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Weekly Legislative Report
Created for
Colorado Chapter, ACEP
February 17, 2012

Bill: <u>HB12-1017</u>	
Title:	Extend Local Access Health Care Pilot
Status	House Second Reading Laid Over Daily (02/08/2012)
Senate Sponsors	A. Giron (D)
House Sponsors	S. Pace (D) K. Swerdfeger (R)
Official Summary	Under current law, the authority of the board of county commissioners (board) of Pueblo county to operate, either itself or through a contractor, a local access to health care pilot program in the county expires on July 1, 2012. The bill extends the repeal date for the pilot program and the board's authority for another 5 years, through July 1, 2017.
Position	Monitor

Bill: <u>HB12-1041</u>	
Title:	Electronic Death Registration System
Status	House Committee on Finance Refer Unamended to Appropriations (02/08/2012)
Senate Sponsors	L. Guzman (D)
House Sponsors	J. Labuda (D)
Official Summary	The bill directs the department of public health and environment to create an electronic death registration system for purposes of allowing persons responsible for reporting death information to the office of the state registrar of vital statistics to do so electronically.
Position	Monitor

Bill: <u>HB12-1052</u>	
Title:	Health Care Work Force Data Collection

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Status	House Committee on Finance Refer Unamended to Appropriations (02/08/2012)
Senate Sponsors	E. Roberts (R) B. Boyd (D)
House Sponsors	K. Summers (R)
Official Summary	The bill requires the director of the division of registrations in the department of regulatory agencies (director) to implement a system to collect health care work force data from health care professionals who are eligible for the Colorado health service corps, from practical and professional nurses, and from pharmacists. The bill requires a voluntary advisory group designated by the director of the primary care office to recommend the structure of the data elements to be collected regarding specific information about each health care professional and his or her practice. The director is authorized to accept and expend any gifts, grants, or donations that may be available from any private or public sources for the implementation of the data collection system.
Position	Monitor

Bill: [HB12-1054](#)

Title:	Simplify Procurement DHCPF Health Care Providers
Status	Introduced In Senate - Assigned to Health and Human Services (02/01/2012)
Senate Sponsors	B. Boyd (D)
House Sponsors	R. Fields (D)

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Official Summary	<p>The bill simplifies the procurement process by exempting the department of health care policy and financing (department) and a health care provider from certain state fiscal rule requirements concerning standard state contracts and commitment vouchers when the department has regulatory authority over the program and when the provider has already signed a department-approved provider application to provide services under department-administered programs or to bill for services provided under those programs.</p> <p>Applicable programs include medicaid, the children's basic health plan, the Colorado indigent care program, the school health services program, services funded by the primary care fund, and the health and medical care program for old age pensioners. Eligible providers include health care providers, mental health care providers, pharmacists, home health agencies, and other providers authorized under the applicable department-administered programs who provide health care, health care coordination, or outreach, enrollment, or administrative support services.</p>
Position	Monitor

Bill: HB12-1058

Title:	Health Department Infant Eye Prophylaxis
Status	Introduced In Senate - Assigned to Health and Human Services (02/13/2012)
Senate Sponsors	J. Nicholson (D)
House Sponsors	J. Joshi (R)
Official Summary	<p>Currently, the department of public health and environment is required to name, approve, and provide, free of charge, a prophylaxis to be used in treating the eyes of newly born infants. The bill deletes these requirements and requires the health care provider in charge of the birth to treat an infant with a prophylaxis that is in accordance with the current medical standard of care. The bill also deletes the penalty provision for a health care provider who violates the statutes relating to infant eye prophylaxis.</p>
Position	Monitor

Bill: HB12-1059

Title:	Military Spouse Practice Occupation Profession
Status	House Committee on Economic and Business Development Refer Amended to Appropriations (01/31/2012)
Senate	

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Sponsors	
House Sponsors	M. Looper (R)
Official Summary	<p>The bill authorizes military spouses to practice in a regulated profession or occupation other than real estate for one year if the spouse is licensed, registered, or certified to practice in another state; there is no other reason to deny the license; and the person consents to be governed by Colorado law. If applying for authority to continue to practice in Colorado, the applicant must notify the agency that the person is practicing in Colorado and include the contact information for the applicant's employer. If the agency denies the application, the agency notifies the employer. The director of the division of registrations may promulgate rules to implement the bill.</p> <p>The bill also directs agencies to exempt regulated persons who are on active duty for more than 120 days from the requirement to pay certification fees and complete continuing education that became due during the period of active duty, with the exemption continuing for 6 months after the period of active duty. An agency may accept continuing medical education, training, or service from the armed services in satisfaction of Colorado continuing education requirements.</p> <p>A service member or spouse who is an emergency medical service provider certified or licensed in another state is exempt from certification in Colorado. The term "emergency medical technician" is changed to "emergency medical service provider" to align with the trend in other states.</p>
Position	Monitor

