

## Connect for Health Colorado Policy Team State Bill Tracker (as of 3/20/19)

Bill #	Title	Official Summary	House Sponsors	Senate Sponsors	Position
<a href="#"><u>SB19-004</u></a>	Address High-cost Health Insurance Pilot Program	The bill modernizes laws authorizing health care cooperatives to enable consumers to help control health care costs by negotiating rates on a collective basis directly with providers.	<a href="#"><u>Rep. D. Roberts</u></a>	<a href="#"><u>Sen. K. Donovan</u></a>	Monitor
<a href="#"><u>SB19-015</u></a>	Create Statewide Health Care Review Committee	The bill recreates the former health care task force, renamed as the statewide health care review committee, to study health care issues that affect Colorado residents throughout the state. The committee consists of the members of the house of representatives committees on health and insurance and public health care and human services and the senate committee on health and human services. The committee is permitted to meet up to 2 times during the interim between legislative sessions, including 2 field trips.	<a href="#"><u>Rep. S. Beckman</u></a>	<a href="#"><u>Sen. J. Ginal</u></a>	Monitor
<a href="#"><u>SB19-041</u></a>	Health Insurance Contract Carrier and Policyholder	Current law requires a contract between a health insurance carrier and a policyholder to contain a provision that requires the policyholder to pay premiums for each individual covered under the policy through the date that the policyholder notifies the carrier that an individual covered under the policy is no longer covered. The bill requires the contract to state that, in the alternative, the policyholder is required to pay premiums to the carrier through the date that the individual covered under the policy is no longer eligible or covered if the policyholder notifies the carrier within 10 business days after the date of ineligibility or noncoverage.	<a href="#"><u>Rep. T. Kraft-Tharp</u></a>	<a href="#"><u>Sen. J. Smallwood,</u></a> <a href="#"><u>Sen. F. Winter</u></a>	Monitor
<a href="#"><u>SB19-052</u></a>	Emergency Medical Service Provider Scope Of Practice	The bill expands an EMS provider's scope of practice by authorizing a provider to practice under the medical direction of an advanced practice nurse or a physician assistant. The bill also: -Specifies that a provider may practice in a hospital or clinic; and -Authorizes the state board of health to promulgate rules to authorize other types of medical professionals to provide medical direction to EMS providers or to allow EMS providers to practice in other types of licensed health care facilities or health care-related settings.		<a href="#"><u>Sen. L. Garcia</u></a>	Monitor
<a href="#"><u>SB19-134</u></a>	Out-of-network Health Care Disclosures and Charges	The bill: -Sets the reimbursement rate that a health insurance carrier must pay a health care facility if a covered person is treated for emergency services; -Requires in-network health care facilities and health care providers to make disclosures to patients covered by a health benefit plan concerning the provision of services by an out-of-network provider; -Outlines the claims and payment process, including reimbursement rates for the provision of out-of-network services for health care facilities and health care providers; and -Authorizes arbitration for the payment of health care claims that are in dispute if certain criteria are met.  The commissioner of insurance is required to submit a report annually to the general assembly concerning unanticipated out-of-network services.	<a href="#"><u>Rep. M. Soper</u></a>	<a href="#"><u>Sen. R. Fields,</u></a> <a href="#"><u>Sen. J. Tate</u></a>	Monitor

