department of Education Bullying Policies Research

Requires the Department of Education to research and create a bullying prevention policy for schools around the state. Research and the policy must be updated every three years.

SPOTLIGHT

HB 1357: Behavioral Health Care Ombudsman and Parity Reports

Establishes an independent ombudsman within the state Department of Human Services to assist Coloradans in accessing behavioral health care. HB 1357 also requires insurance carriers and the state insurance commissioner to annually report on compliance with mental health parity requirements.

HB 1177: Youth Suicide Prevention

HB 1177 proposed a multipronged suicide prevention effort. It would have required CDPHE to develop a plan and provide training for a broad list of professionals who work with youth; created a statewide awareness campaign and new suicide prevention resources; and lowered the age of consent for a minor seeking outpatient therapy from 15 to 12. Conservative legislators were particularly concerned with the last piece.

Behavioral Health and the Criminal Justice System

In the final weeks of the session, a group of Senate bills addressed the connection between behavioral health and the criminal justice system, including jails and courts. The issue received funding commitments during the state budget debate. One measure addressing competency evaluations, SB 252, failed when Sen. Irene Aguilar (D-Denver) blocked a vote on the final evening, while several others passed.

SB 270: Behavioral Health Crisis Transition Referral Program

Establishes a program to coordinate referrals of high-risk people to transition specialists, who provide advocacy, housing and other supportive services. "High-risk" people are under an emergency or involuntary hold, have a significant mental health or substance use disorder, and are not in consistent behavioral health treatment. The bill was considered by some to be a partial step toward policies proposed in the failed HB 1436 (see page 21).

SB 249 : Redirection from Criminal Justice to Behavioral Health

Creates four pilot programs to redirect people with low-level criminal behavior and a mental health condition to community treatment services.

SB 250: Jail-Based Behavioral Health Services

Opens up more funds through an existing program to provide treatment for people served through the Jail-Based Behavioral Health Services Program.

SB 251: Statewide Behavioral Health Court Liaison Program

Calls for local behavioral health professionals to be designated as court liaisons to facilitate collaboration and communication among judicial, health care and behavioral health systems.

SB 252: Competency to Proceed Evaluations and Services

Would have made extensive changes to the process for determining competency to proceed in a criminal case.

In Colorado and beyond, conversations are building about the intersection of climate change, energy and health. Health policy researchers are increasingly studying these linkages, following the American Public Health Association's declaration of 2017 as the Year of Climate Change and Health. But for all the hours of debate in committee and on the House and Senate floors, only a couple of energy-focused bills passed. The rest were mired in partisan disagreement.

CLIMATE CHANGE

HB 1080: Climate Leadership Awards Program

Would have created the Colorado Climate Leadership Awards Program, which would have recognized organizations and individuals for their leadership in response to climate change challenges.

SPOTLIGHT

HB 1297: Climate Change Preparedness and Resiliency and SB 226: Prohibit Colorado Involvement in Climate Alliance

HB 1297 would have adopted a set of Colorado-specific goals regarding greenhouse gas emissions and adaptation efforts, such as more tree and plant cover, that parallel those of the U.S. Climate Alliance.

SB 226 would have prohibited the governor from involving Colorado in the U.S. Climate Alliance. These two bills, in direct opposition to each other, exemplified political disagreements over the issue in 2018.

ENERGY

SB 3: Colorado Energy Office

Makes changes to the Colorado Energy Office and its responsibilities through repealing several mostly inactive programs and creating new requirements, such as adding nuclear and hydroelectric power to the list of energy sources the office must promote.

SB 167: Requirements to Locate Underground Facilities

Enforces requirements for new underground energy facilities, which will need to be electronically locatable, and creates the Underground Damage Prevention Safety Commission.

HB 1085: Health Effects of Industrial Wind Turbines

Would have required CDPHE to research and report on the health effects of noise and stray voltage from wind turbines.

HB 1071: Regulate Oil and Gas Operations to Protect Public Safety

Would have encouraged more stringent regulation of oil and gas development when it raises concerns over public health, safety and the environment.

HB 1157: Increased Reporting of Oil and Gas Incidents

Would have required oil and gas operators to file publicly available reports for every major and minor "reportable event," such as fires, well malfunctions, the unauthorized release of oil or chemicals, and serious accidents.

HB 1352: Oil and Gas Facilities Distance from School Property

Would have clarified that the minimum 1,000-foot distance requirement for new oil and gas production applies to school property lines and not to school buildings.

Not all health policy legislation fit neatly into one of our five categories. Notable bills tackled subjects from rural broadband and public health to interstate licensure and pharmacy choice. Here's a sampling of what we watched during the session.

HB 1097: Patient Choice of Pharmacy

Would have prohibited insurance carriers and pharmacy benefit managers from limiting an enrollee's ability to select a pharmacy or pharmacist of their choice. The bill included a ban on imposing cost-sharing requirements (such as copayments) on an enrollee in return for selecting a particular pharmacy, and it said that insurers could not deny a licensed pharmacy or pharmacist from participating in their network.

