University of Denver
Digital Commons @ DU

All Publications (Colorado Legislative Council)
Colorado Legislative Council Research Publications

12-2006

0555 Health Care Task Force

Colorado Legislative Council

Follow this and additional works at: https://digitalcommons.du.edu/colc_all

Recommended Citation

Colorado Legislative Council, "0555 Health Care Task Force" (2006). *All Publications (Colorado Legislative Council)*. 588.
https://digitalcommons.du.edu/colc_all/588

This Article is brought to you for free and open access by the Colorado Legislative Council Research Publications at Digital Commons @ DU. It has been accepted for inclusion in All Publications (Colorado Legislative Council) by an authorized administrator of Digital Commons @ DU. For more information, please contact jennifer.cox@du.edu,dig-commons@du.edu.

0555 Health Care Task Force

This article is available at Digital Commons @ DU: https://digitalcommons.du.edu/colc_all/588

Health Care

Task Force

Report to the

COLORADO

GENERAL ASSEMBLY

Colorado Legislative Council
Research Publication No. 555
December 2006

Recommendations for 2006

Health Care Task Force

Report to the
Colorado General Assembly

Research Publication No. 555
December 2006

COLORADO GENERAL ASSEMBLY

EXECUTIVE COMMITTEE
Rep. Andrew Romanoff, Chairman
Sen. Joan Fitz-Gerald, Vice Chairman
Rep. Alice Madden
Rep. Mike May
Sen. Ken Gordon
Sen. Andy McElhany

STAFF
Kirk Mlinek, Director
Daniel Chapman, Assistant Director, Administration
Deborah Godshall, Assistant Director, Research

COMMITTEE
Rep. Dorothy Butcher
Rep. Bill Cadman
Rep. Mike Cerbo
Rep. Mike Garcia
Rep. Ted Harvey
Rep. Diane Hoppe
Sen. Peter Groff
Sen. Steve Johnson
Sen. Nancy Spence
Sen. Ron Teck
Sen. Ron Tupa
Sen. Sue Windels

LEGISLATIVE COUNCIL

ROOM 029 STATE CAPITOL
DENVER, COLORADO 80203-1784
E-mail: lcs.ga@state.co.us

303-866-3521 FAX: 303-866-3855 TDD: 303-866-3472

November 2006

To Members of the Sixty-sixth General Assembly:

Submitted herewith is the final report of the Health Care Task Force. This committee was created pursuant to Section 10-16-221, C.R.S. The purpose of the committee is to study provider reimbursement issues, network adequacy, and other health care issues that affect health insurance in the state.

At its meeting on October 16, 2006, the Legislative Council reviewed the report of this committee. A motion to forward this report and the bills therein for consideration in the 2006 session was approved.

Respectfully Submitted,

/s/ Representative Andrew Romanoff
Chairman

Table of Contents

Page

Recommended Bills vi

Members of the Committee vii

Executive Summary ix
Committee Charge ix
Committee Activities ix
Committee Recommendations xi

Statutory Authority and Responsibilities 1

Committee Activities 3

Summary of Recommendations 11
Bill A — Prescription Drug Consumer Information and Technical Assistance Program 11
Bill B — Transfer of the Electronic Prescription Drug Monitoring Program to the Department of Public Health and Environment 11
Bill C — Health Care Needs in Rural Areas of the State, and, in Connection Therewith, Conducting a Study Regarding the Cost of Health Care within Pueblo County, Modifying the Nursing Teacher Loan Forgiveness Pilot Program to Include Only Those Persons Teaching in Rural Areas, Creating a Nursing Teacher Recruitment Program for Rural Communities, and Creating a Family Mental Health Services Grant Program 11
Bill D — Measures to Enhance Advanced Practice Nursing 12
Bill E — Access to Health Insurance 12
Bill F — Extending Medicaid Eligibility for Persons who are in the Foster Care System Immediately Prior to Emancipation .. 13
Bill G — Nurse Staffing Levels in Hospitals 13
Bill H — Use of Telemedicine to Provide Certain Services by Home Care Providers Under the Colorado Medical Assistance Program 14

Resource Materials 15
Meeting Summaries 15
Memoranda and Reports 15

http://www.state.co.us/gov_dir/leg_dir/lcsstaff/2006/06interim.htm

Recommended Bills

		Page
Bill A —	Concerning the Prescription Drug Consumer Information and Technical Assistance Program	17
Bill B —	Concerning the Transfer of the Electronic Prescription Drug Monitoring Program to the Department of Public Health and Environment	21
Bill C —	Concerning Health Care Needs in Rural Areas of the State, and, in Connection Therewith, Conducting a Study Regarding the Cost of Health Care within Pueblo County, Modifying the Nursing Teacher Loan Forgiveness Pilot Program to Include Only Those Persons Teaching in Rural Areas, Creating a Nursing Teacher Recruitment Program for Rural Communities, and Creating a Family Mental Health Services Grant Program	33
Bill D —	Concerning Measures to Enhance Advanced Practice Nursing	53
Bill E —	Concerning Access to Health Insurance	61
Bill F —	Concerning Extending Medicaid Eligibility for Persons who are in the Foster Care System Immediately Prior to Emancipation	71
Bill G —	Concerning Nurse Staffing Levels in Hospitals	73
Bill H —	Concerning the Use of Telemedicine to Provide Certain Services by Home Care Providers Under the Colorado Medical Assistance Program	81

Health Care Task Force

Members of the Committee

Representative K. Jerry Frangas, Chair
Representative Dorothy Butcher
Representative Kevin Lundberg
Representative Debbie Stafford
Representative Nancy Todd

Senator Maryanne "Moe" Keller, Vice-Chair
Senator John Evans
Senator Steve Johnson
Senator Paula Sandoval
Senator Lois Tochtrop

Legislative Council Staff

Elizabeth Burger
Research Associate II

Jeanette Chapman
Research Associate

Christie Lee
Senior Research Assistant

Office of Legislative Legal Services

Christy Chase
Senior Staff Attorney

Kristen Forrestal
Senior Staff Attorney

Karen Epps
Staff Attorney

Jerry Barry
Senior Staff Attorney

Jane Ritter
Staff Attorney

Executive Summary

Committee Charge

Pursuant to Section 10-16-221, C.R.S., the Health Care Task Force is charged with studying provider reimbursement issues, network adequacy, and other health care issues that affect health insurance in this state.[1] The task force consists of ten members appointed by House and Senate leadership. The task force must meet at least four times each year, and continues until July 1, 2010.

Committee Activities

The Health Care Task Force met four times during the 2006 interim. Each meeting focused on a variety of health-related topics. The task force heard testimony from rural and urban health care providers, advocacy organizations, and executive departments. In addition, an opportunity for public testimony was provided at each of the first three meetings.

Health care access. The task force considered a variety of topics related to access to health care and the availability of health insurance for children and adults. The task force discussed the availability and cost of private health insurance and received an update on CoverColorado, Colorado's health insurance plan for persons who cannot purchase private coverage because of a preexisting condition. The Department of Health Care Policy and Financing updated the task force on the current status of Medicaid, the Children's Basic Health Plan, the Colorado Indigent Care Program, and the Old Age Pension Health and Medical Care Program. Community advocates discussed barriers to enrollment in public health programs and discussed legislation passed during the recent special session. As a result of discussions concerning the access of children and adults to health care, the task force is recommending Bill E, which has several components designed to increase access to health care for children and adults. In addition, the task force is recommending Bill F, concerning Medicaid eligibility for individuals in the foster care system. The task force considered, but did not recommend, another bill which increased funding for the Old Age Pension Health and Medical Care Program.

Rural health. The task force heard testimony from rural health care providers, health insurance industry representatives, and health care educators concerned with the status of the health care community in the rural areas of Colorado. Of the state's 64 counties, 31 are designated as Primary Care Health Professional Shortage Areas. Twenty counties have no hospitals and 18 counties have no community health centers. This lack of health care availability is influenced by several factors including small and widespread populations and workforce shortages. The task force heard testimony about efforts by the University of Colorado Health Sciences Center to recruit and retain students and physicians to become successful rural health care providers. The task force also heard from rural community health centers about ongoing problems with maintaining and recruiting capable staff due to limited funds for competitive salaries, as well as a more limited technology

[1] Up until its repeal on July 1, 2004, the Health Care Task Force existed in Section 26-15-107, C.R.S.

infrastructure. As a result of these discussions, the task force is recommending Bill C, which addresses several concerns raised regarding rural health care in the state. The bill addresses workforce shortages, access to necessary tests and treatment, and mental health services.

In addition, the task force heard from health care providers and insurers about the availability of adequate and affordable health insurance in rural areas. Health care providers expressed concern about the cost of health insurance in rural areas due to the limited types of plans available and the medical needs of residents in rural areas. Specifically, they indicated that rural residents tend to be older and are more likely to be working in a hazardous job than are residents of urban areas. Health insurance representatives talked about the demographics of rural areas and their impact on the costs of the health care system in those areas.

Health care workforce shortage issues. The task force discussed health care workforce shortages in Colorado including shortages in nursing, radiology, and medical technology. Testimony was provided by a variety of health care workers, including nurses, physicians, and representatives from Denver Health. The task force heard that significant shortages exist in the health care arena in all parts of the state, especially in nursing. Causes of this shortage include a lack of masters-level nurses to teach, an aging population that will increase the demand over the coming decade, and a large number of providers reaching retirement age. As a result of discussions, the task force is recommending Bill D, concerning advanced practice nurses, and Bill G, regarding nurse staffing levels in hospitals.

Telemedicine. The task force explored telemedicine and received presentations from a variety of home-health providers and organizations that currently use telemedicine. The presenters illustrated various telemedicine devices that patients use to obtain daily vital signs rather than having to go to a hospital or having a visiting nurse come to them. The presentations also included discussion about the cost savings associated with telemedicine. As a result of the telemedicine discussions, the task force is recommending Bill H, which requires the Department of Health Care Policy and Financing to seek federal authorization for the reimbursement of home health care services and home- and community-based services by home care providers through the use of telemedicine.

Prescription drugs. Another issue the task force looked into was prescription drugs. The task force heard about medication management and some programs other states are using to reduce prescription drug costs. As a result of the discussions concerning prescription drugs, the task force is recommending Bill A, concerning a prescription drug consumer information and technical assistance program, and Bill B, which transfers the maintenance of the electronic prescription drug monitoring program from the Department of Regulatory Agencies to the Executive Director of the Department of Public Health and Environment.

Trauma care. Representatives of the Colorado Trauma Care Preservation Coalition and the automobile insurance industry discussed continuing concerns with adequate funding of the state trauma care system. Prior to 2003, trauma care in Colorado was funded through the state's no-fault insurance system. In the last three years, trauma care providers have struggled with reimbursement delays as payment for services is not disbursed until the at-fault party is identified. Further, individuals with insufficient or no health insurance are unable to pay for emergency services and

providers have seen a shift of costs to Medicaid. The task force discussed options for improving reimbursement for providers through various methods including changing the designation of Emergency Medical Technicians to medical care providers, creating special districts to create funding for localities for emergency care, and requiring medical payments coverage as part of an auto insurance policy. The task force considered, but did not recommend, legislation that would have imposed an emergency medical services surcharge on vehicles traveling to or from Denver International Airport on a toll highway to fund emergency medical and trauma care services.

Other health-related issues. Throughout the interim, the task force touched on a number of other health-related issues including substance abuse, long-term care, and premium subsidy programs. At the meeting regarding substance abuse, the task force heard presentations on barriers to treating substance abuse and various treatment programs and funding mechanisms that are currently offered. The task force heard about long-term care and were provided a report recently compiled by the Long-term Care Advisory Committee that includes recommendations on how to better long-term care in Colorado. Additionally, the task force examined premium subsidy programs. Premium subsidy programs entail the use of public dollars, from Medicaid or the Children's Basic Health Plan, to subsidize private health insurance for low-income working adults. The task force considered a bill which directed the Colorado Mental Health Institute at Pueblo and Colorado Mental Health Institute at Fort Logan to develop, or contract for, and implement an electronic medical records system and another bill that increased the sales tax on alcoholic beverages to provide funding for the University of Colorado Health Sciences Center. Neither bill was recommended by the task force.

Committee Recommendations

As a result of task force discussion and deliberation, the task force recommends eight bills for consideration in the 2007 legislative session.

Bill A — The Prescription Drug Consumer Information and Technical Assistance Program. Bill A creates the Prescription Drug Consumer Information and Technical Assistance Program. The program will allow pharmacists to provide advice on the appropriate use of prescription drugs to recipients of prescription drug benefits through Medicaid. Bill A requires the Department of Health Care Policy and Financing to contract with licensed pharmacists for statewide pharmacy services and consultations for qualified persons regarding how each person may avoid dangerous drug interactions in order to improve patient outcomes, and to save the state money for the drugs prescribed.

Bill B — Transfer of the Electronic Prescription Drug Monitoring Program to the Department of Public Health and Environment. The Colorado Department of Regulatory Agencies is currently required to develop an electronic prescription drug monitoring program. Bill B transfers the maintenance of the electronic prescription drug monitoring program from the Department of Regulatory Agencies to the Executive Director of the Department of Public Health and Environment.

Bill C — Health Care Needs in Rural Areas of the State. Bill C addresses concerns with the ability of the health care system to meet the demands in rural areas of the state and proposes

several programs to address health care shortages and inadequacies. First, the bill requires the Division of Insurance to study the factors driving the health care costs in Pueblo County. Further, the bill requires the Department of Public Health and Environment to issue a request for proposals for the operation of a mobile cancer screening unit for rural areas that will screen individuals for prostate, cervical, breast, and colon cancer.

The bill also creates two grant programs. One program will provide matching grants to rural health care providers for the purchase of medical equipment. The other program will award grants to community mental health centers serving rural areas to provide family mental health services in those areas.

To address concerns with staffing shortages in rural Colorado, Bill C modifies the Nursing Teacher Loan Forgiveness Pilot Program to specify that a nursing teacher must teach classes in a rural area of the state to qualify for the pilot program. The bill also creates a Nursing Teacher Recruitment Program to provide a one-time recruitment incentive payment to a nursing teacher who teaches classes in a rural area of the state. Candidates are not eligible to participate in both programs simultaneously.

Bill D — Measures to Enhance Advance Practice Nursing. Bill D prohibits insurance carriers from discriminating between a physician and an advanced practice nurse when establishing reimbursement rates for covered services that could be provided by a physician or an advanced practice nurse. The bill requires reimbursement for services provided by an advanced practice nurse under Medicaid to be made directly to the advanced practice nurse upon request, except when the services are provided within the scope of employment as a salaried employee of a public or private institution or a physician.

In addition, Bill D permits advance practice nurses to sign death certificates and to certify that a person has a disability for purposes of the issuance of a disabled license plate or placard. The bill further states that whenever a law or rule is enacted in the future that requires a signature or other verification of a physician, the signature or other verification of an advance practice nurse is deemed to satisfy the requirement, as long as the advance practice nurse is in compliance with laws regulating the practice of nurses.

Bill E — Access to Health Insurance. Bill E includes several components designed to increase access to health care coverage for children and adults. The bill requires Multiple Employer Welfare Arrangements (MEWAs) to cede to CoverColorado the risk of any MEWA member who is determined to be presumptively eligible for CoverColorado. MEWAs are arrangements through which members of the same professional association may group together to purchase health insurance. CoverColorado is Colorado's health insurance program for persons who cannot access health insurance because of a preexisting condition. If a MEWA member's risk is ceded to CoverColorado, the CoverColorado premium for the individual is to be paid out of the MEWA Ceded Insurance Risk Fund, which is newly created and funded with General Fund dollars. In addition, the bill requires the state commissioner of insurance to work with members of the insurance industry to develop affordable basic health care services for individual and group plans. The plans must allow for the use of a premium subsidy and must be available by January 1, 2008.

In addition, Bill E requires school districts to collect information on the insurance status of students and to provide uninsured students with information on the Children's Basic Health Plan (CHP+). The bill expands the income eligibility limit for children enrolled in the CHP+ from the current level of 200 percent of the federal poverty level (FPL) to 210 percent of the FPL in 2007, 225 percent of the FPL in 2008, and 250 percent of the FPL in 2009. In addition, the bill authorizes the Department of Health Care Policy and Financing to apply for federal approval to expand CHP+ benefits to include dental care for adults and coverage for the human papilloma virus vaccine for children aged 12 to 18, with parental consent. The department is also required, by August 1, 2007, to develop a plan to maximize enrollment in public health programs.

Bill F — Extending Medicaid Eligibility for Persons who are in the Foster Care System Immediately Prior to Emancipation. Children who are in the foster care system are currently eligible for Medicaid coverage until they are 18 years of age or until they emancipate from the system. Bill F allows children who have aged out of the foster care system, or who have otherwise become emancipated, to be eligible for Medicaid until age 21.

Bill G — Nurse Staffing Levels in Hospitals. Bill G requires each hospital to develop, implement, and file with the Department of Public Health and Environment a staffing plan. The plan must include the minimum number of registered nurses, licensed practical nurses, and other personnel providing direct patient care that is required in each patient care unit in the hospital. In addition, this plan must be made available to patients upon request. The bill sets the criteria hospitals must use to develop a staffing plan, and requires input from a staffing committee that consists of a minimum percentage of the registered nurses providing direct patient care in the hospital. Bill G also mandates that these hospital staffing plans and certain nurse staffing information be included on the hospital report card completed by the department. Hospitals must staff each patient care unit according to their staffing plans. Additionally, the bill requires the department to investigate complaints of violations and to impose civil penalties, or to suspend or revoke a hospital's license or certificate of compliance, for violations. The department must submit an annual report to the Senate and House Health and Human Services Committees regarding hospital compliance with these requirements.

Bill H — The Use of Telemedicine to Provide Certain Services by Home Care Providers Under Medicaid. Bill H requires the Department of Health Care Policy and Financing to seek federal authorization for the reimbursement of home health care services and home- and community-based services by home care providers through the use of telemedicine.

Statutory Authority and Responsibilities

Pursuant to Section 10-16-221, C.R.S., the Health Care Task Force must consider a variety of issues between July 1, 2005, and July 1, 2010, that include, but are not limited to:

- health care issues that may affect health insurance;
- emerging trends in Colorado health care and their impacts on consumers, including, but not limited to:
  - – changes in relationships among health care providers, patients, and payors;
  - – restrictions in health care options available to consumers;
  - – professional liability issues arising from such restrictions;
  - – medical and patient record confidentiality;
  - – health care work force requirements; and
  - – home care in the continuum of care;
- the ability of consumers to obtain and keep adequate, affordable health insurance coverage, including coverage for catastrophic illnesses;
- the effect of managed care on the ability of consumers to obtain timely access to quality care;
- the effect of recent shifts in the way health care is delivered and paid for;
- the operation of the program for the medically indigent in order to give guidance and direction to the Department of Health Care Policy and Financing in the development and operation of such program;
- future trends for health care coverage rates for employees and employers;
- costs and benefits of providing preventive care and early treatment for people with chronic illnesses who may eventually need long-term care;
- rural health care issues;
- options for addressing needs of the uninsured population;
- network adequacy and the adequacy of access to providers;
- reimbursement processes for health care services by third-party payors and cooperation between providers and carriers;
- certificates of need;
- increased access to health care through the use of appropriate communication technologies, including the use of telemedicine; and
- the establishment of a new system to reimburse emergency responders and trauma care providers for unreimbursed costs.

