

# Summary of Legislation

## 2024



## Public Health

### Introduction

The 74<sup>th</sup> General Assembly passed numerous pieces of legislation regarding public health. While not all of the public health legislation fell into these groups, three major themes for public health were: screenings and early prevention, maternal health, and increasing access.

### Screenings and Early Prevention

Several bills addressed the beginnings of public health, screening and early prevention:

[Senate Bill 24-042](#) creates the Arie P. Taylor Sickle Cell Disease Outreach Program in the Department of Public Health and Environment (CDPHE). The outreach program may include:

- informal counseling and health guidance;
- direction and support to individuals and their families in locating and accessing services in the community;
- outreach concerning activities and programs available to individuals and families living with sickle cell disease;
- peer support and referrals, advocacy regarding the interests of the sickle cell disease community; and
- referrals for screening, and other services and support identified by CDPHE.

[House Bill 24-1456](#) focuses on syphilis and HIV screening in pregnant persons as it requires each health care provider to take a

blood sample from each pregnant person under their care and submit the sample to a laboratory for HIV testing and, if a pregnant person declines to be tested, to document in the person's medical record the refusal to be tested.

The passage of [Senate Bill 24-086](#) transfers \$500,000 from the Breast and Cervical Cancer Prevention and Treatment Fund in the Department of Health Care Policy and Financing (HCPF) to the Breast Cancer Screening Fund in the CDPHE annually from FY 2024-25 through FY 2026-27, shifting the focus to an upstream model of health care.

The legislature also continued to use schools as a vehicle for public health initiatives with [Senate Bill 24-142](#). The bill creates the Oral Health Screening in Public Schools Pilot Program in the CDPHE to provide grants for local education providers to conduct oral health screenings of children in kindergarten and third grade. The bill also sets criteria for the selection of local education providers, the oral health screening process, the requirements of screeners and local education providers conducting oral health screenings, and the reporting requirements for screeners and the CDPHE.

[House Bill 24-1416](#) addresses public health through food access for both rural and low-income communities throughout the state. The bill codifies in statute the existing Healthy Food Incentives Program in the CDPHE. The healthy food incentives must attempt to improve access to fresh

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Colorado-grown fruits and vegetables within Colorado's low-income communities.

## Maternal Health

The general assembly focused many of its efforts on addressing gaps in maternal health care as it has become a more prominent topic nationwide. The passage of [House Bill 24-1262](#) requires:

- the Colorado Maternal Mortality Review Committee in CDPHE to contract a third-party evaluator to study closures and availability of perinatal health care;
- the Colorado Civil Rights Division within the Department of Regulatory Agencies (DORA) to collect reports of mistreatment in maternity care; and
- health care facilities that discontinue maternal health care services provide notice to the CDPHE, the Governor, the public, and any affected patients and providers.

House Bill 24-1456, described above, also focuses on maternal health care by improving syphilis testing for pregnant persons.

[Senate Bill 24-175](#) requires large employer health benefit plans to cover doula services, which are trained birth companions who provide nonmedical support to pregnant and postpartum individuals and their families.

## Increasing Access

The legislature also focused on increasing access to several healthcare services both in urban and rural regions of the state. [Senate Bill 24-068](#) increases access to medical aid in

dying in Colorado. The bill changes current law by:

- allowing advance practice nurses the same prescribing authority as physicians; and
- reducing the waiting period between oral requests from 15 days to 7 days, and eliminating the waiting period if the prognosis is less than 48 hours.

The bill also creates additional safeguards for those seeking medical aid in dying such as:

- prohibiting facilities from providing select information to patients; and
- codifying certain health and life insurance requirements, and prohibits health insurance carriers from attempting to coerce a request for medical aid-in-dying.

[House Bill 24-1132](#) seeks to increase access by creating protections for living organ donors by ensuring that employers cannot demote or otherwise take adverse action against an employee 30 days before or 90 days after they become a living organ donor.

The legislature also sought to utilize the CDPHE's School-Based Health Center Grant program with the passage of [Senate Bill 24-034](#). The bill expands the grant program to include school-linked health care service models, including telehealth services and mobile health units. These services include primary health care, behavioral health care, oral health care, and preventive health care services for students and youth.



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[Senate Bill 24-168](#) increases access to telehealth and remote monitoring services by:

- expanding patient eligibility for remote patient monitoring services and requires HCPF to reimburse outpatient facilities for service costs provided to Medicaid members;
- creating a telehealth remote monitoring grant program through HCPF, which will be administrated by a licensed physician, podiatrist, advanced practice registered nurse, physician assistant, respiratory therapist, pharmacist, or a licensed professional working under the supervision of a medical director; and
- require and expand coverage of continuous glucose monitors by HCPF.

Although lost in the Senate, [House Bill 24-1075](#) would have required the School of Public Health at the University of Colorado to work with HCPF to acquire model legislation developed by a nonprofit to enact a universal single-payer healthcare system. This model legislation is intended to understand the feasibility of a universal healthcare system within Colorado.

Increasing access in rural Colorado was also a focus with the passage of [Senate Bill-221](#), which provides funding for the Rural Health Care Workforce Initiative in the Department of Higher Education and HCPF.

Finally, [Senate Bill 24-080](#) requires health insurance carriers to comply with federal price transparency laws, provide consumer

access to accurate health care coverage price information, and report federal pharmacy and drug cost information to the Division of Insurance in DORA. Additionally, insurance carriers must create a digital tool for enrolled people that provides real-time responses to questions related to carrier prices in order to increase transparency.