

NOTE: This bill has been prepared for the signatures of the appropriate legislative officers and the Governor. To determine whether the Governor has signed the bill or taken other action on it, please consult the legislative status sheet, the legislative history, or the Session Laws.

An Act

SENATE BILL 24-168

BY SENATOR(S) Roberts and Simpson, Michaelson Jenet, Bridges, Buckner, Cutter, Exum, Fields, Gardner, Jaquez Lewis, Kirkmeyer, Liston, Lundeen, Marchman, Mullica, Priola, Van Winkle, Will, Zenzinger; also REPRESENTATIVE(S) McCluskie and Martinez, Young, Amabile, Bird, Boesenecker, Bradley, Brown, Clifford, Daugherty, Duran, Frizell, Hamrick, Jodeh, Kipp, Lieder, Lindsay, Lukens, Mabrey, Marvin, Mauro, McCormick, McLachlan, Ortiz, Ricks, Rutinel, Sirota, Snyder, Taggart, Titone, Velasco, Woodrow.

CONCERNING REMOTE MONITORING SERVICES FOR MEDICAID MEMBERS,
AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

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

SECTION 1. Legislative declaration. (1) The general assembly finds that:

(a) Concerning the use of telehealth remote monitoring to provide outpatient clinical services:

(I) Telehealth helps connect Medicaid members with health-care providers, enabling members to receive the care and consultation they need

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

without traveling to visit a provider in another city or area of the state;

(II) Telehealth visits may provide cost savings for the Medicaid system by improving access to primary care and helping avoid unnecessary trips to the emergency department;

(III) More than 700,000 Coloradans live in a rural or frontier county. Rural Coloradans face several unique challenges in health-care access, affordability, and outcomes. Rural residents tend to be older and in poorer health than their urban counterparts, and rural communities often face challenges with access to care and financial viability. According to the Centers for Disease Control and Prevention, rural residents are more likely to die prematurely from heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke.

(IV) Despite these challenges, rural Coloradans play an important role in food and energy production in the state and serve as an integral part of Colorado's economy;

(V) Telehealth, including telehealth remote monitoring, is one of the tools the Centers for Disease Control and Prevention has identified that can be used to improve the health of rural residents. Telehealth remote monitoring uses digital technologies to collect health data from patients in one location and electronically transmit that information securely to providers in a different location.

(VI) Telehealth remote monitoring technologies provide a particular benefit for patients with chronic conditions to receive the care they need without the need for constant in-person visits to the patient's physician's office. Patients with chronic conditions such as diabetes, heart disease, and chronic obstructive pulmonary disease often require ongoing monitoring and management. Telehealth remote monitoring can help these patients better manage their conditions by providing regular monitoring, alerts, and support.

(VII) Multiple studies indicate that telehealth remote monitoring offers patients a clear return on investment over time, which extends beyond initial health-care savings, including money associated with transportation, time, and energy to visit their doctors; prescription, laboratory, and imaging costs; and hard and soft expenses if a hospital stay or emergency department

visit is required;

(VIII) The return on telehealth remote monitoring isn't limited to financial measurements. It also improves health outcomes, eliminates communication barriers, facilitates faster access to providers, reduces hospital readmissions, shortens hospital stays, and enhances patient education.

(IX) Expanding access to telehealth remote monitoring for patients is crucial to achieving health equity in Colorado.

(b) Concerning the use of continuous glucose monitoring devices:

(I) More than 300,000 Coloradans live with type 1 or type 2 diabetes;

(II) Managing diabetes requires strict blood glucose control consisting of multiple blood glucose level checks daily, medication administration, and balancing diet and physical activity;

(III) Continuous glucose monitoring devices provide patients and health-care providers with more health data and detail concerning blood glucose levels than traditional blood glucose meters;

(IV) For people with diabetes, continuous glucose monitoring devices provide significant, life-changing, and lifesaving benefits for managing their diabetes and can prevent or delay serious medical complications, including those that may require hospitalization or could lead to death;

(V) Individuals with diabetes who use continuous glucose monitoring devices experience fewer episodes of hypoglycemia and a reduction in their average blood glucose levels (A1C); and

(VI) Access to continuous glucose monitoring technology is extremely important to individuals with diabetes, especially those who live in communities with a disproportionate rate of diabetes. However, many Coloradans with diabetes still lack access to this critical technology, even though the use of continuous glucose monitoring devices is a recognized standard of care for all insulin-dependent individuals.