The task force was required, for the 2006 interim only, to consider issues raised by Senate Bill 06-035 as introduced in the 2006 regular session. As introduced, the bill created a health insurance premium subsidy plan for certain individuals.

Committee Activities

During the 2006 interim, the Health Care Task Force examined a variety of issues over the course of four meetings. Topics included access to health care for children and adults, rural health care, health care workforce shortages, telemedicine, prescription drugs, funding for trauma care, and other health-related issues including electronic medical records and premium subsidy plans.

Background

The Health Care Task Force was previously authorized under Section 26-15-107, C.R.S., and met for five years, but it was repealed on July 1, 2004. The General Assembly, through the passage of Senate Bill 05-227, re-created the task force in Section 10-16-221, C.R.S. The task force will be in existence until 2010. The task force charge includes an extensive array of health care issues and, in 2006, the task force examined several health-related topics.

Health Care Access

The task force considered topics related to access to health insurance and public health programs for both children and adults. With regard to children, the task force heard presentations related to the role of schools in promoting child wellness and the current status of Medicaid and the Children's Basic Health Plan (CHP+), and discussed a proposal to insure all children in the state.

With regard to adults, the task force received an update on the current status of CoverColorado, Colorado's health plan for persons who cannot purchase health insurance in the private market due to a preexisting health condition. The task force also heard from representatives of the private insurance market who gave an overview of the current status of the market and described the health insurance products available to individuals and small businesses. The Department of Health Care Policy and Financing updated the task force on the Colorado Indigent Care Program, a program through which hospitals are reimbursed for providing care to uninsured and indigent persons, and the Old Age Pension Health and Medical Care Program, through which recipients of Old Age Pension grants may receive medical care.

Schools and child wellness. The task force heard presentations regarding the role of schools in promoting child wellness. Presenters testified that schools are working closely with school boards to develop nutritional policies, and that proper nutrition is essential to helping students learn and grow. However, the need for nutritional policies in schools must be balanced against the other requirements schools must meet. The Colorado Association of School-based Health Care testified regarding the benefits of school-based health centers, stating that such centers create access to health care for students and help them manage chronic diseases, such as asthma.

Status of Medicaid and CHP+. Colorado Covering Kids and Families, a coalition-based organization working to reduce the number of uninsured persons in the state, testified regarding barriers to enrollment in the programs. Representatives of the organization testified regarding state

and federal laws that require persons to be legally present in the country to enroll in public health programs, such as Medicaid and CHP+. The task force was informed that these laws have differing requirements and may cause confusion for families. Families may become so frustrated by the enrollment process that they may fail to complete the application. Presenters testified that nonprofit organizations are spending significant resources to assist families in complying with state and federal citizenship requirements.

In addition, representatives from the Department of Health Care Policy and Financing testified regarding efforts to increase enrollment in CHP+. In particular, the department has begun a marketing initiative designed to reach children who are eligible for, but not enrolled in CHP+. The initiative includes television, radio, and print advertising, as well as other outreach efforts.

Insuring all children in Colorado. Representatives from the Colorado Coalition for the Medically Underserved described a plan that proposes methods to ensure that all children in the state have health insurance. A component of the plan is raising the income eligibility limit for CHP+ from its current level of 200 percent of the Federal Poverty Level (FPL) to 250 percent of the FPL. Representatives of the Colorado Children's Campaign discussed a number of options for improving enrollment in public health programs for children including: allowing families to be continuously eligible for Medicaid; certifying additional enrollment specialists; allowing families to self-declare their income; raising the Medicaid eligibility limit from 100 percent to 133 percent of the FPL for children aged 6 to 18 years; and creating a CHP+ buy in or bridge program.

CoverColorado. CoverColorado currently covers 5,200 persons in the state who are unable to access health insurance through the private market because of a preexisting condition. The task force was informed that the primary reason persons don't seek insurance through CoverColorado is that the program premiums are too expensive. State law previously required that CoverColorado's premiums be set at 150 percent of the standard market rate. Legislation passed during the 2006 session allowing the board of directors the flexibility to set the premium rates between 100 and 150 percent of the standard market rate.

Overview of private insurance market. Representatives of the private insurance market testified regarding the availability and cost of health insurance. Representatives described market rating reforms adopted by Colorado in recent years, stating that such reforms improve competition in the market and help lower costs. The task force was urged to consider additional market reforms including increased tiering of family premiums, allowing carriers more flexibility when setting rates; finding methods to reduce insurance mandates and avoiding new mandates; finding methods to allow some benefits, such as maternity coverage, to be self-insured; and some reinsurance mechanisms.

Colorado Indigent Care Program and Old Age Pension Health and Medical Care Program. The Colorado Indigent Care Program (CICP) distributes funds to hospitals and other health care providers to care for indigent and uninsured persons who are not Medicaid or CHP+ eligible. Persons with incomes up to 250 percent of the federal poverty level are eligible for the program and the program currently serves 179,000 persons. Consumer and community advocates testified that while the CICP is an important safety net program for uninsured persons, the program is underfunded. For instance, the Stout Street Clinic, a health care clinic that serves homeless patients, is reimbursed 19 cents on the dollar by CICP.

The Old Age Pension Health and Medical Care Program provides limited medical care for individuals receiving state-funded Old Age Pension grants. Persons eligible for the program must be over 60 years of age, but cannot be eligible for Medicaid. The program is funded with 100 percent state funds, and served almost 5,000 client in FY 2005-06. Funding for the program is capped at $10 million dollars per year pursuant to a constitutional provision; however, a supplemental fund was created in 2003 that provides some additional funding for the program. Community advocates testified that funding for the program is inadequate and often leads to the implementation of benefit restrictions.

Committee recommendations. The task force recommended Bill E, which concerns access to health insurance for children and adults. The bill expands CoverColorado to include members of Multiple Employer Welfare Arrangements (MEWAs) that have preexisting conditions. MEWAs allow members of the same professional association to join together to purchase health insurance. MEWAs are required to cede to CoverColorado the risk of members with preexisting conditions.

The bill requires school districts to survey students to determine whether or not the students are covered by health insurance. School districts must provide uninsured students with information about CHP+. Bill E also expands the income eligibility level for CHP+ for children from 200 percent of the FPL to 250 percent of the FPL by 2009. In addition, the Department of Health Care Policy and Financing is authorized to apply for federal authorization to expand the benefits offered under CHP+ to include dental care for pregnant women and coverage for the human papilloma virus for children aged 12 to 18 years, with parental consent.

The task force also recommended Bill F which allows persons younger than 21 years of age who were in the foster care system and either aged out of the system at age 18, or otherwise became emancipated, to continue to be eligible for Medicaid.

The task force considered, but did not recommend, a bill that would have provided additional funding for the Old Age Pension Health and Medical Care Program.

Rural Health

The task force heard testimony from rural health care providers, health insurance industry representatives, and health care educators concerned with the status of the health care community in Colorado's rural areas. Of the state's 64 counties, 31 are designated by Health Resources Services Administration within the federal Department of Health and Human Services as Primary Care Health Professional Shortage Areas. Additionally, throughout the state, 20 counties have no hospitals and 18 counties have no community health centers. This lack of health care availability is influenced by several factors including small and widespread populations and workforce shortages.

Adequacy of the rural health provider network. The task force heard testimony from the Colorado Area Health Education Center and the University of Colorado School of Medicine about the needs of rural communities and the efforts of education providers to address these needs and increase access to health care in rural areas. Recommendations included establishing a stronger support structure to assist rural health care systems and professionals as well as investing in

information and communications technology infrastructure. The Associate Dean of Rural Health at the University of Colorado School of Medicine discussed a program that sends students interested in working in rural areas out to these areas to gain familiarity with life in rural communities. The program also provides students with physician mentors who practice in rural areas. The program has a recent class of 25 students, more than the 12 originally anticipated to participate in the track.

Representatives of regional medical providers in rural areas of the state noted the shortcomings for health care providers to working in these areas. A major challenge for these health facilities is in recruiting and then maintaining capable staff. Physicians carry additional responsibilities by supervising a larger staff, being on call more often, and providing more emergency care. These lifestyle and additional salary limitations also make it more difficult to attract specialists to rural areas. Among strategies for increasing interest in rural practice, advocates suggested loan forgiveness programs for medical programs and scholarship and mentoring programs to encourage local medical students to relocate to rural communities.

Cost of health care in rural areas. Complicating the issues around provider and network adequacy in rural Colorado are issues relating to the cost of providing medical care to residents in rural communities. Rural areas typically have a much higher rate of accidents on highways as well as higher incidences of work-related injuries. The populations of these areas are frequently older and more likely to be employed in a hazardous job than residents of urban areas of the state. Emergency services frequently take more time to reach the scene of an accident due to greater geographical distances to be traveled. These transportation and workforce shortages limit access to care and drive up costs. The costs of health insurance in rural areas is also impacted by the limited types of plans available.

Committee recommendations. The task force recommended Bill C to address concerns with the ability of the health care system to meet the demands in rural areas of the state. The bill creates two grant programs to address health care shortages and inadequacies. The first grant program provides matching funds for health care providers to purchase medical equipment. The other grant program will award funds to community mental health centers. To address staffing shortages, Bill C modifies the Nursing Teacher Loan Forgiveness Pilot Program and creates a Nursing Teacher Recruitment Program. Finally, the bill requires the Division of Insurance to study the factors driving health care costs in Pueblo county.

Health Care Workforce Shortage Issues

The task force heard from a variety of health care workers, including nurses, physicians, and representatives from Denver Health, who discussed workforce shortages in nursing, radiology, and medical technology across Colorado. The task force learned that significant shortages exist in the health care industry in all parts of the state, especially in nursing. Causes of this shortage include a lack of masters-level nurses to teach, an aging population that will increase the demand over the coming decade, and a large number of providers reaching retirement age.

Nursing perspective. The task force heard testimony from the Service Employees International Union - Nurse Alliance (SEIU), Colorado Nurses Association, and Colorado Center

for Nursing Excellence who stressed the importance of nurse retention over recruitment and urged the task force to adopt legislation requiring hospitals to disclose nurse-to-patient ratios. The nurses explained that there are plenty of licensed nurses, but many of them choose not to work in hospitals for a number of reasons including low compensation and high demands. The task force also heard about a recent California law mandating staffing ratios and some of its positive and negative effects.

Hospital perspective. Representatives from Denver Health and the Colorado Health and Hospital Association discussed shortages in radiology, medical technologists, laboratory professionals, and nurses and how the shortages have negatively impacted patient care. The task force was informed that, in the early 1990s, radiologists were discouraged from entering the field because there were national predictions that were too many medical specialists, including radiologists. This lead to a drop off in enrollment for the field and caused many schools that offered the programs to close, thus leading to a shortage. Representatives mentioned that teleradiology, or remote interpretation of digital images, is helping fill the need for radiologists in some communities, however digital imaging systems are expensive.

Physicians' perspective. Doctors from the Colorado Medical Society testified about the nursing and physician shortage and how it impacts doctors, especially in rural areas. The task force was asked to consider legislation to investigate state-funded education loan repayment programs, create tax credits, and give incentives to persons who choose to practice in rural areas.

Committee recommendations. The task force recommended Bill D, concerning advanced practice nurses, and Bill G, regarding nurse staffing levels in hospitals. Bill D prohibits carriers from discriminating between a physician and an advanced practice nurse when establishing reimbursement rates for covered services that could be provided by a physician or an advanced practice nurse. The bill requires reimbursement for services provided by an advanced practice nurse through Medicaid to be made directly to the advanced practice nurse upon request, except when the services are provided within the scope of employment as a salaried employee of a public or private institution or a physician.

In addition, the task force recommended Bill G which requires each hospital to develop, implement, and file with the Department of Public Health and Environment a staffing plan. The plan must include the minimum number of registered nurses, licensed practical nurses, and other personnel providing direct patient care that is required in each patient care unit in the hospital. Bill G also mandates these hospital staffing plans and certain nurse staffing information be included on the hospital report card completed by the department. Hospitals must staff each patient care unit according to their staffing plans.

Telemedicine

The task force explored the issue of telemedicine and received presentations from Physicians Home Health Care, Mountain Home Medical, Good Samaritan Home Care of Northern Colorado, Centura Health at Home, Volunteers of America Home Health, and Visiting Nurse Corporation of Colorado. The presenters illustrated various telemedicine devices that patients use to obtain daily vital signs rather than having to go to a hospital or having a visiting nurse come to them. The presentations also included discussion about the cost savings associated with telemedicine.

Telemedicine and home care. Based on testimony presented to the task force, home care studies and pilot programs have shown telemedicine to be a tool for improving health outcomes. Testimony was provided regarding a "Centura Health at Home" project involving 15 acutely-ill, congestive heart failure patients with histories of high hospitalization and emergency room visits. Results from the year-long program included a 100 percent drop in emergency room visits, a 90 percent reduction in hospitalizations, and high patient satisfaction. Centura emphasized that neither Medicare or Medicaid reimburse for telehealth services.

Committee recommendations. The task force recommended Bill H, which requires the Department of Health Care Policy and Financing to seek federal authorization for the reimbursement of home health care services and home- and community-based services by home care providers through the use of telemedicine.

Prescription Drugs

Prescription drugs. Another issue the task force looked into was prescription drugs. The task force heard from AARP, Rx Plus Pharmacies, Inc., and PhRMA about medication management and programs other states are using to reduce the cost of prescription drugs. AARP discussed Wyoming's PharmAssist program, which is administered by the Wyoming Department of Health and the University of Wyoming School of Pharmacy. The program allows residents to discuss the medications they take with a registered pharmacist who will look for generic or less-expensive name brand drug alternatives. The pharmacist also looks for drug interactions and over-medication information.

Committee recommendations. The task force recommended Bill A, which creates the prescription drug consumer information and technical assistance program. The program will allow pharmacists to provide advice on the appropriate use of prescription drugs to recipients of prescription drug benefits through Medicaid.

The task force also recommended Bill B, which transfers the maintenance of the electronic prescription drug monitoring program from the Department of Regulatory Agencies to the Executive Director of the Department of Public Health and Environment.

Trauma Care

Prior to 2003, when the legislature allowed the state's no-fault automobile insurance law to expire, trauma care in Colorado was funded through the state's no-fault insurance system. Health care providers were reimbursed promptly for services and at a rate that reflected the costs of the services provided. The task force heard testimony from trauma care providers as well as representatives of the auto insurance industry reflecting ongoing concerns with adequate funding of Colorado's trauma care system. In the last three years, trauma care providers have struggled with reimbursement delays as payment for services is not disbursed until the at-fault party is identified. Reimbursement rates are now the same as those for regular medical services. Further, individuals with insufficient or no health insurance are unable to pay for emergency services and providers increasingly perceive a shift of costs to Medicaid.

Representatives from the auto insurance industry provided testimony describing ways in which other states fund trauma care services, including penalties for drunk or reckless driving, and the amounts of money raised by various programs. The task force discussed options for improving reimbursement for providers through various methods including changing the designation of Emergency Medical Technicians to medical care providers, establishing special districts to create funding for local emergency care services, and requiring medical payments coverage as part of an auto insurance policy.

Committee recommendations. The task force considered, but did not recommend, legislation that would have imposed an emergency medical services surcharge on vehicles traveling on a toll highway to or from Denver International Airport to fund emergency medical and trauma care services.

Other Health-related Issues

Throughout the interim, the task force touched on a number of other health-related issues including substance abuse, long-term care, and premium subsidy programs.

Substance abuse. The task force heard from the Colorado Department of Regulatory Agencies, Addiction Research and Treatment Services at the Colorado Health Sciences Center, Signal Behavior Health Network, and the Colorado Department of Health Care Policy and Financing regarding substance abuse treatment and prevention. Each presenter discussed barriers to treating substance abuse and various treatment programs and funding mechanisms that are currently offered.

Long-term care. The task force heard from AARP and the Colorado Cross Disability Coalition concerning long-term care. In addition, the task force heard from the Colorado Health Institute about a report that had been recently compiled by the Long-term Care Advisory Committee that included 18 recommendations. These recommendations were organized around four main areas: person centered care giving, centered care planning, financing and eligibility options, and statewide and local leadership in long-term care.

Premium subsidy programs. Additionally, the task force examined premium subsidy programs. Premium subsidy programs entail the use of public dollars, from Medicaid or CHP+, to subsidize private health insurance for low-income working adults. The Colorado Consumer Health Initiative discussed the positive aspects of premium subsidy programs including: encouraging low income families to participate in the private market; cost savings by utilizing the employer contribution; and shoring up the private coverage market.

Committee recommendations. The task force considered, but did not recommend a bill that would have directed the Colorado Mental Health Institute at Pueblo to develop, or contract for, and implement an electronic medical records system by January 1, 2008. Additionally, the bill would have required the Colorado Mental Health Institute at Fort Logan to implement the system by January 1, 2009. Another bill that was not recommended was a bill that would have required an increase in sales and use tax on retail sales of alcohol to fund the ongoing operations of University of Colorado Health Sciences Center at Fitzsimons and cancer-related research.

Summary of Recommendations

As a result of the task force's activities, the following bills are recommended to the Colorado General Assembly.

Bill A — Concerning the Prescription Drug Consumer Information and Technical Assistance Program

Bill A creates the Prescription Drug Information and Technical Assistance Program. Under the program, licensed pharmacists that are contracted with the Department of Health Care Policy and Financing will provide pharmacy consultations to Medicaid clients with the goal of avoiding dangerous drug interactions, improving patient outcomes, and saving the state money. The department is required to adopt rules specifying how the program will be administered and specifying a mechanism to provide incentive payments to physicians and pharmacists who participate in the program. In addition, the department must design a method to calculate the savings the program produces.

Bill B — Concerning the Transfer of the Electronic Prescription Drug Monitoring Program to the Department of Public Health and Environment

As a result of legislation passed during the 2005 legislative session, the State Board of Pharmacy within the Department of Regulatory Agencies is required to develop and maintain an electronic program to track prescriptions written for controlled substances in Colorado. Bill B requires the Department of Regulatory Agencies to continue developing the program and, within 90 days of completing the program, to transfer it to the Department of Public Health and Environment. The Department of Regulatory Agencies requested that the program be transferred because it will be administered with federal grant moneys and the Department of Public Health and Environment has more experience managing programs funded with federal grants.

Bill C — Concerning Health Care Needs in Rural Areas of the State, and, in Connection Therewith, Conducting a Study Regarding the Cost of Health Care within Pueblo County, Modifying the Nursing Teacher Loan Forgiveness Pilot Program to Include Only Those Persons Teaching in Rural Areas, Creating a Nursing Teacher Recruitment Program for Rural Communities, and Creating a Family Mental Health Services Grant Program

Bill C addresses concerns with the ability of the health care system to meet the demands in rural areas of the state and proposes several programs to address health care shortages and inadequacies. First, the bill requires the Division of Insurance to study the factors driving health care costs in Pueblo County. The division may contract with a nonprofit entity to conduct the study. A report of the study's conclusions must be forwarded to the legislature by January 15, 2009.

In addition, Bill C requires the Department of Public Health and Environment to issue a request for proposals for the operation of a mobile cancer screening unit for rural areas. The unit will screen individuals for prostate, cervical, breast, and colon cancer. The state Board of Health is responsible for selecting the operator of the mobile unit.