<b><u>SB19-188</u></b>	<b>FAMLI Family Medical Leave Insurance Program</b>	<p>The bill creates the family and medical leave insurance (FAMLI) program and the division of family and medical leave insurance (division) in the department of labor and employment to provide partial wage replacement benefits to an eligible individual who takes leave from work:</p> <ul style="list-style-type: none"> <li>-To care for a new child or a family member with a serious health condition;</li> <li>-Because the eligible individual is unable to work due to the individual's own serious health condition or because the individual or a family member is the victim of abusive behavior; or</li> <li>-Due to certain needs arising from a family member's active duty service.</li> </ul> <p>Each employee and employer in the state will pay one-half the cost of a premium as specified in the bill, which premium is based on a percentage of the employee's yearly wages. The premiums are deposited into the family and medical leave insurance fund, and family and medical leave benefits are paid to eligible individuals from the fund.</p>	<b><u>Rep. M. Duran,</u></b> <b><u>Rep. M. Gray</u></b>	<b><u>Sen. A. Williams,</u></b> <b><u>Sen. F. Winter</u></b>	Monitor
<b><u>HB19-1004</u></b>	<b>Proposal For Affordable Health Coverage Option</b>	<p>The bill directs HCPF and the DOI to develop a proposal (study) concerning the design, costs, benefits, and implementation of a state option for health care coverage. The study must contain a detailed analysis of a state option and must identify the most effective implementation of a state option based on affordability to consumers at different income levels, administrative and financial burden to the state, ease of implementation, and likelihood of success in meeting the objectives described in the bill. The study is required to identify the potential impacts to the individual market and the Exchange, including the impact on consumers eligible for financial assistance through the Exchange, as well as a recommendation on if the public option should be offered through the Exchange or through HCPF. The bill also requires the departments to engage in a stakeholder process that includes public and private health insurance experts, consumers, consumer advocates, employers, providers, and carriers.</p>	<b><u>Rep. M. Catlin, Rep.</u></b> <b><u>D. Roberts</u></b>	<b><u>Sen. K. Donovan</u></b>	Monitor
<b><u>HB19-1124</u></b>	<b>Protect Colorado Residents From Federal Government Overreach</b>	<p>The bill prohibits a department, agency, board, commission, or officer or employee of the state or a political subdivision of the state from using public funds or resources to assist in the enforcement of federal civil immigration laws. The bill allows a state employee or employee of a political subdivision of the state to cooperate or assist federal immigration enforcement authorities in the execution of a warrant issued by a federal judge or magistrate or honoring any writ issued by any state or federal judge concerning the transfer of a prisoner to or from federal custody. The bill prohibits the state or a political subdivision of the state from entering into any contractual agreement that would require an employee to directly or indirectly assist in the enforcement of federal civil immigration laws. The bill prohibits federal immigration authorities access to the secure areas of any city or county jail or other law enforcement facility for the purpose of conducting investigative interviews or for any other purpose related to the enforcement of federal civil immigration laws unless federal immigration authorities present a warrant issued by a federal judge or magistrate. The bill prohibits a law enforcement officer from arresting or detaining an individual solely on the basis of a civil immigration detainer.</p>	<b><u>Rep. A. Benavidez</u></b>		Monitor
<b><u>HB19-1136</u></b>	<b>State Auditor Access To Records For Audits</b>	<p>Under current law, the state auditor (auditor) generally has access at all times to all of the books, accounts, reports, vouchers, or other records or information in any state department, institution, or agency that is the subject of a performance or financial audit the auditor conducts. Section 2 of the bill extends the same authority to performance or financial audits the auditor conducts of:</p> <ul style="list-style-type: none"> <li>•The Colorado new energy improvement district and the new energy improvement program;</li> <li>•The use of money in the state historical fund that is used for the preservation and restoration of the cities of Central, Black - Hawk, and Cripple Creek;</li> <li>•The health benefit exchange; and</li> <li>•Community-centered boards.</li> </ul>	<b><u>Rep. T. Kraft-Tharp,</u></b> <b><u>Rep. L. Saine</u></b>	<b><u>Sen. J. Smallwood,</u></b> <b><u>Sen. N. Todd</u></b>	Monitor
<b><u>HB19-1168</u></b>	<b>State Innovation Waiver Reinsurance Program</b>	<p>The bill authorizes the commissioner of insurance to apply to the secretary of the United States department of health and human services for a state innovation waiver, for federal funding, or both, to allow the state to implement and operate a reinsurance program to assist health insurers in paying high-cost insurance claims. The state cannot implement the program absent waiver or funding approval from the secretary. The program is established as an enterprise for purposes of section 20 of article X of the state constitution. The division of insurance is to include an update regarding the program in its annual "SMART Act" report, and the program is subject to sunset review and repeal in 5 years. The bill also requires the Commissioner to complete a study on the effects of the program within 120 days following the end of the second full year of operation of the program.</p>	<b><u>Rep. J. McCluskie,</u></b> <b><u>Rep. J. Rich</u></b>	<b><u>Sen. K. Donovan,</u></b> <b><u>Sen. B. Rankin</u></b>	Support