HB 1112: Pharmacist Health Care Services Coverage

Requires insurance companies to cover certain health care services provided by pharmacists, as long as the services are delivered in a health provider shortage area and the insurer covers the same services when they are provided by a physician or advanced practice nurse. HB 1112 aims to alleviate the burden on rural health providers.

HB 1223: Declare Autism Epidemic in Colorado

Would have directed CDPHE to convene a committee to determine if an autism epidemic has emerged in Colorado since 1990. If the committee determined there was an epidemic, the bill would have required a declaration from the governor and urged additional state funds for the response.

SPOTLIGHT

SB 237: Out-of-Network Providers Required Notices by Carriers

Would have required health insurance carriers to cover emergency services that are provided out-of-network at in-network benefit levels. For nonemergency services, SB 237 would have strengthened existing requirements for notifying patients.

HB 1279: Electronic Prescribing of Controlled Substances

Would have required health care providers, from podiatrists to advanced practice nurses, to electronically prescribe drugs (rather than writing prescriptions or calling a pharmacy) except in certain circumstances. There were some exemptions for rural and solo-practice providers. The bill was an attempt to better track and regulate prescriptions, especially opioids.

HB 1321: Efficient Administration of Medicaid Transportation

Requires HCPF to develop and implement a plan for meeting urgent (but nonemergency) transportation needs of Medicaid recipients, such as discharge from dialysis treatments. This transportation plan will extend to all counties in Colorado, potentially using services like Uber and Lyft.

HB 1436: Extreme Risk Protection Orders

Would have created a process for a family member, roommate or law enforcement officer to petition the court for a temporary extreme risk protection order (ERPO) for people who pose significant risk of causing injury to themselves or others with a firearm. The order would have required people to surrender all firearms and concealed carry permits to local law enforcement for a temporary period.

SB 2: Financing Rural Broadband Deployment

Shifts funding from an existing source to support broadband development. Expanding broadband access was a focus of both parties going into the session, and the success of this bill — not coincidentally, one of the first introduced this year — was cheered by rural legislators and leadership on both sides. Access to broadband has many health implications, including for increased use of telehealth technology in rural areas.

SB 13: Expand Child Nutrition School Lunch Protection Act

Provides lunch at no charge to low-income children in state-subsidized early childhood education programs and in school from kindergarten through eighth grade. Previously, only kids in fifth grade and younger qualified for no-cost meals through the Lunch Protection Program.

SPOTLIGHT

SB 27: Enhanced Nurse Licensure Compact

The first bill signed into law this session, SB 27, was rushed through to meet a January 19 deadline. It allows new nurses to practice in any of 27 licensure compact states without needing a state-specific license and maintains licenses for 86,000 nurses who would have otherwise had to reapply and undergo another background check. By enabling nurses from any participating state to practice in-person or via conference call or computer link, Colorado hopes to reduce its nursing shortage.

SB 80: Wholesale Canadian Drug Importation Program

Would have required HCPF to develop a program to import prescription pharmaceuticals from Canada for sale to Colorado consumers. The program design required both drug safety and cost savings for patients. Drugs sold in other countries are often cheaper than those available in the U.S.

SB 139: Statewide Regulation of Products with Nicotine

Would have created a state license requirement for businesses to sell tobacco or nicotine products. However, the bill also prohibited local governments from using state tobacco education, prevention and cessation funds to advocate for additional local license requirements, fees or taxes on tobacco products — making it more of a pro-tobacco measure than an anti-tobacco one.

HB 1179: Prohibit Price Gouging on Prescription Drugs

Would have prohibited a pharmaceutical manufacturer or wholesaler from price gouging — charging unreasonably high prices — on sales of essential off-patent or generic drugs and required the state to report suspected price gouging to the attorney general. A Senate bill with the same title failed early in the session.

Marijuana Bills

HB 1187: Food and Drug Administration Cannabidiol Drug Use

Amends the definition of marijuana to exclude prescription drug products with cannabidiol that are approved by the Food and Drug Administration.

HB 1263: Medical Marijuana Use for Autism and Acute Pain

Would have added autism spectrum disorders to the list of conditions for which medical marijuana can be used. Vetoed by Gov. Hickenlooper.

HB 1286: School Nurse Giving Medical Marijuana

Allows school staff to give medical marijuana to students and permits medical marijuana to be stored at schools. HB 1286 also prohibits individuals from taking legal action against a school for refusing to administer medical marijuana or if an adverse event occurs from giving it.

SB 261: Medical Marijuana for Conditions Where Opiates Are Used

Would have allowed conditions for which a physician can prescribe an opiate for pain to qualify for medical marijuana use as well. In a relatively rare occurrence, this bill failed on third reading (the final vote) on the Senate floor.

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We extend our thanks to CHI's legislative monitors, Mike Beasley and Jennifer Miles, for another session of helpful information and insights, as well as the many CHI staff members who tracked bills and contributed expertise to this report and to CHI's 2018 legislative portfolio.

Photo: Brian Clark/CHI

Front cover photo: Sonya Doctorian/Special to CHI

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