The bill also creates two grant programs. One program will provide matching grants to rural health care providers for the purchase of medical equipment. The other program will award grants to community mental health centers serving rural areas to provide family mental health services in those areas.

To address concerns with staffing shortages in rural Colorado, Bill C modifies the Nursing Teacher Loan Forgiveness Pilot Program to specify that a nursing teacher must teach classes in a rural area of the state in order to receive loan forgiveness payments under the program. The bill also creates a Nursing Teacher Recruitment Program to provide a one-time recruitment incentive payment of up to $30,000 to a nursing teacher who teaches classes in a rural area of the state. Teachers must agree to stay in the teaching position for at least five years after receiving the incentive. Nursing teachers are not eligible to participate in both programs simultaneously.

Bill D — Concerning Measures to Enhance Advanced Practice Nursing

Advanced practice nurses are nurses that have obtained additional certification in a nursing specialty and include certified nurse midwives, nurse practitioners, and nurse anesthetists. Bill D prohibits health insurance carriers from discriminating between a physician and an advanced practice nurse when establishing provider networks or reimbursement rates for services that could be provided by either an advanced practice nurse or a physician. The bill further specifies that when any law or rule requires the signature or other endorsement of a physician, the signature or endorsement of an advanced practice nurse is deemed to meet the requirement, as long as the nurse is in compliance with state laws regulating the practice of advance practice nurses.

In addition, Bill D permits an advanced practice nurse to sign a certificate of death and to authorize the issuance of a disabled parking placard or license plate.

Bill E — Concerning Access to Health Insurance

Bill E contains several components designed to increase access to health care and health insurance for children and adults. The bill expands CoverColorado, Colorado's health insurance plan for persons who have been denied coverage in the private market due to a preexisting condition, to include members of a Multiple Employer Welfare Arrangements (MEWAs) who are deemed to be presumptively eligible for CoverColorado due to a preexisting condition. MEWAs allow employers who are members of the same trade or professional organization to group together to purchase health insurance. MEWAS are required to cede to CoverColorado the risk of any member who is determined to be presumptively eligible for CoverColorado. The premiums of such members will be paid from the MEWA Ceded Insurance Risk Fund, which is funded with General Fund moneys.

In addition, Bill E delays the repeal of the Multiple Employer Welfare Arrangement Pilot Program until 2011.

Bill E also requires each school district board of education to require that students provide information on whether or not they are covered by health insurance at the time of registration. School district boards must provide information on the CHP+ program to children who indicate that they are uninsured.

In addition, the Department of Health Care Policy and Financing is required to establish a plan to maximize enrollment in public health programs. The bill expands the income eligibility level for CHP+ coverage for children from its current level of 200 percent of the FPL to 210 percent of the FPL in 2007, 225 percent of the FPL in 2008, and 250 percent of the FPL in 2009. Under the bill, the department is authorized to seek approval from the federal government to expand CHP+ benefits to include dental care for pregnant adults and coverage for the human papilloma virus for children age 12 to 18, with parental consent.

Bill F — Concerning Extending Medicaid Eligibility for Persons who are in the Foster Care System Immediately Prior to Emancipation

Children who are in the foster care system are currently eligible for Medicaid coverage until they are 18 years of age or until they emancipate from the system. Bill F allows children who have aged out of the foster care system, or who have otherwise become emancipated, to be eligible for Medicaid until age 21.

Bill G — Concerning Nurse Staffing Levels in Hospitals

Bill G requires each hospital in the state to appoint a staffing committee, consisting of a minimum percentage of the registered nurses providing direct patient care in the hospital, to develop and implement a staffing plan for the hospital. The plan must include the minimum number of registered nurses, licensed practical nurses, and other personnel providing direct patient care that is required in each patient care unit in the hospital. Each hospital must file the plan with the Department of Public Health and Environment, and must staff the hospital according to the plan. The plans must be made available to patients upon request. Each hospital is required to update the plan annually. The plans and certain nursing information must be reported as part of the hospital report card completed by the department.

Bill G requires hospitals to maintain daily records related to the number of patients in each patient care unit. In addition, hospitals must collect and report specific nurse staffing information to the department at least twice a year. Hospitals are prohibited from retaliating against any employee for performing any duties related to the staffing committee or for reporting violations of the provisions of the bill. The department may impose civil penalties of up to $5,000 per day per incident or may suspend or revoke a hospital's license for verified violations. The department must submit an annual report to the Senate and House Health and Human Services Committees regarding hospital compliance with these requirements.

Bill H — Concerning the Use of Telemedicine to Provide Certain Services by Home Care Providers Under the Colorado Medical Assistance Program

Bill H requires the Department of Health Care Policy and Financing to seek federal authorization for the reimbursement and provision of home health care services and home- and community-based services by home care providers through the use of telemedicine.

Resource Materials

The resource materials listed below were provided to the committee or developed by Legislative Council Staff during the course of the meetings. The summaries of meetings and attachments are available at the Division of Archives, 1313 Sherman Street, Denver, (303-866-2055). For a limited time, the meeting summaries and materials developed by Legislative Council Staff are available on our web site at:

www. state.co.us/gov_dir/leg_dir/lcsstaff/2006/06interim.htm

Meeting Summaries	Topics Discussed
August 31, 2006	Benefits of preventative care; the role of schools in promoting child wellness; the current state of Medicaid and CHP+; barriers to enrollment in public health programs; proposals to expand health insurance coverage to all children in the state; adequacy of the rural provider network; access to health care in rural areas; the cost of private health insurance in rural areas.
September 11, 2006	Access to health insurance for adults; CoverColorado; the private health insurance market; adult access to care through public health programs; long term care needs for disabled and elderly persons; prescription drug assistance programs; premium subsidy programs.
September 12, 2006	Trauma care funding; substance abuse treatment and prevention; hospital workforce issues; discussion of potential legislation.
October 3, 2006	Finalization of proposed legislation.

Memoranda and Reports

Overview of the Health Care Task Force; memorandum prepared by Legislative Council Staff, August 31, 2006.

First Regular Session
Sixty-sixth General Assembly
STATE OF COLORADO

BILL A

LLS NO. 07-0080.01 Kristen Forrestal

HOUSE BILL

HOUSE SPONSORSHIP

Frangas, Butcher, Stafford, and Todd

SENATE SPONSORSHIP

Keller, and Tochtrop

House Committees | **Senate Committees**

A BILL FOR AN ACT

101 CONCERNING THE PRESCRIPTION DRUG CONSUMER INFORMATION AND
102 TECHNICAL ASSISTANCE PROGRAM.

Bill Summary

(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)

Health Care Task Force. Creates the prescription drug information and technical assistance program to provide prescription drug assistance for recipients of prescription drug benefits pursuant to the "Colorado Medical Assistance Act". Grants rule-making authority to the department of health care policy and financing to establish and administer the program. Requires the department to design a calculation for savings under the program.

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** Part 5 of article 5 of title 25.5, Colorado Revised
3 Statutes, is amended BY THE ADDITION OF A NEW SECTION to
4 read:

5 **25.5-5-507. Prescription drug information and technical**
6 **assistance program - rules.** THERE IS HEREBY CREATED THE
7 PRESCRIPTION DRUG INFORMATION AND TECHNICAL ASSISTANCE
8 PROGRAM. THE PROGRAM SHALL PROVIDE ADVICE ON THE PRUDENT USE
9 OF PRESCRIPTION DRUGS TO PERSONS WHO RECEIVE PRESCRIPTION DRUG
10 BENEFITS PURSUANT TO THIS PART 5. THE STATE DEPARTMENT SHALL
11 CONTRACT WITH LICENSED PHARMACISTS FOR STATEWIDE MEDICAID
12 PHARMACY SERVICES AND PHARMACY CONSULTATIONS FOR PERSONS
13 RECEIVING PRESCRIPTION DRUG BENEFITS PURSUANT TO THIS PART 5
14 REGARDING HOW EACH PERSON MAY, WITH THE APPROVAL OF THE
15 APPROPRIATE PRESCRIBING HEALTH CARE PROVIDER, AVOID DANGEROUS
16 DRUG INTERACTIONS, IMPROVE PATIENT OUTCOMES, AND SAVE THE STATE
17 MONEY FOR THE DRUGS PRESCRIBED. THE STATE DEPARTMENT SHALL
18 PROMULGATE RULES TO ESTABLISH AND ADMINISTER THE PROGRAM AND
19 TO PROVIDE INCENTIVE PAYMENTS TO PHARMACISTS AND PHYSICIANS WHO
20 PARTICIPATE IN THE PROGRAM. THE STATE DEPARTMENT SHALL DESIGN
21 A CALCULATION FOR SAVINGS UNDER THE PROGRAM.

22 **SECTION 2. Effective date.** This act shall take effect July 1,
23 2007.

24 **SECTION 3. Safety clause.** The general assembly hereby finds,

1 determines, and declares that this act is necessary for the immediate

2 preservation of the public peace, health, and safety.

First Regular Session
Sixty-sixth General Assembly
STATE OF COLORADO

BILL B

LLS NO. 07-0082.01 Karen Epps **SENATE BILL**

SENATE SPONSORSHIP

Tochtrop, and Keller

HOUSE SPONSORSHIP

Butcher, Frangas, Stafford, and Todd

Senate Committees **House Committees**

A BILL FOR AN ACT

101 CONCERNING THE TRANSFER OF THE ELECTRONIC PRESCRIPTION DRUG
102 MONITORING PROGRAM TO THE DEPARTMENT OF PUBLIC
103 HEALTH AND ENVIRONMENT.

Bill Summary

(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)

Health Care Task Force. Requires the department of regulatory agencies to develop an electronic prescription drug monitoring program.

Transfers the maintenance of the electronic prescription drug monitoring program from the department of regulatory agencies to the executive director of the department of public health and environment.

Requires the department of regulatory agencies to notify the state

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

treasurer and the revisor of statutes if the department does not receive sufficient moneys to maintain the program. Repeals the program if and when such notice is given.

---

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** Article 1.5 of title 25, Colorado Revised Statutes,
3 is amended BY THE ADDITION OF A NEW PART CONTAINING
4 RELOCATED PROVISIONS, WITH AMENDMENTS, to read:

5 PART 4

6 ELECTRONIC MONITORING OF PRESCRIPTION DRUGS

7 **25-1.5-401. [Formerly 12-22-701] Legislative declaration.**
8 (1) The general assembly finds, determines, and declares that:

9 (a) Prescription drug abuse occurs in this country to an extent that
10 exceeds or rivals the abuse of illicit drugs.

11 (b) Prescription drug abuse occurs at times due to the deception
12 of the authorized prescribers where patients seek controlled substances
13 for treatment and the prescriber is without knowledge of the patient's
14 other medical providers and treatments.

15 (c) Electronic monitoring of prescriptions for controlled
16 substances would provide a mechanism whereby prescribers could
17 discover the extent of each patient's requests for drugs, and whether other
18 providers have prescribed similar substances during a similar period. ~~of~~
19 ~~time.~~

20 **25-1.5-402. [Formerly 12-22-702] Definitions.** As used in this
21 part ~~7~~ 4, unless the context otherwise requires:

22 (1) "Board" means the state board of ~~pharmacy~~ HEALTH.

23 (2) "Committee" means the prescription controlled substance
24 abuse monitoring advisory committee.

(3) "Controlled substance" means any schedule II, III, IV, or V drug as listed in sections 18-18-204, 18-18-205, 18-18-206, and 18-18-207, C.R.S.

~~(4) "Division" means the division of registrations in the department of regulatory agencies.~~

~~(5)~~ (4) "Drug abuse" or "abuse" means utilization of a controlled substance for nonmedical purposes or in a manner that does not meet generally accepted standards of medical practice.

(5) "EXECUTIVE DIRECTOR" MEANS THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.

(6) "Practitioner" shall have the same meaning as in section 18-18-102 (29), C.R.S.

(7) "Prescription drug outlet" means any resident or nonresident pharmacy outlet registered or licensed pursuant to ~~this~~ article 22 OF TITLE 12, C.R.S., where prescriptions are compounded and dispensed.

(8) "Program" means the electronic prescription drug monitoring program developed or procured by the board in accordance with section ~~12-22-704~~ 25-1.5-404.

25-1.5-403. [Formerly 12-22-703] Advisory committee - duties - repeal. (1) There is hereby created, within the ~~division~~ DEPARTMENT, the prescription controlled substance abuse monitoring advisory committee. The committee shall consist of the following eleven members:

(a) The EXECUTIVE director ~~of the division~~ or his or her designee;

(b) A pharmacist appointed by the STATE board OF PHARMACY CREATED IN SECTION 12-22-103, C.R.S.;

(c) Three physicians appointed by the state board of medical

1 examiners, CREATED IN SECTION 12-36-103, C.R.S., one of ~~which~~ WHOM
2 is a pain specialist or addiction specialist;
3 (d) A dentist appointed by the state board of dental examiners,
4 CREATED IN SECTION 12-35-104, C.R.S.;
5 (e) A veterinarian appointed by the state board of veterinary
6 medicine, CREATED IN SECTION 12-64-105, C.R.S.;
7 (f) The director of the division of alcohol and drug abuse in the
8 department of human services or his or her designee; and
9 (g) Three persons appointed by the committee, one of ~~which~~
10 WHOM is a representative of law enforcement.
11 (2) (a) The committee shall advise and assist the ~~board~~ EXECUTIVE
12 DIRECTOR with the ~~development,~~ operation and maintenance of the
13 ~~electronic prescription drug monitoring~~ program and with the
14 development of access and security protocols for the program. The
15 committee shall advise the board regarding mandatory information to be
16 reported for inclusion in the program.
17 (b) THE DEPARTMENT OF REGULATORY AGENCIES SHALL DEVELOP
18 AN ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM AS
19 DESCRIBED IN SECTION 25-1.5-404. THE DEVELOPED PROGRAM SHALL BE
20 TRANSFERRED TO THE EXECUTIVE DIRECTOR WITHIN NINETY DAYS AFTER
21 THE COMPLETION OF THE DEVELOPMENT OF THE PROGRAM. THE PROGRAM
22 SHALL INCLUDE, BUT NOT BE LIMITED TO, AN OPERABLE COMPUTER-BASED
23 PROGRAM PURSUANT TO THIS PART 4.
24 (3) Committee members shall not receive compensation or
25 reimbursement for expenses associated with service on the committee.
26 (4) This section is repealed, effective July 1, 2011. Prior to such
27 repeal, the committee shall be reviewed as provided in section 2-3-1203,

1 C.R.S.

2 **25-1.5-404. [Formerly 12-22-704] Prescription drug use**
3 **monitoring program - repeal.** (1) The ~~board~~ DEPARTMENT OF
4 REGULATORY AGENCIES shall develop or procure ~~a prescription controlled~~
5 ~~substance electronic~~ AN ELECTRONIC PRESCRIPTION DRUG MONITORING
6 program to track prescriptions written for controlled substances in
7 Colorado. PURSUANT TO SECTION 25-1.5-403 (2) (b), THE EXECUTIVE
8 DIRECTOR SHALL ASSUME THE MAINTENANCE AND OPERATION OF THE
9 PROGRAM WITHIN NINETY DAYS AFTER THE COMPLETION OF THE
10 DEVELOPMENT OR PROCUREMENT OF THE PROGRAM. The program shall
11 track information regarding controlled substance prescriptions that
12 includes, but is not limited to, the following:

13 (a) The date the prescription was dispensed;

14 (b) The name of the patient and the prescriber;

15 (c) The name and amount of the controlled substance;

16 (d) The method of payment;

17 (e) The name of the dispensing pharmacy; and

18 (f) Any other data elements necessary to determine whether a
19 patient is visiting multiple prescribers or pharmacies, or both, to receive
20 the same or similar medication.

21 (2) The board and the committee shall establish a method and
22 format for prescription drug outlets to convey the necessary information
23 to the ~~board~~ EXECUTIVE DIRECTOR or ~~its~~ HIS OR HER designee. The
24 method shall not require more than a one-time entry of data per patient
25 per prescription by a prescription drug outlet.

26 (3) The ~~division~~ DEPARTMENT may contract with any individual
27 or public or private agency or organization in carrying out the data

1 collection and processing duties required by this part ~~7~~ 4.

2 (4) (a) ON AND AFTER THE DATE OF THE TRANSFER OF THE
3 PROGRAM FROM THE DEPARTMENT OF REGULATORY AGENCIES TO THE
4 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO
5 SECTION 25-1.5-403 (2) (b), THE OFFICERS AND EMPLOYEES OF THE
6 DEPARTMENT OF REGULATORY AGENCIES WHOSE DUTIES AND FUNCTIONS
7 CONCERNED THE DEVELOPMENT OR OPERATION OF THE PROGRAM AND
8 WHOSE EMPLOYMENT IN THE DEPARTMENT IS DEEMED NECESSARY TO
9 CARRY OUT THE PURPOSES OF THIS PART 4 SHALL BE TRANSFERRED TO THE
10 DEPARTMENT AND BECOME EMPLOYEES THEREOF. SUCH EMPLOYEES
11 SHALL RETAIN ALL RIGHTS TO THE STATE PERSONNEL SYSTEM AND
12 RETIREMENT BENEFITS PURSUANT TO THE LAWS OF THIS STATE, AND THEIR
13 SERVICES SHALL BE DEEMED TO HAVE BEEN CONTINUOUS. ALL TRANSFERS
14 AND ANY ABOLISHMENT OF POSITIONS IN THE STATE PERSONNEL SYSTEM
15 SHALL BE MADE AND PROCESSED IN ACCORDANCE WITH STATE PERSONNEL
16 SYSTEM LAWS AND RULES.

17 (b) THIS SUBSECTION (4) IS REPEALED, EFFECTIVE UPON
18 CERTIFICATION FROM THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF
19 REGULATORY AGENCIES TO THE REVISOR OF STATUTES THAT THE
20 TRANSFER OF DUTIES AND FUNCTIONS HAS OCCURRED.

21 (5) (a) ON THE DATE OF THE TRANSFER OF THE PROGRAM FROM
22 THE DEPARTMENT OF REGULATORY AGENCIES TO THE DEPARTMENT OF
23 PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO SECTION 25-1.5-403 (2)
24 (b), ALL ITEMS OF PROPERTY, REAL AND PERSONAL, INCLUDING OFFICE
25 FURNITURE AND FIXTURES, BOOKS, DOCUMENTS, AND RECORDS OF,
26 PERTAINING TO, AND NECESSARY FOR THE IMPLEMENTATION OF THE
27 PROGRAM SHALL BE TRANSFERRED TO THE DEPARTMENT OF PUBLIC

1 HEALTH AND ENVIRONMENT AND SHALL BECOME THE PROPERTY THEREOF.
2 (b) THIS SUBSECTION (5) IS REPEALED, EFFECTIVE UPON
3 CERTIFICATION FROM THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF
4 REGULATORY AGENCIES TO THE REVISOR OF STATUTES THAT THE
5 TRANSFER OF DUTIES AND FUNCTIONS HAS OCCURRED.
6 **25-1.5-405. [Formerly 12-22-705] Program operation - access.**
7 (1) SUBJECT TO AVAILABLE APPROPRIATIONS, the ~~board~~ EXECUTIVE
8 DIRECTOR shall operate and maintain the program. The committee shall
9 advise and assist the ~~board~~ EXECUTIVE DIRECTOR. The committee shall
10 meet at least quarterly during the first two years of the program.
11 (2) The board shall adopt all rules necessary to implement the
12 program. The committee shall advise the board regarding proposed rules.
13 (3) The program shall be available for query only to the following
14 persons or groups of persons:
15 (a) ~~Board~~ DEPARTMENT staff responsible for administering the
16 program;
17 (b) Any licensed practitioner with the statutory authority to
18 prescribe controlled substances to the extent the query relates to a current
19 patient of the practitioner to whom the practitioner is prescribing or
20 considering prescribing any controlled substance;
21 (c) Practitioners engaged in a legitimate program to monitor a
22 patient's controlled substance abuse;
23 (d) Licensed pharmacists with statutory authority to dispense
24 controlled substances to the extent the information requested relates
25 specifically to a current patient to whom the pharmacist is dispensing or
26 considering dispensing a controlled substance;
27 (e) Law enforcement officials ~~so long as~~ IF the information

1 released is specific to an individual and is part of a bona fide investigation
2 and the request for information is accompanied by an official court order
3 or subpoena; and

4 (f) The individual who is the recipient of a controlled substance
5 prescription ~~so long as~~ IF the information released is specific to such
6 individual.