(2) Therefore, the general assembly declares that it is in the best interest of the state of Colorado to reduce health disparities and increase health equity by prioritizing expanded access to remote patient monitoring services in outpatient health-care settings across the state and to provide access to continuous glucose monitoring services to diabetic Coloradans to decrease health-care costs and improve health outcomes for all Coloradans.

SECTION 2. In Colorado Revised Statutes, **add 25.5-5-337** as follows:

25.5-5-337. Telehealth remote monitoring services for outpatient clinical services - grant program - federal authorization - rules - definitions. (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(a) "GRANT PROGRAM" MEANS THE TELEHEALTH REMOTE MONITORING GRANT PROGRAM CREATED IN SUBSECTION (6) OF THIS SECTION.

(b) "MEMBER" MEANS ANY PERSON WHO HAS BEEN DETERMINED ELIGIBLE TO RECEIVE BENEFITS OR SERVICES UNDER THIS TITLE 25.5.

(c) "TELEHEALTH REMOTE MONITORING" MEANS THE ONGOING REMOTE ASSESSMENT AND MONITORING OF CLINICAL DATA THROUGH TECHNOLOGICAL EQUIPMENT IN ORDER TO DETECT CHANGES IN A MEMBER'S CLINICAL STATUS, WHICH ALLOWS HEALTH-CARE PROVIDERS TO INTERVENE BEFORE A HEALTH CONDITION EXACERBATES AND REQUIRES EMERGENCY INTERVENTION OR INPATIENT HOSPITALIZATION.

(2) (a) ON OR BEFORE SEPTEMBER 1, 2024, THE STATE DEPARTMENT SHALL INITIATE A STAKEHOLDER PROCESS TO DETERMINE THE BILLING STRUCTURE FOR TELEHEALTH REMOTE MONITORING FOR OUTPATIENT CLINICAL SERVICES:

(b) THE STATE DEPARTMENT STAKEHOLDER PROCESS, REQUIRED BY SUBSECTION (2)(a) OF THIS SECTION, MUST ENGAGE WITH HEALTH-CARE PROVIDERS WHO SERVE RURAL AND UNDERSERVED POPULATIONS, INCLUDING RURAL HEALTH CLINICS AND FEDERALLY QUALIFIED HEALTH CENTERS TO ENSURE THE BILLING STRUCTURE IS SUSTAINABLE IN THESE HEALTH-CARE SETTINGS.

(c) ON OR BEFORE JUNE 30, 2025, THE STATE BOARD SHALL PROMULGATE RULES REGARDING THE BILLING STRUCTURE BASED ON FEEDBACK FROM THE STAKEHOLDER PROCESS REQUIRED IN SUBSECTIONS (2)(a) AND (2)(b) OF THIS SECTION.

(3) (a) BEGINNING JULY 1, 2025, THE STATE DEPARTMENT SHALL PROVIDE REIMBURSEMENT FOR THE USE OF TELEHEALTH REMOTE MONITORING FOR OUTPATIENT CLINICAL SERVICES IF:

(I) THE MEMBER'S HEALTH-CARE PROVIDER DETERMINES THAT TELEHEALTH REMOTE MONITORING IS MEDICALLY NECESSARY BASED ON THE MEMBER'S MEDICAL CONDITION OR STATUS;

(II) THE MEMBER'S HEALTH-CARE PROVIDER DETERMINES THAT TELEHEALTH REMOTE MONITORING WOULD LIKELY PREVENT THE MEMBER'S ADMISSION OR READMISSION TO A HOSPITAL, EMERGENCY DEPARTMENT, NURSING FACILITY, OR OTHER CLINICAL SETTING;

(III) THE MEMBER IS COGNITIVELY AND PHYSICALLY CAPABLE OF OPERATING THE TELEHEALTH REMOTE MONITORING DEVICE OR EQUIPMENT OR THE MEMBER HAS A CAREGIVER WHO IS ABLE AND WILLING TO ASSIST WITH THE TELEHEALTH REMOTE MONITORING DEVICE OR EQUIPMENT; AND

(IV) THE MEMBER RESIDES IN A SETTING THAT IS SUITABLE FOR TELEHEALTH REMOTE MONITORING AND DOES NOT HAVE HEALTH-CARE STAFF ON SITE.