Bill: HB12-1065	
Title:	Deadline Advan Prac Nurse Retain Prescriptive Auth
Status	House Committee on Finance Refer Unamended to House Committee of the Whole (02/15/2012)
Senate Sponsors	
House Sponsors	P. Lee (D)
Official Summary	<p>Pursuant to legislation in 2009, the standards for advanced practice nurses (APNs) to obtain prescriptive authority were modified to require APNs, in addition to obtaining specified levels of education and experience, to develop an articulated plan for safe prescribing that documents how the APN will collaborate with physicians and other health care professionals in his or her practice of prescribing medications. Under the 2009 legislation, APNs who were granted prescriptive authority prior to July 1, 2010, were permitted to retain</p>

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	<p>that authority but were required to develop an articulated plan of safe prescribing within one year, or by July 1, 2011.</p> <p>The bill allows the state board of nursing, on a case-by-case basis, to extend the deadline by which APNs with prescriptive authority granted before July 1, 2010, are required to develop an articulated plan, but in no case is the board allowed to extend the deadline beyond July 1, 2012. An APN seeking a deadline extension must submit to the board, prior to July 1, 2012, an application and fee and an attestation that he or she has developed an articulated plan. The board is to adopt rules establishing the criteria for granting a deadline extension. A decision of the board regarding a deadline extension request is not appealable.</p>
Position	Monitor

Bill: HB12-1100

Title:	Pregnancy & Evidence Of Substance Use
Status	Introduced In Senate - Assigned to Judiciary (02/13/2012)
Senate Sponsors	I. Aquilar (D)
House Sponsors	K. Summers (R)
Official Summary	The bill makes the results of any information related to substance use obtained as part of a screening or test performed for the purpose of determining pregnancy or providing prenatal care inadmissible in any criminal proceeding.
Position	Monitor

Bill: HB12-1141

Title:	Health Care Professionals Acudetox
Status	Introduced In House - Assigned to Health and Environment (01/20/2012)
Senate Sponsors	J. Nicholson (D)
House Sponsors	C. Levy (D)
Official Summary	Five-point auricular acudetox is acupuncture done on the ear that is often used to treat substance abuse, mental health, and behavioral health disorders. The bill allows mental health professionals and psychiatric technicians to perform five-point auricular acudetox if they have successfully completed the proper training.
Position	Monitor

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Bill: HB12-1210

Title:	Recognition Out-of-state Professionals To Practice
Status	House Second Reading Laid Over Daily (02/17/2012)
Senate Sponsors	C. Jahn (D)
House Sponsors	D. Beezley (R)
Official Summary	The bill allows a person with a currently valid license, certificate, or registration in good standing from another state to practice his or her profession in this state for up to one year before the person has to meet the licensing, certification, or registration requirements in Colorado. For the person to be eligible to practice in this state, he or she shall have no other basis for disqualification from practice other than the lack of a license, certificate, or registration and shall apply for a license, certificate, or registration within 30 days after engaging in practice in Colorado.
Position	Monitor

Bill: HB12-1219

Title:	Funding Emerging Medical Discoveries
Status	Introduced In House - Assigned to State, Veterans, & Military Affairs + Appropriations (02/01/2012)
Senate Sponsors	S. Williams (D)
House Sponsors	J. Miklosi (D)
Official Summary	The bill establishes a new fund to pay for the costs of clinical trials, governmental approval, and product sales of new medical products discovered at the health sciences center at the university of Colorado. The bill appropriates \$10 million to the fund from the general fund.
Position	Monitor

Bill: HB12-1221

Title:	Direct Billing For Anatomic Pathology Services
Status	House Third Reading Passed (02/15/2012)
Senate Sponsors	L. Tochtrop (D)