7 (4) A licensed practitioner or licensed pharmacist who transmits
8 data in compliance with the operation and maintenance of the program
9 shall not be charged a fee for the transmission of such data.

10 (5) The ~~state board of pharmacy~~ DEPARTMENT may, pursuant to
11 a written agreement that ensures compliance with this part ~~7~~ 4, provide
12 data to qualified personnel of a public or private entity for the purpose of
13 bona fide research or education ~~so long as~~ IF such information does not
14 identify a recipient, prescriber, or dispenser of a prescription drug.

15 (6) The ~~board~~ DEPARTMENT shall provide a means of sharing
16 information about individuals whose information is recorded in the
17 program with out-of-state health care practitioners and law enforcement
18 officials that meet the requirements of paragraph (b), (c), or (e) of
19 subsection (3) of this section.

20 **25-1.5-406. [Formerly 12-22-706] Prescription drug**
21 **monitoring fund - creation - gifts, grants, and donations - repeal of**
22 **part.** (1) The ~~board~~ DEPARTMENT is authorized to seek and accept funds
23 from any public or private entity for the ~~purposes~~ PURPOSE of
24 ~~implementing and~~ maintaining the program. Any such funds collected
25 shall be transmitted to the state treasurer, who shall credit the same to the
26 prescription drug monitoring fund, which fund is hereby created. The
27 moneys in the fund shall be subject to annual appropriation by the general

1 assembly for the sole purpose of implementing and maintaining the
2 program. The moneys in the fund shall not be transferred to or revert to
3 the general fund at the end of any fiscal year.
4 (2) The provisions of this part ~~7~~ 4 shall not be required unless
5 there are moneys in the PRESCRIPTION DRUG MONITORING fund to
6 ~~implement and~~ maintain the program. If sufficient gifts, grants, or
7 donations are not identified and guaranteed ~~on or before October 1, 2006,~~
8 to ~~implement~~ MAINTAIN the program, this part ~~7~~ 4 shall not take effect.
9 No moneys from the general fund shall be used to implement or maintain
10 the program. The license and registration fees collected pursuant to
11 section 12-22-114, C.R.S., shall not be increased to implement or
12 maintain the program.
13 (3) ~~Subsequent to the~~ AFTER THE INITIAL implementation of the
14 program, the ~~board~~ DEPARTMENT shall seek gifts, grants, and donations
15 on an annual basis for the purpose of maintaining the program.
16 (4) If the ~~fund does not contain at least four hundred thousand~~
17 ~~dollars as of October 1, 2006, the board~~ DEPARTMENT DOES NOT RECEIVE
18 SUFFICIENT MONEYS TO MAINTAIN THE PROGRAM CREATED IN THIS PART
19 4, THE DEPARTMENT shall notify the state treasurer and the revisor of
20 statutes, and this part ~~7~~ 4 shall be repealed, effective October 1 ~~2006~~ OF
21 THE FISCAL YEAR IN WHICH SUFFICIENT MONEYS TO MAINTAIN THE
22 PROGRAM WERE NOT RECEIVED.
23 **25-1.5-407. [Formerly 12-22-707] Violations - penalties.** A
24 person who knowingly releases, obtains, or attempts to obtain information
25 from the program in violation of this part ~~7~~ 4 shall be punished by a civil
26 fine of not less than one thousand dollars and not more than ten thousand
27 dollars for each violation. Fines paid shall be deposited in the

1 prescription drug monitoring fund.

2 **25-1.5-408. [Formerly 12-22-708] Prescription drug outlets -**
3 **prescribers - responsibilities - liability.** (1) A prescription drug outlet
4 shall submit information in the manner required by the board.

5 (2) A prescriber, who has in good faith written a prescription for
6 a controlled substance to a patient, shall not be held liable for information
7 submitted to the program. A prescriber or prescription drug outlet, who
8 has in good faith submitted the required information to the program, shall
9 not be held liable for participation in the program.

10 **25-1.5-409. [Formerly 12-22-709] Exemption - waiver.** (1) A
11 hospital licensed or certified pursuant to section 25-1.5-103, ~~C.R.S.,~~ a
12 prescription drug outlet located within the hospital that is dispensing a
13 controlled substance for a chart order or dispensing less than or equal to
14 a twenty-four-hour supply of a controlled substance, and emergency
15 medical services personnel certified pursuant to section 25-3.5-203,
16 ~~C.R.S.,~~ shall be exempt from the reporting provisions of this part ~~7~~ 4. A
17 hospital prescription drug outlet licensed pursuant to section 12-22-116,
18 C.R.S., shall comply with the provisions of this part ~~7~~ 4 for controlled
19 substances dispensed for outpatient care that have more than a
20 twenty-four-hour supply.

21 (2) A prescription drug outlet that does not report controlled
22 substance data to the program due to a lack of electronic automation of
23 the outlet's business may apply to the board for a waiver from the
24 reporting requirements. The committee shall determine whether a waiver
25 shall be granted.

26 **25-1.5-410. [Formerly 12-22-710] Repeal of part.** This part ~~7~~
27 4 is repealed, effective July 1, 2011. Prior to such repeal, the functions

under this part ~~7~~ 4 and the committee shall be reviewed as provided in sections 2-3-1203 and 24-34-104, C.R.S.

SECTION 2. Repeal of relocated provisions. Part 7 of article 22 of title 12, Colorado Revised Statutes, is repealed.

SECTION 3. 24-34-104 (42) (i), Colorado Revised Statutes, is amended to read:

24-34-104. General assembly review of regulatory agencies and functions for termination, continuation, or reestablishment. (42) The following agencies, functions, or both, shall terminate on July 1, 2011:

(i) The electronic prescription drug monitoring program, created in ~~part 7 of article 22 of title 12~~ SECTION 25-1.5-404, C.R.S.;

SECTION 4. 2-3-1203 (3) (x) (IV), Colorado Revised Statutes, is amended to read:

2-3-1203. Sunset review of advisory committees. (3) The following dates are the dates for which the statutory authorization for the designated advisory committees is scheduled for repeal:

(x) July 1, 2011:

(IV) The prescription controlled substance abuse monitoring advisory committee created in section ~~12-22-703~~ 25-1.5-403, C.R.S.;

SECTION 5. Effective date. This act shall take effect January 1, 2008.

SECTION 6. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

First Regular Session
Sixty-sixth General Assembly
STATE OF COLORADO

BILL C

LLS NO. 07-0078.01 Christy Chase **HOUSE BILL**

HOUSE SPONSORSHIP

Butcher, Frangas, Stafford, and Todd

SENATE SPONSORSHIP

Sandoval, and Tochtrop

House Committees **Senate Committees**

A BILL FOR AN ACT

101 CONCERNING HEALTH CARE NEEDS IN RURAL AREAS OF THE STATE,
102 AND, IN CONNECTION THEREWITH, CONDUCTING A STUDY
103 REGARDING THE COST OF HEALTH CARE WITHIN PUEBLO
104 COUNTY, MODIFYING THE NURSING TEACHER LOAN
105 FORGIVENESS PILOT PROGRAM TO INCLUDE ONLY THOSE
106 PERSONS TEACHING IN RURAL AREAS, CREATING A NURSING
107 TEACHER RECRUITMENT PROGRAM, ESTABLISHING A MOBILE
108 CANCER SCREENING UNIT, CREATING A MEDICAL EQUIPMENT
109 GRANT PROGRAM FOR RURAL COMMUNITIES, AND CREATING A
110 FAMILY MENTAL HEALTH SERVICES GRANT PROGRAM.

Bill Summary

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)

Health Care Task Force. Makes legislative declarations concerning the inability of the health care system to meet the health care demands in rural Colorado and the need to address rural health care shortages and inadequacies through various measures.

Instructs the division of insurance to conduct a study of the factors that drive health insurance costs in the Pueblo area. Defines the parameters of the study and the data to be gathered and analyzed. Authorizes the division of insurance to contract with a nonprofit entity to analyze data collected by the division and prepare a report of the analysis of such data.

Modifies the nursing teacher loan forgiveness pilot program (pilot program) to specify that a nursing teacher must teach classes in a rural area of the state in order to qualify for the pilot program.

Creates a nursing teacher recruitment program (recruitment program) to provide a one-time recruitment incentive payment to a nursing teacher who teaches nursing classes in a rural area of the state for a specified period. Precludes participation in both the pilot program and the recruitment program.

Requires the department of public health and environment to issue a request for proposals for the operation of a mobile cancer screening unit to provide screenings, particularly in rural areas, for prostate, cervical, breast, and colon cancer. Specifies that the state board of health is to select an operator and oversee the operation of the mobile cancer screening unit.

Creates the medical equipment for rural communities grant program, administered by the department of public health and environment in cooperation with the state board of health, to provide matching grants to rural health care providers for the purchase of medical equipment.

Creates the family mental health services grant program, administered by the state board of health in cooperation with the division of mental health services in the department of human services, to award grant moneys to community mental health centers serving rural areas for purposes of providing family mental health services in rural areas.

---

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1. Legislative declaration.** (1) The general assembly

3 hereby finds that:

1 (a) Nearly three quarters of Colorado's counties are rural, and the
2 health care needs of many of those rural counties routinely go unmet
3 because of shortages in health care providers, unavailability of health
4 maintenance and emergency services, and inadequate insurance options.
5 (b) Over seventy-five percent of rural counties are designated
6 wholly, or in part, as health professional shortage areas.
7 (c) Of those designated rural counties, most are served by only
8 one public health nurse, and many are critically underserved by
9 physicians, dentists, emergency medical technicians, and mental health
10 professionals.
11 (2) The general assembly therefore determines and declares that
12 it is important to adopt measures to provide access to proper and adequate
13 health care services to help meet the unique health care needs of rural
14 Coloradans.
15 **SECTION 2.** Part 1 of article 16 of title 10, Colorado Revised
16 Statutes, is amended BY THE ADDITION OF A NEW SECTION to
17 read:
18 **10-16-132. Study of health insurance premiums charged in**
19 **Pueblo county - repeal.** (1) (a) THE DIVISION SHALL CONDUCT AN
20 INDEPENDENT AND OBJECTIVE STUDY PURSUANT TO SUBSECTION (2) OF
21 THIS SECTION TO GATHER AND ANALYZE DATA TO IDENTIFY:
22 (I) THE FACTORS THAT DRIVE HEALTH INSURANCE COSTS FOR
23 INDIVIDUALS AND GROUPS IN PUEBLO COUNTY;
24 (II) THE STATISTICAL INTERACTION, RELATIONSHIPS, AND
25 DEPENDENCIES OF THE FACTORS;
26 (III) THE DEMOGRAPHIC, HEALTH SERVICES, AND OTHER COST
27 COMPONENTS OF HEALTH INSURANCE PREMIUMS FOR INDIVIDUALS AND

1 GROUPS IN PUEBLO COUNTY;
2 (IV) THE ROLE OF MODIFIED COMMUNITY RATING FOR PUEBLO
3 COUNTY; AND
4 (V) WHETHER HEALTH COVERAGE FOR INDIVIDUALS AND GROUPS
5 IN PUEBLO COUNTY IS REASONABLY AVAILABLE.
6 (b) THE DIVISION MAY CONTRACT WITH A NONPROFIT ENTITY TO
7 ANALYZE DATA COLLECTED BY THE DIVISION AND PREPARE A REPORT OF
8 THE ANALYSIS OF THE DATA.
9 (2) (a) THE COMMISSIONER SHALL ASSURE THAT THE STUDY
10 PARAMETERS INCLUDE THE DATA TO BE GATHERED, THE METHOD AND
11 TIME FRAMES FOR COLLECTION OF THE DATA, AND THE OBJECTIVES AND
12 STANDARDS FOR THE ANALYSIS OF THE DATA.
13 (b) UPON COMPLETION OF THE ANALYSIS, THE DIVISION SHALL
14 PRESENT A DRAFT OF THE REPORT TO THE COMMISSIONER FOR REVIEW AND
15 TRANSMISSION TO THE GENERAL ASSEMBLY PURSUANT TO PARAGRAPH (c)
16 OF THIS SUBSECTION (2).
17 (c) THE COMMISSIONER SHALL SUBMIT A REPORT OF THE STUDY
18 CONTAINING CONCLUSIONS AND AN ANALYSIS OF THE FACTORS THAT
19 DRIVE THE COST OF HEALTH CARE, THE COST OF HEALTH INSURANCE
20 COVERAGE ON AN INDIVIDUAL AND GROUP BASIS, AND THE IMPACT OF
21 MODIFIED COMMUNITY RATING ON PUEBLO COUNTY TO THE PRESIDENT OF
22 THE SENATE, MAJORITY LEADER OF THE SENATE, MINORITY LEADER OF THE
23 SENATE, SPEAKER OF THE HOUSE OF REPRESENTATIVES, MAJORITY LEADER
24 OF THE HOUSE OF REPRESENTATIVES, MINORITY LEADER OF THE HOUSE OF
25 REPRESENTATIVES, AND CHAIRS OF THE HEALTH AND HUMAN SERVICES
26 COMMITTEES OF THE SENATE AND THE HOUSE OF REPRESENTATIVES, THE
27 BUSINESS, LABOR, AND TECHNOLOGY COMMITTEE OF THE SENATE, AND

1 THE BUSINESS AFFAIRS AND LABOR COMMITTEE OF THE HOUSE OF
2 REPRESENTATIVES, OR THEIR SUCCESSOR COMMITTEES, NO LATER THAN
3 JANUARY 15, 2009.

4 (d) IF THE DIVISION CONTRACTS WITH A NONPROFIT ENTITY TO
5 ANALYZE DATA COLLECTED PURSUANT TO THIS SECTION, THE
6 AGGREGATED DATA MAY BE TRANSMITTED TO THE NONPROFIT ENTITY FOR
7 ANALYSIS.

8 (e) NOTHING IN THIS SECTION SHALL WAIVE ANY CLAIM TO
9 PRIVILEGED OR CONFIDENTIAL INFORMATION PURSUANT TO FEDERAL OR
10 STATE LAW.

11 (3) THE DATA TO BE COLLECTED SHALL INCLUDE THE AMOUNT OF
12 CLAIMS PAID BY HEALTH INSURERS IN PUEBLO COUNTY FOR THE PERIOD
13 BEGINNING JANUARY 1, 2003, AND ENDING DECEMBER 31, 2006; THE
14 RATES CHARGED FOR HEALTH INSURANCE DURING THIS PERIOD; THE
15 CHARGES BILLED BY LICENSED, CERTIFIED, OR REGISTERED HEALTH CARE
16 PROVIDERS DURING THIS PERIOD; THE CHARGES BILLED BY ALL LICENSED
17 HEATH CARE FACILITIES DURING THIS PERIOD; THE NUMBER OF LICENSED,
18 CERTIFIED, OR REGISTERED HEALTH CARE PROVIDERS IN PUEBLO COUNTY
19 DURING THIS PERIOD; THE NUMBER OF HEALTH INSURERS CONDUCTING
20 BUSINESS IN PUEBLO COUNTY DURING THIS PERIOD; WHETHER THE
21 PRACTICE PATTERNS OF HEALTH CARE PROVIDERS IN THE PUEBLO
22 COMMUNITY DIFFER FROM ACCEPTED STANDARDS AND GUIDELINES;
23 WHETHER THE HEALTH STATUS OF THE PUEBLO COMMUNITY DRIVES
24 HEALTH INSURANCE COSTS; AND ANY OTHER INFORMATION DETERMINED
25 NECESSARY BY THE COMMISSIONER.

26 (4) THIS SECTION IS REPEALED, EFFECTIVE JANUARY 15, 2009.

27 **SECTION 3.** The introductory portion to 23-3.6-101 and

1 23-3.6-101 (6), Colorado Revised Statutes, are amended, and the said
2 23-3.6-101 is further amended BY THE ADDITION OF A NEW
3 SUBSECTION, to read:

4 **23-3.6-101. Definitions.** As used in this ~~article~~ PART 1, unless the
5 context otherwise requires:

6 (6) "Qualified position" means full-time employment by a public
7 or participating private institution of higher education to teach classes IN
8 A RURAL AREA THAT ARE required to earn a degree or certificate in
9 nursing.

10 (7) "RURAL AREA" MEANS:

11 (a) A COUNTY WITH A POPULATION OF LESS THAN FIFTY THOUSAND
12 PEOPLE, ACCORDING TO THE MOST RECENTLY AVAILABLE POPULATION
13 STATISTICS OF THE UNITED STATES BUREAU OF THE CENSUS;

14 (b) A MUNICIPALITY WITH A POPULATION OF LESS THAN FIFTY
15 THOUSAND PEOPLE, ACCORDING TO THE MOST RECENTLY AVAILABLE
16 POPULATION STATISTICS OF THE UNITED STATES BUREAU OF THE CENSUS,
17 THAT IS LOCATED TEN MILES OR MORE FROM A MUNICIPALITY WITH A
18 POPULATION OF MORE THAN FIFTY THOUSAND PEOPLE; OR

19 (c) THE UNINCORPORATED PART OF A COUNTY LOCATED TEN MILES
20 OR MORE FROM A MUNICIPALITY WITH A POPULATION OF MORE THAN FIFTY
21 THOUSAND PEOPLE, ACCORDING TO THE MOST RECENTLY AVAILABLE
22 POPULATION STATISTICS OF THE UNITED STATES BUREAU OF THE CENSUS.

23 **SECTION 4.** 23-3.6-102 (1) (b), Colorado Revised Statutes, is
24 amended, and the said 23-3.6-102 is further amended BY THE
25 ADDITION OF A NEW SUBSECTION, to read:

26 **23-3.6-102. Nursing teacher loan forgiveness pilot program -**
27 **administration - fund - conditions.** (1) (b) There is hereby created in

1 the state treasury the nursing teacher loan forgiveness fund, which shall
2 consist of all moneys appropriated by the general assembly for the
3 program and any gifts, grants, and donations received for said purpose.
4 Moneys in the fund are hereby continuously appropriated to the
5 department of higher education for the program. Any moneys in the fund
6 not expended for the purpose of this ~~article~~ PART 1 may be invested by the
7 state treasurer as provided by law. All interest and income derived from
8 the investment and deposit of moneys in the fund shall be credited to the
9 fund. At the end of any fiscal year, all unexpended and unencumbered
10 moneys in the fund shall remain in the fund and shall not be credited or
11 transferred to the general fund or any other fund.