(b) THE STATE BOARD SHALL PROMULGATE RULES REGARDING ADDITIONAL ELIGIBILITY REQUIREMENTS. THE ELIGIBILITY REQUIREMENTS MUST PRIORITIZE MEMBERS WITH CHRONIC CONDITIONS AND MEMBERS WHO ARE PREGNANT AND CARRYING A HIGH-RISK PREGNANCY.

(4) THE ASSESSMENT AND MONITORING OF THE HEALTH DATA TRANSMITTED BY TELEHEALTH REMOTE MONITORING MUST BE PERFORMED BY ONE OF THE FOLLOWING LICENSED HEALTH-CARE PROFESSIONALS:

(a) PHYSICIAN;

(b) PODIATRIST;

(c) ADVANCED PRACTICE REGISTERED NURSE;

(d) PHYSICIAN ASSISTANT;

(e) RESPIRATORY THERAPIST;

(f) PHARMACIST; OR

(g) LICENSED HEALTH-CARE PROFESSIONAL WORKING UNDER THE SUPERVISION OF A MEDICAL DIRECTOR.

(5) THE STATE DEPARTMENT MAY SEEK ANY FEDERAL AUTHORIZATION NECESSARY TO IMPLEMENT SUBSECTIONS (3) AND (4) OF THIS SECTION.

(6) (a) THERE IS CREATED IN THE STATE DEPARTMENT THE TELEHEALTH REMOTE MONITORING GRANT PROGRAM TO PROVIDE GRANTS TO OUTPATIENT HEALTH-CARE FACILITIES LOCATED IN A DESIGNATED RURAL COUNTY OR A DESIGNATED HEALTH-CARE PROFESSIONAL SHORTAGE AREA TO ASSIST THE HOSPITALS AND CLINICS WITH THE FINANCIAL COSTS ASSOCIATED WITH PROVIDING TELEHEALTH REMOTE MONITORING FOR OUTPATIENT CLINICAL SERVICES.

(b) THE STATE DEPARTMENT SHALL ADMINISTER THE GRANT PROGRAM AND, SUBJECT TO AVAILABLE APPROPRIATIONS, SHALL AWARD GRANTS AS PROVIDED IN THIS SUBSECTION (6).

(c) TO BE ELIGIBLE FOR A GRANT, AN OUTPATIENT HEALTH-CARE FACILITY MUST:

(I) APPLY FOR A GRANT IN THE MANNER PRESCRIBED BY THE STATE DEPARTMENT;

(II) BE LOCATED IN A DESIGNATED RURAL COUNTY OR DESIGNATED HEALTH-CARE PROFESSIONAL SHORTAGE AREA; AND

(III) HAVE A DEMONSTRATED NEED FOR FINANCIAL ASSISTANCE TO PURCHASE EQUIPMENT TO PROVIDE TELEHEALTH REMOTE MONITORING FOR OUTPATIENT CLINICAL SERVICES.

(d) THE STATE DEPARTMENT MAY AWARD UP TO FIVE GRANTS THROUGH THE GRANT PROGRAM. EACH GRANT AWARDED MUST BE IN THE AMOUNT OF ONE HUNDRED THOUSAND DOLLARS.

(e) IN SELECTING GRANT RECIPIENTS, THE STATE DEPARTMENT SHALL PRIORITIZE APPLICANTS THAT SERVE POPULATIONS EXPERIENCING DISPARITIES IN HEALTH-CARE ACCESS AND OUTCOMES, INCLUDING, BUT NOT LIMITED TO, HISTORICALLY MARGINALIZED AND UNDERSERVED COMMUNITIES, DETERMINED BY THE COMMUNITIES WITH THE HIGHEST PROPORTION OF PATIENTS RECEIVING ASSISTANCE THROUGH THE "COLORADO MEDICAL ASSISTANCE ACT", THIS ARTICLE 5 AND ARTICLES 4 AND 6 OF THIS TITLE 25.5.

(f) GRANT RECIPIENTS MAY USE MONEY RECEIVED THROUGH THE GRANT PROGRAM TO IMPLEMENT TELEHEALTH REMOTE MONITORING FOR OUTPATIENT CLINICAL SERVICES AND INCLUDES THE FOLLOWING:

(I) TRAINING STAFF TO USE, ASSESS, AND MONITOR TELEHEALTH REMOTE MONITORING EQUIPMENT AND DEVICES; AND

(II) ACQUIRING TELEHEALTH REMOTE MONITORING EQUIPMENT AND DEVICES.