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House Sponsors	L. Liston (R)
Official Summary	<p>The bill requires clinical laboratories and physicians that provide anatomic pathology services to submit claims for payment for pathology services only to the patient; the insurance carrier; the hospital or clinic that ordered the service, or the referring laboratory, unless the laboratory is from a physician's office or group practice that does not perform the professional component of the anatomic pathology service; or a governmental agency on behalf of the recipient of services.</p> <p>Licensed health care practitioners are prohibited from charging for anatomic pathology services unless the services were personally delivered by the practitioner or under the direct supervision of the practitioner. Laboratories that refer to another physician or laboratory for consultation or histologic processing are exempt from the personal delivery and direct supervision requirement, unless the laboratory that makes the referral does not perform the professional component of the service.</p> <p>The term "anatomic pathology services" is defined to include histopathology or surgical pathology, cytopathology, hematology, subcellular pathology or molecular pathology, and blood-banking services performed by pathologists.</p>
Position	Monitor

Bill: HB12-1242	
Title:	Biometric System Monitor Prescription Drugs
Status	Introduced In House - Assigned to Health and Environment + Economic and Business Development (02/07/2012)
Senate Sponsors	B. Boyd (D)
House Sponsors	T. Massey (R)
Official Summary	<p>The bill requires the division of registrations (division) in the department of regulatory agencies, by January 1, 2013, to develop an electronic system to monitor and store in a secure database information pertaining to:</p> <ul style="list-style-type: none"> • The prescribing of prescription drugs; • The dispensing or delivery of prescription drugs by a prescription drug outlet (PDO) or health care practitioner (practitioner); and • The dispensing or delivery of restricted over-the-counter substances, also known as methamphetamine precursor drugs, by a PDO or practitioner. <p>Practitioners and PDOs are required to maintain biometric scanning</p>

devices and to use those devices to obtain a biometric scan of a person's biometric identifier, such as a fingerprint or retinal scan, and to submit the scan to the database. Practitioners and PDOs are also required, prior to prescribing or dispensing a prescription drug or dispensing a restricted over-the-counter substance, to submit specified information to the database, including:

- The date of the prescription order;
- The name of the substance prescribed or dispensed, including strength, quantity, and directions for use;
- The name and address of the practitioner or PDO, as applicable; and
- The name and address of the person receiving the substance, as applicable, in an encrypted format.

Once the information is received, the database assigns a unique identifying number to the particular prescription order or restricted over-the-counter substance and immediately transmits to the practitioner or PDO, as applicable, the following:

- The identifying number for the substance;
- The names of the substances prescribed or dispensed in connection with the biometric scan that may conflict with or overlap the practitioner's prescription order or the restricted over-the-counter substance; and
- The name and address of the practitioner whose prescription order may conflict with or overlap the prescribing practitioner's prescription or restricted over-the-counter substance and the name and address of the practitioner or PDO that dispensed or delivered the conflicting or overlapping prescription or restricted over-the-counter substance.

Before dispensing or delivering a prescription drug or restricted over-the-counter substance, the practitioner or PDO is to submit the biometric scan to the database, and the database is to immediately transmit to the practitioner or PDO the following:

- The names of the substances that have been prescribed in connection with the biometric scan that may conflict with or overlap the substance to be dispensed or delivered;
- The name and address of the practitioner whose order may conflict with or overlap the prescription drug or restricted over-the-counter substance to be dispensed or delivered and the full name and address of the practitioner or PDO that dispensed or delivered the conflicting or overlapping prescription or restricted over-the-counter substance;
- A graduated alert system indicating the potential dangers related to dispensing or prescribing the substances as they relate to any conflicting or overlapping prescriptions;
- A warning or critical alert relating to the severity of the conflict or overlap, requiring the practitioner to

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	<p>biometrically acknowledge receipt of the conflict or overlap; and</p> <ul style="list-style-type: none"> • A warning or critical alert relating to the severity of the conflict or overlap to additional practitioners who provided or delivered the conflicting or overlapping substances. <p>The bill makes exceptions for practitioners who administer a substance directly to the patient and for substances dispensed in an inpatient or residential facility. A person who fails to comply with the requirements of the bill commits a class 1 misdemeanor.</p>
Position	Monitor