12 (4) A NURSING TEACHER WHO PARTICIPATES IN THE PROGRAM
13 SHALL NOT BE ELIGIBLE TO PARTICIPATE IN THE NURSING TEACHER
14 RECRUITMENT PROGRAM CREATED IN PART 2 OF THIS ARTICLE.

15 **SECTION 5.** 23-3.6-104, Colorado Revised Statutes, is amended
16 to read:

17 **23-3.6-104. Repeal of part.** This ~~article~~ PART 1 is repealed,
18 effective July 1, 2018.

19 **SECTION 6.** Article 3.6 of title 23, Colorado Revised Statutes,
20 is amended BY THE ADDITION OF A NEW PART to read:

21 PART 2

22 NURSING TEACHER RECRUITMENT PROGRAM

23 **23-3.6-201. Definitions.** AS USED IN THIS PART 2, UNLESS THE
24 CONTEXT OTHERWISE REQUIRES:

25 (1) "COLLEGEINVEST" MEANS THE AUTHORITY TRANSFERRED TO
26 THE DEPARTMENT OF HIGHER EDUCATION PURSUANT TO SECTION
27 23-3.1-203.

1 (2) "PARTICIPATING PRIVATE INSTITUTION OF HIGHER EDUCATION"
2 MEANS A COLLEGE OR UNIVERSITY THAT IS PARTICIPATING IN THE COLLEGE
3 OPPORTUNITY FUND PROGRAM CREATED IN ARTICLE 18 OF THIS TITLE.
4 (3) "PROGRAM" MEANS THE NURSING TEACHER RECRUITMENT
5 PROGRAM AUTHORIZED PURSUANT TO SECTION 23-3.6-202.
6 (4) "PUBLIC INSTITUTION OF HIGHER EDUCATION" MEANS A
7 POSTSECONDARY EDUCATIONAL INSTITUTION ESTABLISHED AND EXISTING
8 PURSUANT TO LAW AS AN AGENCY OF THE STATE OF COLORADO AND
9 SUPPORTED WHOLLY OR IN PART BY TAX REVENUES.
10 (5) "QUALIFIED POSITION" MEANS FULL-TIME EMPLOYMENT BY A
11 PUBLIC OR PARTICIPATING PRIVATE INSTITUTION OF HIGHER EDUCATION TO
12 TEACH CLASSES IN A RURAL AREA THAT ARE REQUIRED TO EARN A DEGREE
13 OR CERTIFICATE IN NURSING.
14 (6) "RURAL AREA" MEANS:
15 (a) A COUNTY WITH A POPULATION OF LESS THAN FIFTY THOUSAND
16 PEOPLE, ACCORDING TO THE MOST RECENTLY AVAILABLE POPULATION
17 STATISTICS OF THE UNITED STATES BUREAU OF THE CENSUS;
18 (b) A MUNICIPALITY WITH A POPULATION OF LESS THAN FIFTY
19 THOUSAND PEOPLE, ACCORDING TO THE MOST RECENTLY AVAILABLE
20 POPULATION STATISTICS OF THE UNITED STATES BUREAU OF THE CENSUS,
21 THAT IS LOCATED TEN MILES OR MORE FROM A MUNICIPALITY WITH A
22 POPULATION OF MORE THAN FIFTY THOUSAND PEOPLE; OR
23 (c) THE UNINCORPORATED PART OF A COUNTY LOCATED TEN MILES
24 OR MORE FROM A MUNICIPALITY WITH A POPULATION OF MORE THAN FIFTY
25 THOUSAND PEOPLE, ACCORDING TO THE MOST RECENTLY AVAILABLE
26 POPULATION STATISTICS OF THE UNITED STATES BUREAU OF THE CENSUS.
27 **23-3.6-202. Nursing teacher recruitment program -**

1 **administration - fund - conditions.** (1) (a) THE GENERAL ASSEMBLY
2 HEREBY AUTHORIZES COLLEGEINVEST TO DEVELOP AND MAINTAIN A
3 NURSING TEACHER RECRUITMENT PROGRAM FOR IMPLEMENTATION
4 BEGINNING IN THE FALL SEMESTER OF THE 2007-08 ACADEMIC YEAR. THE
5 PROGRAM SHALL PROVIDE FOR PAYMENT OF A ONE-TIME RECRUITMENT
6 INCENTIVE OF UP TO THIRTY THOUSAND DOLLARS, TO BE PAID OUT IN
7 INCREMENTS OF SIX THOUSAND DOLLARS PER YEAR FOR FIVE YEARS, TO A
8 PERSON WHO IS HIRED FOR A QUALIFIED POSITION AND STAYS IN A
9 QUALIFIED POSITION FOR NOT LESS THAN FIVE CONSECUTIVE ACADEMIC
10 YEARS AFTER THE PERSON EARNED AN ADVANCED DEGREE IN NURSING.
11 PAYMENT OF RECRUITMENT INCENTIVES THROUGH THE PROGRAM MAY BE
12 MADE USING MONEYS IN THE NURSING TEACHER RECRUITMENT FUND,
13 CREATED IN PARAGRAPH (b) OF THIS SUBSECTION (1), OR MONEYS
14 ALLOCATED TO THE PROGRAM BY COLLEGEINVEST. COLLEGEINVEST IS
15 AUTHORIZED TO RECEIVE AND EXPEND GIFTS, GRANTS, AND DONATIONS OR
16 MONEYS APPROPRIATED BY THE GENERAL ASSEMBLY FOR THE PURPOSE OF
17 IMPLEMENTING THE PROGRAM.
18 (b) THERE IS HEREBY CREATED IN THE STATE TREASURY THE
19 NURSING TEACHER RECRUITMENT FUND, WHICH FUND SHALL CONSIST OF
20 ALL MONEYS APPROPRIATED BY THE GENERAL ASSEMBLY FOR THE
21 PROGRAM AND ANY GIFTS, GRANTS, AND DONATIONS RECEIVED FOR SAID
22 PURPOSE. MONEYS IN THE FUND ARE HEREBY CONTINUOUSLY
23 APPROPRIATED TO THE DEPARTMENT OF HIGHER EDUCATION FOR THE
24 PROGRAM. ANY MONEYS IN THE FUND NOT EXPENDED FOR THE PURPOSE
25 OF THIS PART 2 MAY BE INVESTED BY THE STATE TREASURER AS PROVIDED
26 BY LAW. ALL INTEREST AND INCOME DERIVED FROM THE INVESTMENT
27 AND DEPOSIT OF MONEYS IN THE FUND SHALL BE CREDITED TO THE FUND.

1 AT THE END OF ANY FISCAL YEAR, ALL UNEXPENDED AND UNENCUMBERED
2 MONEYS IN THE FUND SHALL REMAIN IN THE FUND AND SHALL NOT BE
3 CREDITED OR TRANSFERRED TO THE GENERAL FUND OR ANY OTHER FUND.
4 (2) IN ADDITION TO ANY OTHER QUALIFICATIONS SPECIFIED BY
5 COLLEGEINVEST, TO QUALIFY FOR THE PROGRAM, A NURSING TEACHER
6 SHALL:
7 (a) HAVE EARNED A MASTER'S OR DOCTORAL DEGREE IN NURSING;
8 (b) AGREE TO TEACH IN A QUALIFIED POSITION FOR A PERIOD OF
9 NOT LESS THAN FIVE CONSECUTIVE ACADEMIC YEARS AFTER COMPLETION
10 OF THE ADVANCED DEGREE;
11 (c) TEACH IN A QUALIFIED POSITION FOR NOT LESS THAN FIVE
12 CONSECUTIVE ACADEMIC YEARS AFTER COMPLETION OF THE ADVANCED
13 DEGREE; AND
14 (d) AGREE THAT, IF THE NURSING TEACHER LEAVES THE QUALIFIED
15 POSITION PRIOR TO TEACHING FOR FIVE CONSECUTIVE ACADEMIC YEARS,
16 THE NURSING TEACHER SHALL BE LIABLE TO REPAY THE AMOUNT OF THE
17 RECRUITMENT INCENTIVE RECEIVED PLUS INTEREST; EXCEPT THAT, IF THE
18 NURSING TEACHER LEAVES THE QUALIFIED POSITION INVOLUNTARILY, THE
19 NURSING TEACHER SHALL NOT BE LIABLE TO REPAY THE AMOUNT PAID.
20 (3) A NURSING TEACHER WHO PARTICIPATES IN THE PROGRAM
21 SHALL NOT BE ELIGIBLE TO PARTICIPATE IN THE NURSING TEACHER LOAN
22 FORGIVENESS PILOT PROGRAM AUTHORIZED IN PART 1 OF THIS ARTICLE.
23 **SECTION 7.** Part 1 of article 1 of title 25, Colorado Revised
24 Statutes, is amended BY THE ADDITION OF THE FOLLOWING NEW
25 SECTIONS to read:
26 **25-1-126. Statewide cancer screening.** (1) THE DEPARTMENT
27 SHALL ISSUE A REQUEST FOR PROPOSALS FOR THE OPERATION OF A MOBILE

1 CANCER SCREENING UNIT TO PROVIDE SCREENINGS THROUGHOUT THE
2 STATE, AND PARTICULARLY IN RURAL AREAS OF THE STATE, FOR
3 PROSTATE, CERVICAL, BREAST, AND COLON CANCER. THE REQUEST FOR
4 PROPOSALS SHALL SOLICIT PROPOSALS FROM INTERESTED PARTIES,
5 INCLUDING BUT NOT LIMITED TO INDIVIDUALS, PERSONS, AND NONPROFIT
6 OR FOR-PROFIT COMPANIES, FOR THE OPERATION OF A MOBILE CANCER
7 SCREENING UNIT. RESPONSES TO THE REQUEST FOR PROPOSALS SHALL BE
8 DUE NO LATER THAN THE DATE SPECIFIED BY THE DEPARTMENT PURSUANT
9 TO RULES ADOPTED BY THE DEPARTMENT IN ACCORDANCE WITH
10 SUBSECTION (2) OF THIS SECTION. THE DEPARTMENT SHALL ISSUE THE
11 REQUEST FOR PROPOSALS IN ACCORDANCE WITH THE REQUIREMENTS OF
12 THE "PROCUREMENT CODE", ARTICLES 101 TO 112 OF TITLE 24, C.R.S.
13 (2) THE DEPARTMENT, IN COOPERATION WITH THE BOARD, SHALL
14 ADOPT RULES SPECIFYING A SCHEDULE FOR RECEIPT OF THE RESPONSES TO
15 THE REQUEST FOR PROPOSALS ISSUED PURSUANT TO SUBSECTION (1) OF
16 THIS SECTION, THE FORMATION OF A REVIEW COMMITTEE TO REVIEW THE
17 RESPONSES AND MAKE RECOMMENDATIONS TO THE BOARD, THE
18 SELECTION OF AN APPLICANT BY THE BOARD, AND A PROCEDURE FOR THE
19 REISSUANCE OF A REQUEST FOR PROPOSALS IF THE BOARD IS UNABLE TO
20 SELECT A QUALIFIED APPLICANT FROM THE APPLICANTS RESPONDING TO
21 THE FIRST REQUEST FOR PROPOSALS. THE RULES SHALL ALSO SPECIFY THE
22 INFORMATION THAT AN APPLICANT SHALL SUBMIT IN ORDER TO BE
23 ELIGIBLE FOR CONSIDERATION, INCLUDING, BUT NOT LIMITED TO, THE
24 FOLLOWING:
25 (a) DEMONSTRABLE EVIDENCE THAT THE APPLICANT FOR THE
26 MOBILE CANCER SCREENING UNIT HAS PRIOR EXPERIENCE IN CONDUCTING
27 CANCER SCREENINGS, PARTICULARLY FOR PROSTATE, CERVICAL, BREAST,

1 AND COLON CANCER;

2 (b) A DESCRIPTION OF THE VEHICLE THAT WILL BE USED AS THE
3 MOBILE CANCER SCREENING UNIT, INCLUDING THE YEAR, MAKE, MODEL,
4 ODOMETER READING, AND GENERAL CONDITION OF THE VEHICLE;

5 (c) A DESCRIPTION OF THE CANCER SCREENING EQUIPMENT ON THE
6 MOBILE UNIT, INCLUDING ITS YEAR OF MANUFACTURE AND GENERAL
7 CONDITION OF THE EQUIPMENT;

8 (d) A DETAILED SUMMARY OF THE METHODOLOGY THAT WILL BE
9 USED TO CONDUCT THE CANCER SCREENINGS; AND

10 (e) ANY OTHER INFORMATION DEEMED RELEVANT BY THE
11 DEPARTMENT AND BOARD.

12 (3) THE BOARD SHALL SELECT AN APPLICANT TO OPERATE A
13 MOBILE CANCER SCREENING UNIT THROUGHOUT THE STATE. THE BOARD
14 SHALL BE RESPONSIBLE FOR OVERSEEING THE OPERATION OF THE MOBILE
15 CANCER SCREENING UNIT AND ENSURING THAT THE UNIT PROVIDES
16 PROSTATE, CERVICAL, BREAST, AND COLON CANCER SCREENINGS
17 THROUGHOUT THE STATE AND PARTICULARLY IN RURAL AREAS OF THE
18 STATE, AS DETERMINED BY THE BOARD.

19 **25-1-127. Medical equipment for rural communities grant**
20 **program - creation - legislative declaration - administration - report**
21 **- repeal.** (1) THE GENERAL ASSEMBLY HEREBY FINDS AND DECLARES
22 THAT:

23 (a) RURAL COMMUNITIES IN COLORADO FACE MANY CHALLENGES
24 RELATED TO THE PROVISION OF HEALTH CARE, INCLUDING THE LACK OF
25 ADEQUATE MEDICAL EQUIPMENT TO PROVIDE APPROPRIATE HEALTH CARE
26 SERVICES TO RESIDENTS IN RURAL COLORADO.

27 (b) A MATCHING GRANT PROGRAM, ADMINISTERED BY THE

1 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT IN COOPERATION
2 WITH THE STATE BOARD OF HEALTH, IS CRUCIAL TO ASSIST RURAL
3 COMMUNITIES IN PURCHASING MEDICAL EQUIPMENT SO AS TO PROVIDE
4 APPROPRIATE HEALTH CARE SERVICES TO RURAL COLORADANS.
5 (2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
6 REQUIRES:
7 (a) "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH
8 AND ENVIRONMENT CREATED IN SECTION 25-1-102.
9 (b) "GRANT PROGRAM" MEANS THE MEDICAL EQUIPMENT FOR
10 RURAL COMMUNITIES GRANT PROGRAM CREATED IN SUBSECTION (3) OF
11 THIS SECTION.
12 (c) "HEALTH CARE PROVIDER" MEANS A CORPORATION, FACILITY,
13 OR INSTITUTION LICENSED OR CERTIFIED BY THIS STATE TO PROVIDE
14 HEALTH CARE OR PROFESSIONAL SERVICES AS A HOSPITAL, HEALTH CARE
15 FACILITY, OR DISPENSARY.
16 (d) "MEDICAL EQUIPMENT" MEANS EQUIPMENT USED BY A HEALTH
17 CARE PROVIDER TO PROVIDE STANDARDIZED HEALTH CARE SERVICES.
18 (e) "RURAL AREA" MEANS:
19 (I) A COUNTY WITH A POPULATION OF LESS THAN FIFTY THOUSAND
20 PEOPLE, ACCORDING TO THE MOST RECENTLY AVAILABLE POPULATION
21 STATISTICS OF THE UNITED STATES BUREAU OF THE CENSUS;
22 (II) A MUNICIPALITY WITH A POPULATION OF LESS THAN FIFTY
23 THOUSAND PEOPLE, ACCORDING TO THE MOST RECENTLY AVAILABLE
24 POPULATION STATISTICS OF THE UNITED STATES BUREAU OF THE CENSUS,
25 THAT IS LOCATED TEN MILES OR MORE FROM A MUNICIPALITY WITH A
26 POPULATION OF MORE THAN FIFTY THOUSAND PEOPLE; OR
27 (III) THE UNINCORPORATED PART OF A COUNTY LOCATED TEN

1 MILES OR MORE FROM A MUNICIPALITY WITH A POPULATION OF MORE THAN
2 FIFTY THOUSAND PEOPLE, ACCORDING TO THE MOST RECENTLY AVAILABLE
3 POPULATION STATISTICS OF THE UNITED STATES BUREAU OF THE CENSUS.
4 (3) (a) THERE IS HEREBY CREATED THE MEDICAL EQUIPMENT FOR
5 RURAL COMMUNITIES GRANT PROGRAM. THE DEPARTMENT SHALL
6 ADMINISTER THE GRANT PROGRAM AND SHALL ADOPT RULES NECESSARY
7 FOR SUCH PURPOSE.
8 (b) A HEALTH CARE PROVIDER PROVIDING MEDICAL SERVICES IN
9 A RURAL AREA MAY APPLY FOR A GRANT TO PURCHASE MEDICAL
10 EQUIPMENT THAT IS NECESSARY FOR THE PROVISION OF MEDICAL SERVICES
11 IN THE RURAL AREA. WHEN APPLYING FOR A GRANT, THE HEALTH CARE
12 PROVIDER SHALL SUBMIT THE FOLLOWING INFORMATION TO THE
13 DEPARTMENT IN A FORM AND MANNER DETERMINED BY THE DEPARTMENT:
14 (I) AN EXPLANATION OF THE NEED FOR THE MEDICAL EQUIPMENT
15 THAT THE HEALTH CARE PROVIDER INTENDS TO PURCHASE, INCLUDING A
16 DESCRIPTION OF HOW THE EQUIPMENT WILL BE USED, THE POPULATION
17 THAT WILL BE SERVED WITH THE EQUIPMENT, AND HOW IT WILL ASSIST IN
18 THE PROVISION OF MEDICAL SERVICES IN THE RURAL AREA;
19 (II) A DETAILED DESCRIPTION OF THE SPECIFIC MEDICAL
20 EQUIPMENT THAT THE HEALTH CARE PROVIDER INTENDS TO PURCHASE
21 AND WHERE IT WILL BE LOCATED;
22 (III) THE COST OF THE EQUIPMENT, INCLUDING THE PRICE OF THE
23 EQUIPMENT AND ANY RELATED COSTS ASSOCIATED WITH THE PURCHASE
24 OF THE EQUIPMENT;
25 (IV) THE AMOUNT OF MATCHING FUNDS THE HEALTH CARE
26 PROVIDER WILL CONTRIBUTE TOWARD THE PURCHASE OF THE MEDICAL
27 EQUIPMENT AND THE SOURCE OF THOSE FUNDS;

1 (V) ANY OTHER INFORMATION REQUIRED BY THE DEPARTMENT.
2 (c) THE BOARD SHALL ESTABLISH CRITERIA TO BE USED BY THE
3 DEPARTMENT IN AWARDING GRANTS PURSUANT TO THIS SECTION. THE
4 CRITERIA SHALL INCLUDE, BUT NEED NOT BE LIMITED TO, THE FOLLOWING:
5 (I) THE TYPES OF MEDICAL EQUIPMENT THAT MAY BE PURCHASED
6 USING MONEYS AWARDED THROUGH THE GRANT PROGRAM;
7 (II) THE HEALTH CARE NEEDS OF THE RURAL AREAS THAT WILL
8 HAVE ACCESS TO THE EQUIPMENT PURCHASED BY APPLICANTS;
9 (III) A METHOD FOR RANKING THE NEEDS OF THE RURAL AREAS SO
10 AS TO PROVIDE GRANT MONEYS TO THE RURAL AREAS WITH THE GREATEST
11 NEED;
12 (IV) THE AMOUNT OF MATCHING FUNDS AN APPLICANT HAS
13 AVAILABLE AND ITS PROPORTION TO THE TOTAL EQUIPMENT COST.
14 (4) SUBJECT TO AVAILABLE APPROPRIATIONS, THE GENERAL
15 ASSEMBLY SHALL ANNUALLY APPROPRIATE UP TO ONE MILLION DOLLARS
16 TO THE DEPARTMENT FOR USE IN AWARDING GRANTS PURSUANT TO THE
17 GRANT PROGRAM.
18 (5) BY NOVEMBER 1, 2008, AND BY EACH NOVEMBER 1
19 THEREAFTER, AS PART OF ITS ANNUAL BUDGET REQUEST, THE
20 DEPARTMENT SHALL SUBMIT A REPORT TO THE JOINT BUDGET COMMITTEE
21 REGARDING THE GRANT PROGRAM. THE REPORT SHALL INCLUDE, BUT
22 NEED NOT BE LIMITED TO, THE FOLLOWING INFORMATION:
23 (a) THE AMOUNT OF MONEYS AWARDED THROUGH THE GRANT
24 PROGRAM DURING THE PRIOR FISCAL YEAR;
25 (b) THE RECIPIENTS OF GRANT MONEYS;
26 (c) THE MEDICAL EQUIPMENT THAT WAS PURCHASED WITH THE
27 GRANT MONEYS;

1 (d) THE RURAL AREAS SERVED BY THE MEDICAL EQUIPMENT;

2 (e) WHETHER THE GRANT PROGRAM HAS BEEN SUCCESSFUL IN
3 HELPING HEALTH CARE PROVIDERS SERVING RURAL AREAS PROVIDE
4 ADEQUATE MEDICAL SERVICES TO RURAL COMMUNITIES; AND

5 (f) WHETHER THE GRANT PROGRAM SHOULD BE MODIFIED IN ANY
6 WAY, CONTINUED IN ITS CURRENT FORM, OR REPEALED.

