



Health Care

In the 2020 session, the Colorado General Assembly considered measures related to the regulation of health care facilities, behavioral health and substance use, prescription drug costs, and abortion.

Regulation of Health Care Providers

House Bill 20-1264 would have prohibited a health system that contracts with an insurance carrier from requiring the carrier to:

- contract with each hospital or outpatient health facility in the system;
- agree to provide the same reimbursement rates to each hospital or outpatient health facility in the system; or
- contract with all hospitals in the system in order to access a lower reimbursement rate.

The bill would have also prevented a hospital or health system from prohibiting a carrier or health care provider from contracting with other hospitals or health systems. In addition, the bill would have required a health care provider who is prohibited from referring patients to health services outside the health system to disclose this restriction to patients. The bill was postponed indefinitely by the House Health and Insurance Committee.

Substance Use Disorders

The legislature considered several measures related to prevention, treatment, and recovery from substance use disorders.

House Bill 20-1085 would have implemented several policies regarding prevention of substance use disorder. The bill would have:

- required health insurance plans regulated by the Division of Insurance (DOI) cover at least one atypical opioid, and physical therapy, occupational therapy, chiropractic, and acupuncture visits;
- continued indefinitely the 7-day supply prescribing limitation on opioids;
- required the Department of Regulatory Agencies (DORA) to create rules to limit the supply of benzodiazepines that can be initially prescribed;
- continued indefinitely the requirement that health care providers check the Prescription Drug Monitoring Program (PDMP) before prescribing a second refill for an opioid;
- required health care providers check the PDMP, in most cases, before prescribing a second refill for a benzodiazepine;
- required DORA to create rules to add additional prescription drugs to the PDMP; and
- allowed additional medical professionals to access the PDMP.

The bill was vetoed by the Governor.

Senate Bill 20-007 implements several policies regarding treatment of substance use disorders, including:

- prohibits substance use disorder service providers and recovery residences from

Health Care (cont'd)

- denying access to persons undergoing medication-assisted treatment (MAT);
- prohibits the courts, parole, probation, and community corrections systems from prohibiting the use of MAT;
- requires health insurers to cover naloxone and specific substance use disorder treatments, including MAT medications;
- combines the statutes that refer to voluntary and involuntary commitment for treatment of drugs and treatment of alcohol use disorders into one statute for substance use disorders;
- increases the duration of initial involuntary commitment from 30 days to up to 90 days; and
- removes the mandatory hearing for initial involuntary commitment but allows a person to request a hearing.

House Bill 20-1139 would have created a new type of organization called a recovery support services organization, to be licensed by the Department of Human Services. Approved organizations would have been able to bill Medicaid for support groups, prevention and intervention activities, and peer support and advocacy services, among others. The bill would have also created a refundable income tax credit for certain peer support professionals. The bill was deemed lost in the House.

Prescription Drug Price Transparency

The legislature considered three measures related to the cost of prescription drugs.

House Bill 20-1160 would have required insurance carriers and drug manufacturers to report information to DOI. The bill would have:

- required carriers to report information to DOI about the costs and volume of prescription drugs that the insurer covered;
- required carriers and pharmacy benefit managers (PBMs) to report notices of drug price increases to DOI;

- required drug manufacturers to report certain drug price increases to DOI and drug purchasers;
- required nonprofits to report payments or donations from a drug manufacturer, PBMs, or health insurer; and
- required DOI to analyze the data received and produce a public report.

The bill also would have required carriers to reduce plan premiums by an amount equal to the rebates the insurer receives for prescription drugs. The bill was deemed lost in the House.

House Bill 20-1198 would have required carriers and PBMs to report information on compensation to DOI and submit itemized claims data to DOI and the All Payer Claims Database. The bill also would have prohibited carriers and PBMs from engaging in certain business practices and charging certain fees. The bill was postponed indefinitely by the House Health and Insurance Committee.

Senate Bill 20-107 would have required the departments of Corrections, Human Services, Personnel and Administration, and Health Care Policy and Financing (HCPF) to compile a list of the wholesale acquisition costs of the twenty highest-cost prescription drugs purchased by the departments annually. HCPF, or a third party contractor, would have been required to analyze the data, produce a report, and provide it to the legislature. The bill was deemed lost in the Senate.

Abortion

House Bill 20-1075 would have made it a felony offense to terminate a pregnancy, except when a physician is performing a medical procedure to save the life of the mother or removing an ectopic pregnancy. Under the bill, the pregnant women would not be penalized for terminating her pregnancy. The bill was postponed indefinitely by the House Health and Insurance Committee.

House Bill 20-1098 would have prohibited

Health Care (cont'd)

abortions after 22 weeks gestational age of a fetus. Under the bill, a pregnant woman would not be penalized for having an abortion. The bill was postponed indefinitely by the House State, Veterans, and Military Affairs Committee.

House Bill 20-1068 and *Senate Bill 20-077* would have established a physician-patient relationship between a physician and a child born alive during or after an abortion. The bill would have required a physician to exercise the same degree of skill and care to preserve the life and health of the child as a reasonably diligent physician would, or face civil and criminal penalties. HB 20-1068 was postponed indefinitely by the House State, Veterans, and Military Affairs Committee, and SB 20-077 was postponed indefinitely by the Senate State, Veterans, and Military Affairs Committee.