Bill: <u>HB12-1281</u>	
Title:	Medicaid Payment Reform Pilot Program
Status	Introduced In House - Assigned to Health and Environment (02/07/2012)
Senate Sponsors	
House Sponsors	D. Young (D)
Official Summary	<p>The bill directs the department of health care policy and financing (state department) to facilitate collaboration among medicaid providers, clients, advocates, and payors that is designed to improve health outcomes and patient satisfaction and support the financial sustainability of the medicaid program. The executive director of the state department may promulgate rules relating to the collaborative process.</p> <p>The bill creates the medicaid payment reform and innovation pilot program (pilot program) in the state department for the purpose of implementing payment reform projects in medicaid within the framework of the accountable care collaborative. Regional care collaborative organizations (RCCOs) may submit payment proposals to the state department for the pilot program. A RCCO shall work with providers and managed care entities in the RCCO to develop the payment project.</p> <p>Payment projects may include but are not limited to global payments, risk adjustment, risk sharing, and aligned payment incentives. The state department shall select payment projects for inclusion in the pilot program based upon certain criteria and shall give preference to those payment projects that propose global payments. The state department shall respond to RCCOs concerning payment projects that are not selected for the pilot program, stating the reason why the payment projects were not selected and shall copy the response to certain committees of the general assembly. Payment projects shall be implemented for 2 to 5 years, and certain provisions apply to payments under the pilot program. The state department shall seek any federal</p>

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	<p>authorization necessary to implement the pilot program. The state department shall report to certain committees of the general assembly concerning the design, implementation, and outcome of the pilot program.</p> <p>The bill requires the state department to report concerning the state department's recommendations for streamlining and simplifying the administrative structure for managing contracts relating to medicaid managed care.</p>
Position	Monitor

Bill: [SB12-032](#)

Title:	Medicaid Reform Seek Federal Waiver
Status	Senate Committee on Health and Human Services Postpone Indefinitely (02/01/2012)
Senate Sponsors	G. Brophy (R)
House Sponsors	
Official Summary	<p>The bill requires the department of health care policy and financing (state department) to seek a federal waiver to allow for increased flexibility and efficiency in the management of the medicaid program and the children's basic health plan. The waiver will seek authorization to determine eligibility categories and income levels and to establish an asset test for eligibility, implement cost-sharing and premiums, encourage the use of private health benefits coverage, and encourage persons to maintain employer-sponsored health insurance. As part of the waiver, the state department may negotiate for capped federal reimbursements with provisions for adjustments in the federal reimbursements for population growth and inflation. The state department shall report to the general assembly concerning the waiver request and identify necessary changes to state law to implement the reforms requested in the waiver.</p>
Position	Monitor

Bill: [SB12-037](#)

Title:	Electronic Prescription Controlled Substances
Status	Introduced In House - Assigned to Health and Environment (02/15/2012)
Senate Sponsors	S. King (R)
House Sponsors	D. Young (D)

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Official Summary	Under current law, a pharmacy is prohibited from dispensing a prescribed schedule II, III, IV, or V controlled substance absent a written prescription from the practitioner prescribing the substance. The bill allows a pharmacy to dispense those controlled substances if the practitioner electronically creates and transmits the prescription drug order in conformance with federal law.
Position	Monitor

Bill: [SB12-053](#)

Title:	Colorado Health Benefit Exchange Repeal
Status	Senate Committee on Health and Human Services Postpone Indefinitely (02/06/2012)
Senate Sponsors	T. Neville (R)
House Sponsors	M. Looper (R)
Official Summary	The bill repeals the "Colorado Health Benefit Exchange Act" if the "Patient Protection and Affordable Care Act" as amended by the "Health Care and Education Reconciliation Act of 2010" (federal act) is repealed or the United States supreme court rules that all or any part of the federal act is unconstitutional.
Position	Monitor

Bill: [SB12-054](#)

Title:	No Retaliation Against Health Employees
Status	Senate Committee on Health and Human Services Postpone Indefinitely (02/16/2012)
Senate Sponsors	B. Boyd (D)
House Sponsors	
Official Summary	<p>A licensed health care facility or its agent is prohibited from retaliating against an employee of the licensed health care facility who performs an act or omits an act:</p> <ul style="list-style-type: none">• That, in the best medical judgment of the employee using the best available practices, is in the best interest of the patient; or• When following a patient's directive.