7 (6) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2010.

8 **SECTION 8.** Part 2 of article 1 of title 27, Colorado Revised
9 Statutes, is amended BY THE ADDITION OF A NEW SECTION to
10 read:

11 **27-1-209. Family mental health services grant program - rural**
12 **areas - creation - administration - report - repeal.** (1) AS USED IN THIS
13 SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

14 (a) "DEPARTMENT" MEANS THE DEPARTMENT OF HUMAN SERVICES
15 CREATED IN SECTION 26-1-105, C.R.S.

16 (b) "DIVISION" MEANS THE DIVISION WITHIN THE DEPARTMENT
17 RESPONSIBLE FOR MENTAL HEALTH SERVICES.

18 (c) "FAMILY MENTAL HEALTH SERVICES" MEANS COUNSELING
19 SERVICES PROVIDED BY A LICENSED MENTAL HEALTH PROFESSIONAL TO
20 CHILDREN AND THEIR FAMILIES.

21 (d) "GRANT PROGRAM" MEANS THE FAMILY MENTAL HEALTH
22 SERVICES GRANT PROGRAM CREATED IN SUBSECTION (2) OF THIS SECTION.

23 (e) "RURAL AREA" MEANS:

24 (I) A COUNTY WITH A POPULATION OF LESS THAN FIFTY THOUSAND
25 PEOPLE, ACCORDING TO THE MOST RECENTLY AVAILABLE POPULATION
26 STATISTICS OF THE UNITED STATES BUREAU OF THE CENSUS;

27 (II) A MUNICIPALITY WITH A POPULATION OF LESS THAN FIFTY

1 THOUSAND PEOPLE, ACCORDING TO THE MOST RECENTLY AVAILABLE
2 POPULATION STATISTICS OF THE UNITED STATES BUREAU OF THE CENSUS,
3 THAT IS LOCATED TEN MILES OR MORE FROM A MUNICIPALITY WITH A
4 POPULATION OF MORE THAN FIFTY THOUSAND PEOPLE; OR
5 (III) THE UNINCORPORATED PART OF A COUNTY LOCATED TEN
6 MILES OR MORE FROM A MUNICIPALITY WITH A POPULATION OF MORE THAN
7 FIFTY THOUSAND PEOPLE, ACCORDING TO THE MOST RECENTLY AVAILABLE
8 POPULATION STATISTICS OF THE UNITED STATES BUREAU OF THE CENSUS.
9 (f) "STATE BOARD" MEANS THE STATE BOARD OF HUMAN SERVICES
10 CREATED IN SECTION 26-1-107, C.R.S.
11 (2) (a) THERE IS HEREBY CREATED THE FAMILY MENTAL HEALTH
12 SERVICES GRANT PROGRAM. THE STATE BOARD SHALL ADMINISTER THE
13 GRANT PROGRAM AND SHALL ADOPT ANY RULES NECESSARY FOR SUCH
14 PURPOSE. THE DIVISION SHALL ASSIST THE STATE BOARD IN
15 ADMINISTERING THE GRANT PROGRAM.
16 (b) A COMMUNITY MENTAL HEALTH CENTER LOCATED IN OR
17 SERVING A RURAL AREA MAY APPLY FOR A ONE-TIME GRANT TO FUND THE
18 PROVISION OF FAMILY MENTAL HEALTH SERVICES IN A RURAL AREA.
19 WHEN APPLYING FOR A GRANT, THE COMMUNITY MENTAL HEALTH CENTER
20 SHALL SUBMIT THE FOLLOWING INFORMATION IN A FORM AND MANNER
21 DETERMINED BY THE STATE BOARD:
22 (I) THE NEED FOR FAMILY MENTAL HEALTH SERVICES IN THE
23 RURAL AREA THAT WILL BE SERVED;
24 (II) THE SPECIFIC FAMILY MENTAL HEALTH SERVICES THAT WILL
25 BE PROVIDED;
26 (III) THE COMMUNITY MENTAL HEALTH CENTER'S PLAN FOR
27 SUSTAINING THE FAMILY MENTAL HEALTH SERVICES WITHOUT FUTURE

1 MONEYS FROM THE GRANT PROGRAM; AND

2 (IV) ANY OTHER INFORMATION REQUIRED BY THE STATE BOARD.

3 (c) THE STATE BOARD SHALL ESTABLISH CRITERIA TO BE USED IN

4 AWARDING GRANTS PURSUANT TO THIS SECTION. THE CRITERIA SHALL

5 INCLUDE, BUT NEED NOT BE LIMITED TO, THE FOLLOWING:

6 (I) THE TYPES OF FAMILY MENTAL HEALTH SERVICES THAT MAY BE

7 PROVIDED USING MONEYS AWARDED THROUGH THE GRANT PROGRAM;

8 (II) THE FAMILY MENTAL HEALTH SERVICE NEEDS OF THE RURAL

9 AREAS THAT WILL BE SERVED;

10 (III) A METHOD FOR RANKING THE FAMILY MENTAL HEALTH

11 SERVICE NEEDS OF THE RURAL AREAS SO AS TO PROVIDE GRANT MONEYS

12 TO THE RURAL AREAS WITH THE GREATEST NEED;

13 (IV) THE ABILITY OF A COMMUNITY MENTAL HEALTH CENTER TO

14 SUSTAIN THE FAMILY MENTAL HEALTH SERVICE WITHOUT ADDITIONAL

15 MONEYS FROM THE GRANT PROGRAM.

16 (3) SUBJECT TO AVAILABLE APPROPRIATIONS, THE GENERAL

17 ASSEMBLY SHALL ANNUALLY APPROPRIATE UP TO TWO HUNDRED

18 THOUSAND DOLLARS TO THE DEPARTMENT FOR THE GRANT PROGRAM.

19 (4) BY NOVEMBER 1, 2008, AND BY EACH NOVEMBER 1

20 THEREAFTER, AS PART OF ITS ANNUAL BUDGET REQUEST, THE

21 DEPARTMENT SHALL SUBMIT A REPORT TO THE JOINT BUDGET COMMITTEE

22 REGARDING THE GRANT PROGRAM. THE REPORT SHALL INCLUDE, BUT

23 NEED NOT BE LIMITED TO, THE FOLLOWING INFORMATION:

24 (a) THE AMOUNT OF MONEYS AWARDED THROUGH THE GRANT

25 PROGRAM DURING THE PRIOR FISCAL YEAR;

26 (b) THE RECIPIENTS OF GRANT MONEYS;

27 (c) THE TYPES OF FAMILY MENTAL HEALTH SERVICES PROVIDED BY

1 COMMUNITY MENTAL HEALTH CENTERS WITH THE GRANT MONEYS;

2 (d) THE RURAL AREAS SERVED BY THE FAMILY MENTAL HEALTH

3 SERVICES;

4 (e) WHETHER THE GRANT PROGRAM HAS BEEN SUCCESSFUL IN

5 SERVING THE FAMILY MENTAL HEALTH NEEDS IN RURAL AREAS; AND

6 (f) WHETHER THE GRANT PROGRAM SHOULD BE MODIFIED IN ANY

7 WAY, CONTINUED IN ITS CURRENT FORM, OR REPEALED.

8 (5) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2010.

9 **SECTION 9. Safety clause.** The general assembly hereby finds,

10 determines, and declares that this act is necessary for the immediate

11 preservation of the public peace, health, and safety.

First Regular Session
Sixty-sixth General Assembly
STATE OF COLORADO

BILL D

LLS NO. 07-0081.01 Kristen Forrestal **HOUSE BILL**

HOUSE SPONSORSHIP

Stafford, Frangas, Lundberg, and Todd

SENATE SPONSORSHIP

Tochtrop, and Sandoval

House Committees **Senate Committees**

A BILL FOR AN ACT

101 CONCERNING MEASURES TO ENHANCE ADVANCED PRACTICE NURSING.

Bill Summary

(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)

Health Care Task Force. Prohibits carriers from discriminating between a physician and an advanced practice nurse when establishing reimbursement rates for covered services that could be provided by a physician or an advanced practice nurse. States that a law or rule that requires a signature, certification, stamp, verification, affidavit, or endorsement by a physician shall be deemed to allow a signature, certification, stamp, verification, affidavit, or endorsement by an advanced practice nurse as long as it fits within the scope of practice of an advanced practice nurse. Allows an advanced practice nurse to sign

a death certificate.

Requires reimbursement for services provided by an advanced practice nurse pursuant to the Colorado medical assistance act to be made directly to the advanced practice nurse upon request, except when the services are provided within the scope of employment as a salaried employee of a public or private institution or a physician. Allows an advanced practice nurse to authorize a parking placard for a person with a disability.

---

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** 10-16-125, Colorado Revised Statutes, is amended
3 to read:

4 **10-16-125. Reimbursement to nurses.** ~~In counties of the state~~
5 ~~that are neither part of a metropolitan statistical area nor a primary~~
6 ~~statistical area,~~ A carrier offering a health benefit plan shall not
7 discriminate between a physician and an ~~advance~~ ADVANCED practice
8 nurse not practicing under the direction of a physician when establishing
9 NETWORK MEMBERSHIP OR reimbursement rates for covered services that
10 could be provided by an ~~advance~~ ADVANCED practice nurse or a
11 physician.

12 **SECTION 2.** 12-38-111.5, Colorado Revised Statutes, is
13 amended BY THE ADDITION OF A NEW SUBSECTION to read:

14 **12-38-111.5. Requirements for advanced practice nurse**
15 **registration - legislative declaration - definition - advanced practice**
16 **registry.** (7) WHENEVER A LAW OR RULE REQUIRES A SIGNATURE,
17 CERTIFICATION, STAMP, VERIFICATION, AFFIDAVIT, OR ENDORSEMENT BY
18 A PHYSICIAN, THE LAW OR RULE SHALL BE DEEMED TO ALLOW A
19 SIGNATURE, CERTIFICATION, STAMP, VERIFICATION, AFFIDAVIT, OR
20 ENDORSEMENT BY AN ADVANCED PRACTICE NURSE SO LONG AS THE
21 SIGNATURE, CERTIFICATION, STAMP, VERIFICATION, AFFIDAVIT, OR

1 ENDORSEMENT FITS WITHIN THE SCOPE OF THIS ARTICLE FOR AN
2 ADVANCED PRACTICE NURSE.

3 **SECTION 3.** 25-2-110 (4), Colorado Revised Statutes, is
4 amended to read:

5 **25-2-110. Certificates of death.** (4) Except when inquiry is
6 required by section 30-10-606, C.R.S., the physician OR ADVANCED
7 PRACTICE NURSE in charge of the patient's care for the illness or condition
8 ~~which~~ THAT resulted in death shall complete, sign, and return to the
9 funeral director, or person acting as such, all medical certification within
10 forty-eight hours after a death occurs. In the absence of said physician or
11 with ~~his~~ THE PHYSICIAN'S approval, OR IN THE ABSENCE OF AN ADVANCED
12 PRACTICE NURSE, the certificate may be completed and signed by ~~his~~ THE
13 associate physician, by the chief medical officer of the institution in
14 which the death occurred, or by the physician who performed an autopsy
15 upon the decedent, if such individual has access to the medical history of
16 the case, if ~~he~~ THE INDIVIDUAL views the deceased at or after the time of
17 death, and if the death is due to natural causes.

18 **SECTION 4.** 25.5-4-409 (2), Colorado Revised Statutes, is
19 amended to read:

20 **25.5-4-409. Authorization of services - nurse anesthetists -**
21 **advanced practice nurses.** (2) When services by ~~a certified pediatric~~
22 ~~nurse practitioner or a certified family nurse practitioner~~ AN ADVANCED
23 PRACTICE NURSE are provided in accordance with this article, articles 5
24 and 6 of this title, and section 12-38-103 (10), C.R.S., the executive
25 director of the state department shall authorize reimbursement for said
26 services. Payment for such services shall be made directly to the ~~nurse~~
27 ~~practitioner~~ ADVANCED PRACTICE NURSE, if requested by the ~~nurse~~

~~practitioner~~ ADVANCED PRACTICE NURSE; except that this section shall not apply to ~~nurse practitioners~~ ADVANCED PRACTICE NURSES when acting within the scope of their employment as salaried employees of public or private institutions or physicians.

SECTION 5. 42-3-204 (1) (b) (II), (2) (b), (2) (c), and (3), Colorado Revised Statutes, are amended to read:

42-3-204. Parking privileges for persons with disabilities - applicability. (1) As used in this section:

(b) "Person with a disability" means either of the following:

(II) A person who has a physical impairment that substantially limits the person's ability to move from place to place, which impairment is verified, in writing, by the director of the division of rehabilitation (administratively created by the department of human services), ~~or~~ a physician licensed to practice medicine or practicing medicine pursuant to section 12-36-106 (3) (i), C.R.S., ~~or~~ a podiatrist licensed under article 32 of title 12, C.R.S., OR AN ADVANCED PRACTICE NURSE REGISTERED PURSUANT TO SECTION 12-38-111.5, C.R.S. To be valid, such verification by the director, physician, ~~or~~ podiatrist, OR ADVANCED PRACTICE NURSE shall certify to the department ~~of revenue~~ that the person meets the standards established by the executive director of the department, in consultation with the director of the division of rehabilitation.

(2) (b) Notwithstanding the verification requirements of subparagraphs (I), (II), and (III) of paragraph (a) of this subsection (2), if a renewal applicant has a permanent disability that was verified in writing by a physician licensed to practice medicine in this state or practicing medicine pursuant to section 12-36-106 (3) (i), C.R.S., OR AN ADVANCED PRACTICE NURSE REGISTERED PURSUANT TO SECTION 12-38-111.5, C.R.S.,

1 and provided to the department with the original application for a license
2 plate or placard under this section, such applicant shall not be required to
3 meet such verification requirement to renew such license plate or placard.
4 If a person renews such license plate or placard of and on behalf of a
5 person with a permanent disability, the person renewing such license plate
6 or placard shall sign an affidavit, under the penalty of perjury, attesting
7 to the fact that the person with a permanent disability is still in need of the
8 license plate or placard and stating that such license plate or placard shall
9 be surrendered to the department upon the death of the person with a
10 permanent disability.
11 (c) Such license plate or placard shall be issued to such person
12 upon presentation to the department of a written statement, verified by a
13 physician licensed to practice medicine in this state or practicing
14 medicine pursuant to section 12-36-106 (3) (i), C.R.S., OR AN ADVANCED
15 PRACTICE NURSE REGISTERED PURSUANT TO SECTION 12-38-111.5, C.R.S.,
16 that such person is a person with a disability. The application for such a
17 license plate or placard shall be sent to the department each year; except
18 that a person who has been issued a disabled veteran special license plate
19 shall not send an application to the department every year. The
20 application for a disabled special license plate that qualifies for parking
21 privileges pursuant to this section shall be sent to the department upon
22 transfer of such plate to another vehicle.
23 (3) The department shall issue temporary distinguishing license
24 permits and a temporary identifying placard to a person who is
25 temporarily disabled upon presentation of a written statement, verified by
26 a physician licensed to practice medicine or practicing medicine pursuant
27 to section 12-36-106 (3) (i), C.R.S., ~~or~~ a podiatric physician licensed

1 under article 32 of title 12, C.R.S., OR AN ADVANCED PRACTICE NURSE
2 REGISTERED PURSUANT TO SECTION 12-38-111.5, C.R.S., that such person
3 temporarily meets the definition of a person with a disability. The
4 department shall issue such permits and placards to a qualifying person
5 who is a resident of another state and who becomes disabled while in this
6 state. Such permits and placard shall be valid for a period of ninety days
7 after the date of issuance and may continually be renewed for additional
8 ninety-day periods during the term of such disability upon resubmission
9 of such written and verified statements. The provisions of this section
10 concerning the privileges granted to persons with disabilities shall apply
11 to temporary license permits and temporary placards issued under this
12 subsection (3). Further, the requirement that the placard include a printed
13 identification number as set forth in subparagraph (II) of paragraph (a) of
14 subsection (2) of this section shall apply to both temporary license
15 permits and temporary placards issued under this subsection (3). The
16 verification by a physician licensed to practice medicine or practicing
17 medicine pursuant to section 12-36-106 (3) (i), C.R.S., ~~or~~ a podiatrist
18 licensed under article 32 of title 12, C.R.S., OR AN ADVANCED PRACTICE
19 NURSE REGISTERED PURSUANT TO SECTION 12-38-111.5, C.R.S., shall be
20 carried in the vehicle transporting the person or persons with a disability
21 to whom the temporary license permit or placard has been issued and
22 shall be presented to any law enforcement officer upon request.
23 Temporary license permits and temporary placards issued by states other
24 than Colorado shall be valid so long as they are currently valid in the state
25 of issuance and valid pursuant to 23 CFR part 1235.
26 **SECTION 6. Safety clause.** The general assembly hereby finds,

1 determines, and declares that this act is necessary for the immediate
2 preservation of the public peace, health, and safety.