(g) MONEY ALLOCATED TO THE GRANT PROGRAM MUST NOT BE CONSIDERED IN RATE-SETTING FOR FEDERALLY QUALIFIED HEALTH CENTERS, AS DEFINED IN THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395X (aa)(4).

(7) THE STATE DEPARTMENT IS AUTHORIZED TO RECEIVE AND EXPEND GIFTS, GRANTS, AND DONATIONS FROM INDIVIDUALS, PRIVATE ORGANIZATIONS, FOUNDATIONS, OR ANY GOVERNMENTAL UNIT; EXCEPT THAT NO GIFT, GRANT, OR DONATION MAY BE ACCEPTED BY THE STATE DEPARTMENT IF IT IS SUBJECT TO A CONDITION THAT IS INCONSISTENT WITH THIS SECTION OR ANY OTHER LAW OF THIS STATE.

(8) THIS SECTION DOES NOT APPLY TO HOME HEALTH-CARE BENEFITS PROVIDED PURSUANT TO SECTION 25.5-5-321.

SECTION 3. In Colorado Revised Statutes, **add** 25.5-5-338 as follows:

25.5-5-338. Continuous glucose monitors - coverage - federal authorization - definition. (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES, "CONTINUOUS GLUCOSE MONITOR" MEANS AN INSTRUMENT OR A DEVICE DESIGNED FOR THE PURPOSE OF AIDING IN THE TREATMENT OF DIABETES BY MEASURING GLUCOSE LEVELS ON DEMAND OR AT SET INTERVALS THROUGH A SMALL, ELECTRONIC SENSOR THAT SLIGHTLY PENETRATES AN INDIVIDUAL'S SKIN WHEN APPLIED AND THAT IS DESIGNED TO REMAIN IN PLACE AND ACTIVE FOR AT LEAST SEVEN DAYS.

(2) (a) BEGINNING NOVEMBER 1, 2025, THE STATE DEPARTMENT SHALL PROVIDE COVERAGE FOR A CONTINUOUS GLUCOSE MONITOR AND RELATED SUPPLIES TO MEMBERS UNDER THE MEDICAID MEDICAL AND PHARMACY BENEFIT.

(b) COVERAGE CRITERIA MUST ALIGN WITH THE CURRENT GLUCOSE MONITOR LOCAL COVERAGE DETERMINATION STANDARDS ISSUED BY THE CENTERS FOR MEDICARE AND MEDICAID THAT ARE USED TO DETERMINE COVERAGE FOR MEDICARE-ELIGIBLE INDIVIDUALS, INCLUDING INDIVIDUALS WITH GESTATIONAL DIABETES NOT BEING TREATED WITH INSULIN.

(3) COVERAGE PURSUANT TO THIS SECTION INCLUDES THE COST OF ANY NECESSARY REPAIRS OR REPLACEMENT PARTS FOR THE CONTINUOUS GLUCOSE MONITOR.

(4) THE STATE DEPARTMENT MAY SEEK ANY FEDERAL AUTHORIZATION NECESSARY TO IMPLEMENT THIS SECTION.

(5) THE STATE DEPARTMENT IS AUTHORIZED TO RECEIVE AND EXPEND GIFTS, GRANTS, AND DONATIONS FROM INDIVIDUALS, PRIVATE ORGANIZATIONS, FOUNDATIONS, OR ANY GOVERNMENTAL UNIT; EXCEPT THAT NO GIFT, GRANT, OR DONATION MAY BE ACCEPTED BY THE STATE DEPARTMENT IF IT IS SUBJECT TO A CONDITION THAT IS INCONSISTENT WITH THIS SECTION OR ANY OTHER LAW OF THIS STATE.

SECTION 4. Appropriation. For the 2024-25 state fiscal year, \$34,128 is appropriated to the department of health care policy and financing for use by the executive director's office. This appropriation is from the general fund. To implement this act, the department may use this appropriation for personal services, which amount is based on an assumption that the department will require an additional 0.3 FTE.

SECTION 5. Act subject to petition - effective date. This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly; except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2024 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.

Steve Fenberg
PRESIDENT OF
THE SENATE

Julie McCluskie
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

Cindi L. Markwell
SECRETARY OF
THE SENATE

Robin Jones
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

APPROVED _____
(Date and Time)

Jared S. Polis
GOVERNOR OF THE STATE OF COLORADO