<b><u>HB19-1174</u></b>	<b>Out-of-network Health Care Services</b>	<p>The bill:</p> <ul style="list-style-type: none"> <li>-Requires health insurance carriers, health care providers, and health care facilities to provide patients covered by health benefit plans with information concerning the provision of services by out-of-network providers and in-network and out-of-network facilities;</li> <li>-Outlines the disclosure requirements and the claims and payment process for the provision of out-of-network services;</li> <li>-Requires the commissioner of insurance, the state board of health, and the director of the division of professions and occupations in the department of regulatory agencies to promulgate rules that specify the requirements for disclosures to consumers, including the timing, the format, and the contents and language in the disclosures;</li> <li>-Establishes the reimbursement amount for out-of-network providers that provide health care services to covered persons at an in-network facility and for out-of-network providers or facilities that provide emergency services to covered persons; and</li> <li>-Creates a penalty for failure to comply with the payment requirements for out-of-network health care services.</li> </ul>	<b><u>Rep. M. Catlin, Rep. D. Esgar</u></b>	<b><u>Sen. B. Gardner, Sen. B. Pettersen</u></b>	Monitor
<b><u>HB19-1176</u></b>	<b>Healthcare Cost Savings Act of 2019</b>	<p>The bill creates a healthcare task force that is comprised of 1) members of the general assembly (each majority and minority member is responsible for appointing two); 2) nine members appointed by the governor that represent the social, demographic, and geographic diversity of the state; and 3) executive directors of the State Department, Department of Human Services, and the Department of Public Health. The task force is charged with hiring an analyst who will analyze the fiscal costs and other impacts of the following healthcare financing systems:</p> <ul style="list-style-type: none"> <li>•The current health care financing system, in which residents receive health care coverage from private and public insurance carriers or are uninsured;</li> <li>•A public option system in which health benefit plans are sold through, and revenues and premiums are received from, the Colorado health benefit exchange, with additional funding as necessary through the general fund;</li> <li>•A multi-payer universal health care financing system, in which competing insurance carriers or health maintenance organizations receive payments from a public financing authority; and</li> <li>•A publicly financed and privately delivered universal health care system that directly compensates providers</li> </ul>	<b><u>Rep. S. Jaquez Lewis, Rep. E. Sirota</u></b>	<b><u>Sen. M. Foote</u></b>	Monitor
<b><u>HB19-1210</u></b>	<b>Local Government Minimum Wage</b>	The bill allows a unit of local government to enact laws establishing a minimum wage within its jurisdiction.	<b><u>Rep. R. Galindo, Rep. J. Melton</u></b>	<b><u>Sen. J. Danielson, Sen. D. Moreno</u></b>	Monitor
<b><u>HB19-1211</u></b>	<b>Prior Authorization Requirements Health Care Service</b>	<p>With regard to the prior authorization process used by carriers or private utilization review organizations (organizations) acting on behalf of carriers to review and determine whether a particular health care service prescribed by a health care provider is approved as a covered benefit under the patient's health benefit plan, the bill requires carriers and organizations to:</p> <ul style="list-style-type: none"> <li>-Publish and update their prior authorization requirements and restrictions;</li> <li>-Comply with deadlines established in the bill for making a determination on a prior authorization request;</li> <li>-Use current, clinically based prior authorization criteria that are aligned with other quality initiatives of the carrier or organization and with other carriers' and organizations' prior authorization criteria for the same health care service;</li> <li>-Limit the use of prior authorization to providers whose prescribing or ordering patterns differ significantly from the patterns of their peers after adjusting for patient mix and other relevant factors; and</li> <li>-Exempt from prior authorization providers with an 80% approval rate of prior authorization requests over the previous 12 months, and conduct annual reevaluation of a provider's eligibility for the exemption.</li> </ul>	<b><u>Rep. Y. Caraveo, Rep. D. Michaelson Jenet</u></b>	<b><u>Sen. A. Williams</u></b>	Monitor

<b><u>HB19-1216</u></b>	<b>Reduce Insulin Prices</b>	<p>The bill requires a carrier to reduce the cost sharing a covered person is required to pay for prescription insulin drugs by an amount equal to the greater of 51% of the total rebates received by the carrier per prescription insulin drug including price protection rebates or an amount that ensures cost sharing will not exceed 125% of the carrier's cost for the prescription insulin drug, subject to a maximum out-of-pocket cost of \$100 per one-month supply of insulin.</p> <p>The bill requires the department of law to investigate the pricing of prescription insulin drugs and submit a report of its findings to the governor, the commissioner of insurance, and the judiciary committees of the senate and house of representatives.</p>	<b><u>Rep. D. Roberts</u></b>	<b><u>Sen. K. Donovan,</u></b> <b><u>Sen. K. Priola</u></b>	Monitor
<b><u>HB19-1233</u></b>	<b>Investments In Primary Care To Reduce Health Costs</b>	<p>The bill:</p> <ul style="list-style-type: none"> <li>-Establishes a primary care payment reform collaborative in the division of insurance in the department of regulatory agencies;</li> <li>-Requires the commissioner of insurance to establish affordability standards for premiums, including adding targets for carrier investments in primary care; and</li> <li>-Requires the department of health care policy and financing and carriers who offer health benefit plans to state employees to set targets for investment in primary care.</li> </ul>	<b><u>Rep. Y. Caraveo,</u></b> <b><u>Rep. M. Froelich</u></b>	<b><u>Sen. J. Ginal,</u></b> <b><u>Sen. D. Moreno</u></b>	Monitor