DRAFT

First Regular Session
Sixty-sixth General Assembly
STATE OF COLORADO

BILL E

LLS NO. 07-0079.01 Kristen Forrestal **HOUSE BILL**

HOUSE SPONSORSHIP

Frangas,

SENATE SPONSORSHIP

Keller,

House Committees **Senate Committees**

A BILL FOR AN ACT

101 CONCERNING ACCESS TO HEALTH INSURANCE.

Bill Summary

(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)

Health Care Task Force. Expands the coverage of CoverColorado to include employees who are eligible for small group insurance through a multiple employer welfare arrangement (MEWA), but who have a presumptive condition as determined by the CoverColorado board of directors. Requires a self-insured MEWA or a health insurance carrier for a fully insured MEWA to determine whether an individual in a MEWA has one of the presumptive conditions that under other circumstances would make this person eligible for CoverColorado. Requires information used to determine such

individual's presumptive eligibility to remain confidential. Mandates that MEWAs and insurance carriers for MEWAs cede to CoverColorado any insurance risk of an employee or dependent of an employee who has such a presumptive condition. Requires the premium for a person enrolled in CoverColorado for each insurance risk ceded to CoverColorado to be paid by the MEWA ceded insurance risk fund, which is created to receive annual appropriations by the general assembly from the general fund.

Requires the board of education in each school district to require each student, at the time of registration, to provide information as to whether the student is enrolled in a health benefit plan. Requires each board of education to provide, to each student it determines is not enrolled in a health benefit plan, information regarding the children's basic health plan.

Directs the department of health care policy and financing (state department) to develop a plan to maximize enrollment for public health benefits and services. Expands eligibility for children to enroll in the children's basic health plan to include those whose family incomes exceed 250% of the federal poverty guidelines by 2009. Authorizes the state department to seek a waiver from the federal government to expand the children's basic health plan to include dental care for pregnant women and to include vaccination against the human papilloma virus for children from 12 to 18 years of age with parental consent.

---

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** 10-8-513 (2) (e), Colorado Revised Statutes, is
3 amended to read:

4 **10-8-513. Eligibility for coverage under the program.** (2) The
5 following individuals shall not be eligible for coverage under the
6 program:

7 (e) Those who are eligible for any other health benefit plan,
8 including any public program, that provides coverage for health care
9 services, regardless of whether such other health benefit plan covers all
10 health care services or categories of services that such individuals may
11 from time to time need, except as provided in subparagraphs (II) and (III)
12 of paragraph (a) of subsection (1) of this section AND EXCEPT SUCH
13 INDIVIDUALS WHO MEET THE QUALIFICATIONS OF PARAGRAPH (b) OF

1 SUBSECTION (1) OF THIS SECTION AND WHO ARE COVERED FOR SMALL
2 EMPLOYER GROUP HEALTH BENEFITS THROUGH A MULTIPLE EMPLOYER
3 WELFARE ARRANGEMENT PILOT PROGRAM PURSUANT TO PART 9 OF
4 ARTICLE 16 OF THIS TITLE; and

5 **SECTION 2.** Part 5 of article 8 of title 10, Colorado Revised
6 Statutes, is amended BY THE ADDITION OF A NEW SECTION to
7 read:

8 **10-8-531.5. CoverColorado for high-risk employees ceded by**
9 **MEWAs.** COVERCOLORADO SHALL INSURE INDIVIDUALS WHOSE
10 INSURANCE RISK HAS BEEN CEDED TO IT PURSUANT TO SECTION
11 10-16-902.5.

12 **SECTION 3.** 10-16-105, Colorado Revised Statutes, is amended
13 BY THE ADDITION OF A NEW SUBSECTION to read:

14 **10-16-105. Small group sickness and accident insurance -**
15 **guaranteed issue - mandated provisions for basic health benefit plans**
16 **- rules - benefit design advisory committee - repeal.** (17) THE
17 COMMISSIONER SHALL WORK WITH MEMBERS OF THE INSURANCE
18 INDUSTRY TO DEVELOP AFFORDABLE BASIC HEALTH CARE SERVICES FOR
19 INDIVIDUAL AND GROUP PLANS. THE PLANS SHALL INCLUDE HEALTH CARE
20 COVERAGE BY COVERCOLORADO OF AN "ELIGIBLE INDIVIDUAL", AS
21 DEFINED BY SECTION 10-8-503 (5), AND SHALL ALLOW FOR THE USE OF A
22 PREMIUM SUBSIDY TO PAY FOR PERSONS WHOSE INCOMES EXCEED SIXTY
23 PERCENT OF THE FEDERAL POVERTY LEVEL. THE PREMIUM SUBSIDY SHALL
24 WORK ON A SLIDING SCALE BASIS DETERMINED BY THE INCOME OF THE
25 ELIGIBLE INDIVIDUAL. THE PLANS SHALL BE AVAILABLE ON AND AFTER
26 JANUARY 1, 2008.

27 **SECTION 4.** 10-16-902 (3) (b), Colorado Revised Statutes, is

1 amended to read:

2 **10-16-902. Authority to self-fund - pilot program - rules - fees**
3 **- cash fund.** (3) (b) A MEWA shall guarantee issue health benefit
4 coverage to all employees and dependents of an employee of an employer
5 that is a member of a bona fide association within the same arrangement
6 pursuant to section 10-16-105 (7.3); EXCEPT THAT FOR NEWLY ISSUED OR
7 RENEWED PLANS, A SELF-INSURED MEWA OR THE CARRIER FOR A FULLY
8 INSURED MEWA SHALL IDENTIFY INDIVIDUALS WHO ARE PRESUMPTIVELY
9 ELIGIBLE FOR COVERCOLORADO PURSUANT TO SECTION 10-8-513 (1) (b),
10 AND UPON ISSUANCE OR RENEWAL OF A HEALTH BENEFIT PLAN, SHALL
11 CEDE THE INSURANCE RISK OF THE PRESUMPTIVELY ELIGIBLE INDIVIDUALS
12 TO COVERCOLORADO PURSUANT TO SECTION 10-16-902.5.

13 **SECTION 5.** Part 9 of article 16 of title 10, Colorado Revised
14 Statutes, is amended BY THE ADDITION OF THE FOLLOWING NEW
15 SECTIONS to read:

16 **10-16-902.5. Ceding insurance risks of high-risk individuals**
17 **to CoverColorado - fund - rules.** (1) (a) UPON THE ISSUANCE OR
18 RENEWAL OF A HEALTH BENEFIT PLAN PURSUANT TO SECTION 10-16-902,
19 ONLY THE INSURANCE RISK FOR INDIVIDUALS WHO ARE PRESUMPTIVELY
20 ELIGIBLE PURSUANT TO SECTION 10-8-513 (1) (b) SHALL BE CEDED TO
21 COVERCOLORADO AS PROVIDED BY SECTION 10-16-902 (3) (b). THE
22 NUMBER OF PRESUMPTIVELY ELIGIBLE INDIVIDUALS WHOSE RISK IS CEDED
23 TO COVERCOLORADO MAY BE CAPPED AS DETERMINED BY AVAILABLE
24 FUNDING PURSUANT TO SUBSECTION (3) OF THIS SECTION.

25 (b) IF AN INDIVIDUAL'S RISK IS CEDED TO COVERCOLORADO AND
26 THE INDIVIDUAL CEASES TO MEET THE PRESUMPTIVE ELIGIBILITY
27 REQUIREMENTS FOR COVERCOLORADO, THAT INDIVIDUAL'S RISK SHALL

1 CEASE TO BE CEDED TO COVERCOLORADO AT THE BEGINNING OF THE NEXT
2 PLAN YEAR FOR THE MEWA PLAN. SUCH INDIVIDUAL SHALL BE SUBJECT
3 TO THE "COLORADO HIGH RISK HEALTH INSURANCE ACT", PART 5 OF
4 ARTICLE 8 OF THIS TITLE, AND ANY RULES PROMULGATED PURSUANT TO
5 THE ACT; EXCEPT THAT THE PREMIUMS FOR THE INDIVIDUAL SHALL BE PAID
6 FROM THE MEWA CEDED INSURANCE RISK FUND CREATED IN SUBSECTION
7 (3) OF THIS SECTION. THE ADMINISTERING CARRIER FOR COVERCOLORADO
8 SHALL MAINTAIN DIRECT ADMINISTRATIVE FUNCTIONS FOR ANY
9 INDIVIDUAL WHOSE INSURANCE RISK IS CEDED TO COVERCOLORADO.
10 (2) THE INFORMATION DERIVED FROM THE IDENTIFICATION OF
11 INDIVIDUALS WHOSE RISKS ARE CEDED TO COVERCOLORADO SHALL NOT
12 BE USED BY AN INSURANCE CARRIER AS A BASIS OF ACCEPTANCE OR
13 REJECTION OF HEALTH BENEFIT COVERAGE FOR A MEWA. THE
14 CONFIDENTIAL MEDICAL INFORMATION OF ALL COVERED PERSONS SHALL
15 BE PROTECTED AND SHALL COMPLY WITH THE FEDERAL "HEALTH
16 INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996", AS
17 AMENDED, P.L. NO. 104-191.
18 (3) THE PREMIUM REQUIRED FOR COVERCOLORADO, AS
19 DETERMINED BY SECTION 10-8-512, SHALL BE PAID TO COVERCOLORADO
20 FROM THE MEWA CEDED INSURANCE RISK FUND, WHICH FUND IS HEREBY
21 CREATED IN THE STATE TREASURY. THE GENERAL ASSEMBLY SHALL
22 APPROPRIATE MONEYS FROM THE GENERAL FUND, SUBJECT TO AVAILABLE
23 MONEYS AS DETERMINED BY THE JOINT BUDGET COMMITTEE, TO THE
24 MEWA CEDED INSURANCE RISK FUND. MONEYS IN THE FUND SHALL BE
25 TRANSFERRED TO THE ADMINISTERING CARRIER FOR COVERCOLORADO AS
26 NEEDED FOR THE RECOVERY OF PREMIUMS PURSUANT TO SECTION
27 10-8-509. ANY UNEXPENDED AND UNENCUMBERED MONEYS IN THE FUND

1 AT THE END OF ANY FISCAL YEAR SHALL REMAIN IN THE FUND AND SHALL
2 NOT REVERT TO ANY OTHER FUND.
3 (4) THE COMMISSIONER MAY PROMULGATE RULES AS NECESSARY
4 TO IMPLEMENT THIS SECTION.
5 **10-16-902.7. Division of insurance - formation of MEWA.** THE
6 DIVISION SHALL ACTIVELY ASSIST ANY INTERESTED BONA FIDE
7 ASSOCIATION IN THE FORMATION OF A MEWA AND SHALL ACTIVELY
8 WORK WITH INSURERS TO ENCOURAGE THE FORMATION OF FULLY FUNDED
9 MEWAS AND UNDERWRITING BY THE INSURERS.
10 **SECTION 6.** 10-16-910 (1) and the introductory portion to
11 10-16-910 (2), Colorado Revised Statutes, are amended to read:
12 **10-16-910. Repeal.** (1) This part 9 is repealed, effective July 1,
13 ~~2008~~ 2011.
14 (2) Prior to such repeal and no later than October 15, ~~2007~~ 2010,
15 the department of regulatory agencies shall evaluate and report to the
16 general assembly concerning the following:
17 **SECTION 7.** Article 1 of title 22, Colorado Revised Statutes, is
18 amended BY THE ADDITION OF A NEW SECTION to read:
19 **22-1-126. Documentation of health insurance status at**
20 **registration - school district requirements - public benefits**
21 **information.** (1) BEGINNING NO LATER THAN JULY 1, 2007, THE BOARD
22 OF EDUCATION IN EACH SCHOOL DISTRICT SHALL REQUIRE EACH STUDENT
23 IN THE DISTRICT TO PROVIDE, AT THE TIME OF REGISTRATION,
24 INFORMATION AS TO WHETHER THE STUDENT IS ENROLLED IN A HEALTH
25 BENEFIT PLAN.
26 (2) THE BOARD OF EDUCATION IN EACH SCHOOL DISTRICT SHALL
27 REVIEW THE HEALTH BENEFIT INFORMATION PROVIDED BY EACH STUDENT

1 AND DETERMINE WHICH STUDENTS ARE NOT ENROLLED IN A HEALTH
2 BENEFIT PLAN. TO EACH SUCH STUDENT, THE BOARD OF EDUCATION SHALL
3 PROVIDE WRITTEN INFORMATION REGARDING ACCESS TO THE CHILDREN'S
4 BASIC HEALTH PLAN AS DEFINED IN SECTION 25.5-8-103 (2), C.R.S. THE
5 INFORMATION SHALL INCLUDE, BUT IS NOT LIMITED TO, THE TOLL-FREE
6 NUMBER ESTABLISHED BY THE DEPARTMENT OF HEALTH CARE POLICY AND
7 FINANCING TO ACCESS INFORMATION ABOUT THE APPLICATION AND
8 ENROLLMENT PROCESS FOR THE CHILDREN'S BASIC HEALTH PLAN.
9 **SECTION 8.** 25.5-4-202, Colorado Revised Statutes, is amended
10 to read:
11 **25.5-4-202. Comprehensive plan for other services and**
12 **benefits - plan to maximize enrollment for benefits and services.**
13 (1) In accordance with federal requirements pertaining to the
14 development of a broad-based medical care program for low-income
15 families, the state department shall prepare a comprehensive medical plan
16 for consideration by the house and senate committees on health and
17 human services, or any successor committees. The comprehensive plan
18 shall include alternate means of expanding the medical care benefits and
19 coverage provided in this article and articles 5 and 6 of this title. The
20 comprehensive plan shall be reevaluated annually and shall be based upon
21 a documented review of medical needs of low-income families in
22 Colorado, a detailed analysis of priorities of service, coverage, and
23 program costs, and an evaluation of progress. The medical advisory
24 council appointed pursuant to this article shall assist the state department
25 in the preparation of the comprehensive plan.
26 (2) ON OR BEFORE AUGUST 1, 2007, THE STATE DEPARTMENT
27 SHALL ESTABLISH A PLAN TO MAXIMIZE ENROLLMENT FOR BENEFITS AND

1 SERVICES PROVIDED IN THIS ARTICLE AND ARTICLES 5 AND 6 OF THIS TITLE.

2 **SECTION 9.** 25.5-8-103 (4) (a), Colorado Revised Statutes, is
3 amended to read:

4 **25.5-8-103. Definitions.** As used in this article, unless the context
5 otherwise requires:

6 (4) "Eligible person" means:

7 (a) A person who:

8 (I) Is ~~less than~~ UNDER nineteen years of age, whose family income
9 does not exceed two hundred percent of the federal poverty level,
10 adjusted for family size;

11 (II) ON AND AFTER JULY 1, 2007, IS UNDER NINETEEN YEARS OF
12 AGE, WHOSE FAMILY INCOME DOES NOT EXCEED TWO HUNDRED TEN
13 PERCENT OF THE FEDERAL POVERTY LEVEL, ADJUSTED FOR FAMILY SIZE;

14 (III) ON AND AFTER JULY 1, 2008, IS UNDER NINETEEN YEARS OF
15 AGE, WHOSE FAMILY INCOME DOES NOT EXCEED TWO HUNDRED
16 TWENTY-FIVE PERCENT OF THE FEDERAL POVERTY LEVEL, ADJUSTED FOR
17 FAMILY SIZE;

18 (IV) ON AND AFTER JULY 1, 2009, IS UNDER NINETEEN YEARS OF
19 AGE, WHOSE FAMILY INCOME DOES NOT EXCEED TWO HUNDRED FIFTY
20 PERCENT OF THE FEDERAL POVERTY LEVEL, ADJUSTED FOR FAMILY SIZE;
21 or

22 **SECTION 10.** 25.5-8-109 (3) and (5) (c), Colorado Revised
23 Statutes, are amended to read:

24 **25.5-8-109. Eligibility - children - pregnant women - repeal.**
25 (3) (a) The department may establish procedures such that children with
26 family incomes that exceed one hundred eighty-five percent of the federal
27 poverty guidelines may enroll in the plan, but are not eligible for

1 subsidies from the department.

2 (b) THE DEPARTMENT SHALL SEEK APPROVAL FROM THE FEDERAL
3 DEPARTMENT OF HEALTH AND HUMAN SERVICES TO INCREASE THE INCOME
4 THRESHOLDS FOR ELIGIBILITY AS SET FORTH IN SECTION 25.5-8-103 (4) (a).

5 (c) UNTIL THE DEPARTMENT RECEIVES FEDERAL APPROVAL TO
6 INCREASE ELIGIBILITY IN THE PLAN FOR CHILDREN WHOSE FAMILY
7 INCOMES EXCEED ONE HUNDRED EIGHTY-FIVE PERCENT OF THE FEDERAL
8 POVERTY GUIDELINES BUT DO NOT EXCEED THE AMOUNT SPECIFIED FOR
9 EACH YEAR IN SECTION 25.5-8-103 (4) (a), A CHILD SHALL NOT BE
10 ELIGIBLE FOR THE PLAN.

11 (d) THE DEPARTMENT IS AUTHORIZED TO SEEK A MEDICAID WAIVER
12 FROM THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES TO
13 INCLUDE COVERAGE FOR VACCINATION AGAINST THE HUMAN PAPILLOMA
14 VIRUS FOR CHILDREN FROM TWELVE TO EIGHTEEN YEARS OF AGE WITH
15 PARENTAL CONSENT.

16 (5) (c) The addition of coverage under the plan for pregnant
17 women shall only be implemented if the department obtains a waiver
18 from the federal department of health and human services. THE
19 DEPARTMENT IS AUTHORIZED TO SEEK A MEDICAID WAIVER FROM THE
20 FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES TO PROVIDE
21 DENTAL CARE TO PREGNANT WOMEN ON AND AFTER JULY 1, 2007.

22 **SECTION 11. Effective date.** (1) Sections 1, 2, 3, 4, 5, 6, and
23 10 of this act shall take effect January 1, 2008.

24 (2) Sections 7, 8, 9, 11, and 12 of this act shall take effect upon
25 passage.

26 **SECTION 12. Safety clause.** The general assembly hereby finds,

1 determines, and declares that this act is necessary for the immediate

2 preservation of the public peace, health, and safety.

First Regular Session
Sixty-sixth General Assembly
STATE OF COLORADO

BILL F

LLS NO. 07-0075.01 Jane Ritter

SENATE BILL

SENATE SPONSORSHIP

Sandoval,

HOUSE SPONSORSHIP

Stafford, Butcher, Frangas, and Todd

Senate Committees | **House Committees**

A BILL FOR AN ACT

101 CONCERNING EXTENDING MEDICAID ELIGIBILITY FOR PERSONS WHO
102 ARE IN THE FOSTER CARE SYSTEM IMMEDIATELY PRIOR TO
103 EMANCIPATION.

Bill Summary

(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)

Health Care Task Force. Allows persons younger than 21 years of age who were in the foster care system and who attained the age of 18 years or otherwise became emancipated to continue to be eligible for medicaid.