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Position	Monitor
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Bill: [SB12-060](#)

Title:	Improve Medicaid Fraud Prosecution
Status	Senate Committee on Health and Human Services Refer Amended to Appropriations (02/06/2012)
Senate Sponsors	E. Roberts (R)
House Sponsors	
Official Summary	<p>The bill requires the department of health care policy and financing (HCPF) to submit a written report annually to the health and environment committee and the judiciary committee of the house of representatives and to the health and human services and judiciary committees of the senate concerning client fraud in the medical assistance program. In addition, the attorney general's office is required to submit a written report annually concerning provider fraud.</p> <p>The bill also changes the amount of a county's share of recoveries of fraudulently obtained medical assistance when the recovery is initiated by a county department, county board, district attorney, or HCPF on behalf of the county. Instead of sharing one-half of the state funds paid with the state, the county may retain the full amount of the recovery after payment of the federal government's share.</p>
Position	Monitor

Bill: [SB12-065](#)

Title:	Prior Authorization Form Prescription Drugs
Status	Introduced In Senate - Assigned to Health and Human Services (01/17/2012)
Senate Sponsors	J. Morse (D)
House Sponsors	
Official Summary	<p>The bill requires the commissioner of insurance to develop by July 1, 2013, and requires prescribing providers and health benefit plans to use by January 1, 2014, a uniform prior authorization form for purposes of submitting and receiving requests for prior coverage approval of a prescription drug. If the health benefit plan fails to use or accept the prior authorization form or fails to respond to a request within 2 business days, the request is deemed granted. An approved prior authorization form is valid for 12 months after the date of approval.</p>

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Position	Monitor
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Bill: [SB12-093](#)

Title:	Notice Of Hosp Serv Not Provided Religious Grounds
Status	Senate Committee on Health and Human Services Refer Unamended to Senate Committee of the Whole (02/16/2012)
Senate Sponsors	M. Carroll (D)
House Sponsors	C. Duran (D)
Official Summary	The bill requires hospitals licensed in Colorado to provide notice in a manner specified by the department of public health and environment of all services that the hospital refuses to provide because of religious beliefs or moral convictions. The bill requires the notice to inform patients of their right to obtain any service not provided by the hospital because of religious beliefs or moral convictions from another hospital that does provide the service. Requires the notice to be made available prior to or at admission of the patient or as soon after admission as practicable.
Position	Monitor

Bill: [SB12-098](#)

Title:	CPR Training For High School Students
Status	Senate Committee on Education Postpone Indefinitely (02/16/2012)
Senate Sponsors	S. Williams (D)
House Sponsors	T. Massey (R)
Official Summary	<p>On and after September 1, 2012, each public school, charter school, and institute charter school (public school) that offers instruction to students in any of grades 9 through 12 shall offer to each student training in cardiopulmonary resuscitation and the use of an automated external defibrillator (CPR/AED training). Each public school that offers instruction to students in grade 12 shall require each student to successfully complete CPR/AED training during his or her 12th-grade year or any of the preceding 5 years as a condition of his or her graduation from the 12th grade.</p> <p>CPR/AED training shall be based on an instructional program that incorporates psychomotor skills development.</p> <p>The school cardiopulmonary resuscitation and automated external</p>

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	<p>defibrillator training cash fund (fund) is established in the state treasury.</p> <p>The department of education may not use more than 5% of moneys annually expended for expenses to administer the fund.</p> <p>The department may seek, accept, and expend gifts, grants, and donations from public and private sources for the fund. The department shall notify the legislative council staff when it has received adequate funding through gifts, grants, or donations for the purpose of providing CPR/AED training.</p> <p>A public school may seek, accept, and expend gifts, grants, and donations from public and private sources for the purpose of providing CPR/AED training. A public school may also apply for and receive moneys from the fund for the purpose of providing CPR/AED training.</p> <p>The state board of education shall promulgate rules for the implementation of CPR/AED training, including but not limited to (1) procedures for monitoring and ensuring the compliance of public schools with the new statutory provisions; and (2) a process by which a public school may apply for and receive moneys from the fund.</p>
Position	Monitor

Bill: <u>SB12-134</u>	
Title:	Hospital Payment Assistance Program
Status	Senate Committee on Health and Human Services Witness Testimony and/or Committee Discussion Only (02/17/2012)
Senate Sponsors	I. Aguilar (D)
House Sponsors	
Official Summary	<p>The bill requires each hospital to make available to patients, and to communicate to each patient, information about the hospital's charity program and discount program in a clear and understandable manner and in languages appropriate to its communities. The bill also requires hospitals to offer a discount to each qualified patient. A qualified patient is defined as an uninsured patient who has a family income of not more than 400% of the federal poverty income level and who does not receive a discount through the Colorado indigent care program.</p> <p>A hospital is prohibited from charging a patient for more than the cost of providing care. The bill requires each hospital to offer to screen each patient for the discount program and any other financial assistance offered by the hospital.</p> <p>Each hospital is required to offer a payment plan to an eligible patient and to fulfill specific obligations before sending a bill to a collection agency for payment.</p>

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Position	Monitor
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