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** 25.5-5-201 (1), Colorado Revised Statutes, is
3 amended BY THE ADDITION OF A NEW PARAGRAPH to read:

4 **25.5-5-201. Optional provisions - optional groups - repeal.**
5 (1) The federal government allows the state to select optional groups to
6 receive medical assistance. Pursuant to federal law, any person who is
7 eligible for medical assistance under the optional groups specified in this
8 section shall receive both the mandatory services specified in sections
9 25.5-5-102 and 25.5-5-103 and the optional services specified in sections
10 25.5-5-202 and 25.5-5-203. Subject to the availability of federal financial
11 aid funds, the following are the individuals or groups that Colorado has
12 selected as optional groups to receive medical assistance pursuant to this
13 article and articles 4 and 6 of this title:

14 (n) INDIVIDUALS UNDER THE AGE OF TWENTY-ONE YEARS ELIGIBLE
15 FOR MEDICAL ASSISTANCE PURSUANT TO SECTION 25.5-5-101 (1) (e)
16 IMMEDIATELY PRIOR TO ATTAINING THE AGE OF EIGHTEEN YEARS OR
17 OTHERWISE BECOMING EMANCIPATED.

18 **SECTION 2. Safety clause.** The general assembly hereby finds,
19 determines, and declares that this act is necessary for the immediate
20 preservation of the public peace, health, and safety.

First Regular Session
Sixty-sixth General Assembly
STATE OF COLORADO

BILL G

LLS NO. 07-0083.01 Christy Chase **SENATE BILL**

SENATE SPONSORSHIP

Tochtrop,

HOUSE SPONSORSHIP

Frangas,

Senate Committees **House Committees**

A BILL FOR AN ACT

101 CONCERNING NURSE STAFFING LEVELS IN HOSPITALS.

Bill Summary

(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)

Health Care Task Force. Requires each hospital to develop, implement, file with the department of public health and environment (department), and make available to patients upon request a staffing plan for the hospital that sets forth the minimum number of registered nurses, licensed practical nurses, and other personnel providing direct patient care required in each patient care unit in the hospital. Specifies the criteria to be used in developing a staffing plan, and requires input from a staffing committee consisting of a minimum percentage of the registered nurses providing direct patient care in the hospital. Mandates the inclusion of

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

hospital staffing plans and certain nurse staffing information on the hospital report card developed by the department.

Obligates hospitals to staff each patient care unit in accordance with their staffing plans, and allows a modification to the staffing plan for a particular patient care unit in an emergency. Compels hospitals to maintain accurate daily records and to submit nurse staffing information to the department at least semiannually. Prohibits a hospital from retaliating against or intimidating an employee for participating on the staffing committee or notifying the staffing committee, the hospital's administration, or the department of a deviation from a staffing plan or failure to develop or implement a staffing plan.

Requires the department to investigate complaints of violations. Allows the department to impose civil penalties or suspend or revoke a hospital's license or certificate of compliance for violations. Specifies that the department is to submit a report to the health and human services committees of the senate and house of representatives regarding hospital compliance with the requirements of this act.

Allows the state board of health to adopt rules to implement this act.

---

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** Part 1 of article 3 of title 25, Colorado Revised
3 Statutes, is amended BY THE ADDITION OF A NEW SECTION to
4 read:

5 **25-3-110. Hospital staffing plans - nurse services - state board**
6 **rules - nurse-to-patient ratios - definitions.** (1) AS USED IN THIS
7 SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

8 (a) "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH
9 AND ENVIRONMENT CREATED IN SECTION 25-1-102.

10 (b) "EXECUTIVE DIRECTOR" MEANS THE EXECUTIVE DIRECTOR OF
11 THE DEPARTMENT.

12 (c) "INTENSITY" MEANS THE LEVEL OF PATIENT NEEDS AS
13 DETERMINED BY A REGISTERED NURSE PROVIDING DIRECT PATIENT CARE,
14 TAKING INTO ACCOUNT AT LEAST THE FOLLOWING FACTORS:

1 (I) THE SEVERITY AND URGENCY OF THE PATIENT'S ADMITTING
2 CONDITION;
3 (II) SCHEDULED PROCEDURES;
4 (III) THE PATIENT'S ABILITY TO MEET HEALTH CARE REQUISITES;
5 (IV) THE PATIENT'S AVAILABILITY OF SOCIAL SUPPORTS;
6 (V) AGE AND FUNCTIONAL ABILITY OF THE PATIENT;
7 (VI) COMMUNICATION SKILLS OF THE PATIENT; AND
8 (VII) OTHER NEEDS IDENTIFIED BY THE PATIENT AND THE
9 REGISTERED NURSE.
10 (d) "PATIENT CARE UNIT" MEANS ANY UNIT OF A HOSPITAL THAT
11 PROVIDES PATIENT CARE.
12 (e) "SKILL MIX" MEANS THE NUMBER OF REGISTERED NURSES,
13 LICENSED PRACTICAL NURSES, AND OTHER PERSONNEL PROVIDING DIRECT
14 PATIENT CARE.
15 (f) "STATE BOARD" MEANS THE STATE BOARD OF HEALTH CREATED
16 IN SECTION 25-1-103.
17 (2) EACH HOSPITAL IN THE STATE SHALL APPOINT A STAFFING
18 COMMITTEE TO ASSIST IN THE DEVELOPMENT AND IMPLEMENTATION OF A
19 STAFFING PLAN FOR THE HOSPITAL. AT LEAST ONE-HALF OF THE MEMBERS
20 OF THE STAFFING COMMITTEE SHALL BE REGISTERED NURSES CURRENTLY
21 PROVIDING DIRECT PATIENT CARE IN THE HOSPITAL. IF THE REGISTERED
22 NURSES EMPLOYED BY THE HOSPITAL HAVE ELECTED A COLLECTIVE
23 BARGAINING REPRESENTATIVE, THE REGISTERED NURSE REPRESENTATIVES
24 ON THE STAFFING COMMITTEE SHALL BE SELECTED BY THE COLLECTIVE
25 BARGAINING REPRESENTATIVE. PARTICIPATION IN THE STAFFING
26 COMMITTEE SHALL BE CONSIDERED PART OF THE EMPLOYEE'S REGULARLY
27 SCHEDULED WORK WEEK.

1 (3) (a) BY AUGUST 15, 2007, EACH HOSPITAL IN THE STATE SHALL
2 DEVELOP AND IMPLEMENT A STAFFING PLAN FOR NURSING SERVICES. THE
3 HOSPITAL SHALL COLLABORATE WITH ITS STAFFING COMMITTEE IN THE
4 DEVELOPMENT AND IMPLEMENTATION OF THE STAFFING PLAN. THE
5 HOSPITAL SHALL FILE THE STAFFING PLAN WITH THE DEPARTMENT, SHALL
6 POST THE STAFFING PLAN FOR EACH PATIENT CARE UNIT IN THE
7 APPROPRIATE PATIENT CARE UNIT IN THE HOSPITAL, AND SHALL PROVIDE
8 A COPY OF THE APPLICABLE STAFFING PLAN TO A CURRENT OR
9 PROSPECTIVE PATIENT OF A PATIENT CARE UNIT UPON REQUEST. THE
10 HOSPITAL, IN COLLABORATION WITH ITS STAFFING COMMITTEE, SHALL
11 REVIEW AND UPDATE ITS STAFFING PLAN ANNUALLY AND FILE ANY
12 UPDATED STAFFING PLAN WITH THE DEPARTMENT. THE DEPARTMENT
13 SHALL INCLUDE EACH HOSPITAL'S CURRENT STAFFING PLAN ON THE
14 HOSPITAL REPORT CARD DEVELOPED AND MADE AVAILABLE PURSUANT TO
15 SECTION 25-3-703.
16 (b) A HOSPITAL STAFFING PLAN SHALL:
17 (I) SET THE MINIMUM SKILL MIX REQUIRED IN EACH PATIENT CARE
18 UNIT IN THE HOSPITAL BASED ON THE FOLLOWING CRITERIA IN EACH
19 PATIENT CARE UNIT:
20 (A) PATIENT CENSUS INFORMATION, INCLUDING PATIENT
21 DISCHARGES, ADMISSIONS, AND TRANSFERS;
22 (B) LEVEL OF INTENSITY OF ALL PATIENTS AND THE NATURE OF
23 THE CARE TO BE DELIVERED ON EACH SHIFT;
24 (C) THE SKILL LEVEL, EXPERIENCE, AND SPECIALTY CERTIFICATION
25 OR TRAINING OF THOSE PROVIDING CARE IN THE UNIT; AND
26 (D) THE NEED FOR SPECIALIZED OR INTENSIVE EQUIPMENT;
27 (II) INCLUDE APPROPRIATE LIMITS ON THE USE OF AGENCY AND

1 TRAVELING NURSES;

2 (III) BE CONSISTENT WITH THE SCOPES OF PRACTICE OF
3 REGISTERED NURSES AND LICENSED PRACTICAL NURSES AND THE
4 AUTHORIZED DUTIES OF OTHER PERSONNEL PROVIDING DIRECT PATIENT
5 CARE;

6 (IV) INCLUDE ADEQUATE ADMINISTRATIVE STAFF IN EACH PATIENT
7 CARE UNIT TO ENSURE THAT NURSES PROVIDING DIRECT PATIENT CARE ARE
8 NOT HINDERED IN THE DELIVERY OF THAT CARE;

9 (V) INCLUDE A PROCESS FOR AN ANNUAL INTERNAL REVIEW BY
10 THE STAFFING COMMITTEE THAT ENSURES COMPLIANCE WITH THE
11 STAFFING PLAN, PROVIDES FOR REVIEW OF INCIDENTS AND STAFF
12 CONCERNS, AND TRACKS STAFFING PATTERNS AND THE NUMBER OF
13 PATIENTS AND THEIR ACUITY; AND

14 (VI) COMPLY WITH AND NOT DIMINISH EXISTING STANDARDS IN
15 ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT.

16 (4) (a) A HOSPITAL SHALL STAFF EACH PATIENT CARE UNIT IN
17 ACCORDANCE WITH ITS STAFFING PLAN. THE HOSPITAL MAY DEVIATE
18 FROM A STAFFING PLAN IN CASES OF EMERGENCY, AS DETERMINED BY THE
19 HOSPITAL. THE HOSPITAL SHALL MAKE A RECORD OF ANY DEVIATION
20 FROM A STAFFING PLAN AND REPORT THE DEVIATION TO THE DEPARTMENT
21 IN A MANNER DETERMINED BY THE DEPARTMENT.

22 (b) A HOSPITAL SHALL MAINTAIN AND POST A LIST OF QUALIFIED,
23 ON-CALL NURSING STAFF AND NURSING SERVICES THAT MAY BE CALLED TO
24 PROVIDE REPLACEMENT STAFF IN THE EVENT OF SICKNESS, VACATIONS,
25 VACANCIES, AND OTHER ABSENCES OF NURSING STAFF. THE LIST SHALL
26 PROVIDE A SUFFICIENT NUMBER OF REPLACEMENT STAFF FOR THE
27 HOSPITAL ON A REGULAR BASIS.

1 (5) (a) HOSPITALS SHALL MAINTAIN ACCURATE DAILY RECORDS
2 SHOWING:
3 (I) THE NUMBER OF PATIENTS PRESENT IN EACH PATIENT CARE
4 UNIT AT THE END OF EACH STANDARD SHIFT WITHIN THE HOSPITAL;
5 (II) THE NUMBER OF ADMISSIONS, DISCHARGES, TRANSFERS, AND
6 OBSERVATION PATIENTS IN EACH PATIENT CARE UNIT AND DURING EACH
7 SHIFT; AND
8 (III) THE SKILL MIX IN EACH PATIENT CARE UNIT DURING EACH
9 SHIFT.
10 (b) THE DAILY RECORDS SHALL BE RETAINED FOR AT LEAST SEVEN
11 YEARS AND SHALL BE MADE AVAILABLE UPON REQUEST TO THE
12 DEPARTMENT AND THE STAFFING COMMITTEE.
13 (6) AT LEAST TWICE A YEAR, HOSPITALS SHALL COLLECT AND
14 SUBMIT TO THE DEPARTMENT THE FOLLOWING NURSE STAFFING
15 INFORMATION:
16 (a) THE MIX OF REGISTERED NURSES, LICENSED PRACTICAL
17 NURSES, AND OTHER PERSONNEL CARING FOR PATIENTS AS A PERCENTAGE
18 OF THE TOTAL OF ALL NURSING CARE HOURS IN EACH PATIENT CARE UNIT;
19 (b) THE TOTAL NURSING CARE HOURS PROVIDED PER PATIENT DAY
20 IN EACH PATIENT CARE UNIT;
21 (c) THE AVERAGE NUMBER OF PRESSURE ULCERS PER PATIENT; AND
22 (d) THE AVERAGE NUMBER OF PATIENT FALLS PER ONE THOUSAND
23 PATIENT DAYS.
24 (7) (a) A HOSPITAL SHALL NOT RETALIATE AGAINST OR INTIMIDATE
25 AN EMPLOYEE FOR PERFORMING ANY DUTIES OR RESPONSIBILITIES IN
26 CONNECTION WITH PARTICIPATION ON THE STAFFING COMMITTEE.
27 (b) A HOSPITAL SHALL NOT RETALIATE AGAINST OR INTIMIDATE AN

1 EMPLOYEE WHO NOTIFIES THE STAFFING COMMITTEE, THE HOSPITAL'S
2 ADMINISTRATION, OR THE DEPARTMENT THAT A STAFFING SCHEDULE FOR
3 A PATIENT CARE UNIT FAILS TO COMPLY WITH THE POSTED STAFFING PLAN
4 OR THAT THE HOSPITAL HAS FAILED TO DEVELOP OR IMPLEMENT A
5 STAFFING PLAN AS REQUIRED BY THIS SECTION.
6 (8) (a) THE DEPARTMENT SHALL INVESTIGATE COMPLAINTS OF
7 VIOLATIONS OF THIS SECTION AND MAY IMPOSE CIVIL PENALTIES, NOT TO
8 EXCEED FIVE THOUSAND DOLLARS PER DAY PER VIOLATION, OR SUSPEND
9 OR REVOKE A HOSPITAL'S LICENSE OR CERTIFICATE OF COMPLIANCE FOR
10 VIOLATION OF THIS SECTION. EACH VIOLATION OF A STAFFING PLAN SHALL
11 BE CONSIDERED A SEPARATE VIOLATION.
12 (b) THE DEPARTMENT SHALL MAINTAIN AND MAKE AVAILABLE TO
13 THE PUBLIC RECORDS OF ANY CIVIL PENALTIES, ADMINISTRATIVE ACTIONS,
14 OR LICENSE OR CERTIFICATE SUSPENSIONS OR REVOCATIONS IMPOSED ON
15 HOSPITALS FOR A VIOLATION OF THIS SECTION.
16 (c) THE DEPARTMENT SHALL SUBMIT AN ANNUAL REPORT TO THE
17 HEALTH AND HUMAN SERVICES COMMITTEES OF THE SENATE AND HOUSE
18 OF REPRESENTATIVES, OR THEIR SUCCESSOR COMMITTEES, REGARDING
19 HOSPITAL STAFFING PLANS, INCLUDING INFORMATION PERTAINING TO
20 HOSPITAL COMPLIANCE WITH THE REQUIREMENTS OF THIS SECTION. THE
21 DEPARTMENT SHALL MAKE THE REPORT AVAILABLE TO THE PUBLIC.
22 (9) THE STATE BOARD SHALL ADOPT RULES AS NECESSARY TO
23 IMPLEMENT THIS SECTION.
24 **SECTION 2.** 25-3-703, Colorado Revised Statutes, is amended
25 to read:
26 **25-3-703. Hospital report card - staffing plans.** (1) The
27 executive director shall approve a Colorado hospital report card

1 consisting of public disclosure of data assembled pursuant to this part 7,
2 THE HOSPITAL STAFFING PLANS REQUIRED BY SECTION 25-3-110 (3), AND
3 THE NURSE STAFFING INFORMATION REQUIRED BY SECTION 25-3-110 (6).
4 At a minimum, the data, HOSPITAL STAFFING PLANS, AND NURSE STAFFING
5 INFORMATION shall be made available on an internet website in a manner
6 that allows consumers to conduct an interactive search that allows them
7 to view and compare the information for specific hospitals. The website
8 shall include such additional information as is determined necessary to
9 ensure that the website enhances informed decision making among
10 consumers and health care purchasers, which shall include, at a minimum,
11 appropriate guidance on how to use the data, HOSPITAL STAFFING PLANS,
12 AND NURSE STAFFING INFORMATION and an explanation of why the data,
13 HOSPITAL STAFFING PLANS, OR NURSE STAFFING INFORMATION may vary
14 from hospital to hospital. ~~The data~~ ALL INFORMATION specified in this
15 subsection (1) shall be released on or before November 30, 2007.
16 (2) Prior to the completion of the Colorado hospital report card,
17 the executive director shall ensure that every hospital is allowed thirty
18 days within which to examine the data, HOSPITAL STAFFING PLANS, AND
19 NURSE STAFFING INFORMATION and submit comments for consideration
20 and inclusion in the final Colorado hospital report card.
21 **SECTION 3. Safety clause.** The general assembly hereby finds,
22 determines, and declares that this act is necessary for the immediate
23 preservation of the public peace, health, and safety.

First Regular Session
Sixty-sixth General Assembly
STATE OF COLORADO

BILL H

LLS NO. 07-0077.01 Jerry Barry **HOUSE BILL**

HOUSE SPONSORSHIP

Todd, Frangas, Lundberg, and Stafford

SENATE SPONSORSHIP

Tochtrop,

House Committees **Senate Committees**

A BILL FOR AN ACT

101 CONCERNING THE USE OF TELEMEDICINE TO PROVIDE CERTAIN
102 SERVICES BY HOME CARE PROVIDERS UNDER THE COLORADO
103 MEDICAL ASSISTANCE PROGRAM.

Bill Summary

(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)

Health Care Task Force. Requires the department of health care policy and financing to seek the necessary federal authorization for the reimbursement and provision of home health care services and home and community based services by home care providers through the use of telemedicine. Specifies that the provision of home health care services and home and community based services through the use of telemedicine

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

shall not be limited to the statewide managed care system.

---

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** Part 3 of article 5 of title 25.5, Colorado Revised
3 Statutes, is amended BY THE ADDITION OF A NEW SECTION to
4 read:

5 **25.5-5-321. Telemedicine - home health care - federal**
6 **authorization.** (1) FOR PURPOSES OF THIS SECTION, "TELEMEDICINE"
7 SHALL HAVE THE SAME MEANING AS SET FORTH IN SECTION 12-36-106 (1)
8 (g), C.R.S.

9 (2) THE STATE DEPARTMENT SHALL SEEK THE NECESSARY FEDERAL
10 AUTHORIZATION FOR THE REIMBURSEMENT AND PROVISION OF HOME
11 HEALTH CARE SERVICES AND HOME AND COMMUNITY-BASED HEALTH CARE
12 SERVICES, INCLUDING, BUT NOT LIMITED TO, MEDICAL EQUIPMENT,
13 DEVICES, AND SOFTWARE NECESSARY FOR THE PROVISION OF SUCH
14 SERVICES, BY HOME CARE PROVIDERS THROUGH THE USE OF
15 TELEMEDICINE. THE PROVISION OF HEALTH CARE SERVICES THROUGH THE
16 USE OF TELEMEDICINE SHALL NOT BE LIMITED TO THE STATEWIDE
17 MANAGED CARE SYSTEM CREATED IN PART 4 OF THIS ARTICLE.

18 **SECTION 2. Safety clause.** The general assembly hereby finds,
19 determines, and declares that this act is necessary for the immediate
20 preservation of the public peace, health, and safety.