A BILL FOR AN ACT

CONCERNING SERVICES RELATED TO PREVENTIVE HEALTH CARE, AND,
IN CONNECTION THERewith, REQUIRING COVERAGE FOR
CERTAIN PREVENTIVE MEASURES, SCREENINGS, AND
TREATMENTS THAT ARE ADMINISTERED, DISPENSEd, OR
PRESCRIBED BY HEALTH CARE PROVIDERS AND FACILITIES.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov.)

The bill codifies a number of preventive health care services currently required to be covered by health insurance carriers pursuant to
the federal "Patient Protection and Affordable Care Act" and adds them to the current list of services required to be covered by Colorado health insurance carriers, which services are not subject to policy deductibles, copayments, or coinsurance. The bill expands certain preventive health care services to include osteoporosis screening, urinary incontinence screening, and screening and treatment of a sexually transmitted infection (STI).

Current law requires a health care provider or facility to perform a diagnostic exam for an STI and subsequently prescribe treatment for an STI at the request of a minor patient. The bill allows a health care provider to administer, dispense, or prescribe preventive measures or medications where applicable. The consent of a parent is not a prerequisite for a minor to receive preventive care, but a health care provider shall counsel the minor on the importance of bringing the minor's parent or legal guardian into the minor's confidence regarding the services.

Current law requires the executive director of the department of health care policy and financing to authorize reimbursement for medical or diagnostic services provided by a certified family planning clinic. The bill defines family planning services and authorizes reimbursement for family planning services. The bill allows staffing by medical professionals to be accomplished through telemedicine.

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


10-16-104. Mandatory coverage provisions - definitions - rules. (18) Preventive health care services. (a) (I) The following policies and contracts that are delivered, issued, renewed, or reinstated on
or after January 1, 2010, must provide coverage for the total cost of the
preventive health care services specified in paragraph (b) of this
subsection (18) SUBSECTION (18)(b) OF THIS SECTION:

(III) (A) Except as provided in sub-subparagraph (B) of this
subsection (18)(a)(III)(B) OF THIS SECTION, coverage
required by this subsection (18) is not subject to policy deductibles,
copayments, or coinsurance.

(b) The coverage required by this subsection (18) must include
preventive health care services for the following: in accordance with the
A or B recommendations of the task force for the particular preventive
health care service:

(I) Unhealthy Alcohol use screening AND COUNSELING for adults,
depression screening for adolescents and adults, and perinatal maternal
counseling for persons at risk. The services specified in this section may
be provided by a primary care provider; behavioral health care provider,
as defined in section 25-1.5-502 (1.3); or mental health professional
licensed or certified pursuant to article 245 of title 12.

(IX) Tobacco use screening of adults and tobacco cessation
interventions by primary care providers, and INCLUDING EXPANDED
TOBACCO INTERVENTION AND COUNSELING FOR PREGNANT TOBACCO
USERS;

(X) (A) Any other preventive services included in the A or B
recommendation of the task force or required by federal law.

(B) This subparagraph (X) does not apply to grandfathered health
benefit plans: ABDOMINAL AORTIC ANEURYSM ONE-TIME SCREENING;

(XI) ASPIRIN USE TO PREVENT CARDIOVASCULAR DISEASE AND
COLORECTAL CANCER;
(XII) Blood pressure screening;

(XIII) Type 2 diabetes screening for adults and gestational diabetes screening for individuals twenty-four to twenty-eight weeks pregnant;

(XIV) Diet counseling for adults at higher risk for chronic disease;

(XV) Fall prevention for adults sixty-five years of age or older who live in a community setting;

(XVI) Hepatitis B and hepatitis C screening;

(XVII) Human immunodeficiency virus screening;

(XVIII) Lung cancer screening for adults at high risk for lung cancer because the adult has a history of heavy smoking or quit smoking within the past fifteen years;

(XIX) Obesity screening and counseling;

(XX) Counseling, prevention, screening, and treatment of a sexually transmitted infection, as defined in section 25-4-402 (10);

(XXI) Statin preventive medication for adults;

(XXII) Tuberculosis screening;

(XXIII) Anemia screening on a routine basis;

(XXIV) Comprehensive breastfeeding support and counseling from trained providers and access to breastfeeding supplies for pregnant and nursing individuals;

(XXV) Folic acid supplements for individuals who may become pregnant;

(XXVI) Preeclampsia prevention and screening for pregnant individuals with high blood pressure;
(XXVII) **RH INCOMPATIBILITY SCREENING FOR ALL PREGNANT**

INDIVIDUALS AND FOLLOW-UP TESTING FOR INDIVIDUALS AT HIGHER RISK

FOR RH INCOMPATIBILITY;

(XXVIII) **URINARY TRACT, YEAST, OR OTHER INFECTION SCREENING;**

(XXIX) **DOMESTIC AND INTERPERSONAL VIOLENCE SCREENING AND COUNSELING;**

(XXX) **OSTEOPOROSIS SCREENING FOR ALL ADULTS SIXTY YEARS OF AGE OR OLDER;**

(XXXI) **YEARLY URINARY INCONTINENCE SCREENING;**

(XXXII) **ALL CONTRACEPTION, AS DEFINED IN SECTION 2-4-401 (1.5);**

(XXXIII) **FAMILY PLANNING SERVICES AND FAMILY PLANNING RELATED SERVICES, AS DESCRIBED IN SECTION 25.5-4-412 (2); AND**

(XXXIV) (A) **ANY OTHER PREVENTIVE SERVICES INCLUDED IN THE A OR B RECOMMENDATION OF THE TASK FORCE OR REQUIRED BY FEDERAL LAW.**

(B) **THIS SUBSECTION (18)(b)(XXXIV) DOES NOT APPLY TO GRANDFATHERED HEALTH BENEFIT PLANS.**

**SECTION 2.** In Colorado Revised Statutes, 25-4-409, amend (1)(a) and (2) as follows:

**25-4-409. Minors - treatment - consent.** (1) (a) A health care provider or facility, if consulted by a patient who is a minor, shall perform, at the minor's request, a diagnostic examination for a sexually transmitted infection. The health care provider or facility shall treat the minor for a sexually transmitted infection, if necessary; discuss, **prevention** ADMINISTER, DISPENSE, OR PRESCRIBE PREVENTIVE measures
OR MEDICATIONS, where applicable; and include appropriate therapies and
prescriptions.

(2) The consent of a parent or legal guardian is not a prerequisite
for a minor to receive a consultation, examination, PREVENTIVE CARE, or
treatment for sexually transmitted infections. For the purposes of this
section, health care provided to a minor is confidential, and information
related to that care must not be divulged to any person other than the
minor; except that the reporting required pursuant to the "Child Protection
Act of 1987", part 3 of article 3 of title 19, C.R.S., still applies. If the
minor is thirteen years of age or younger, the health care provider may
involve the minor's parent or legal guardian. A health care provider shall
counsel the minor on the importance of bringing his or her
THE MINOR'S
parent or legal guardian into the minor's confidence regarding the
consultation, exam, or treatment.

SECTION 3. In Colorado Revised Statutes, amend 25.5-4-412
as follows:

25.5-4-412. Family planning services - family planning related
services - rules - definitions. (1) When medical or diagnostic
FAMILY
PLANNING services OR FAMILY PLANNING RELATED SERVICES are provided
in accordance with this article ARTICLE 4 and articles 5 and 6 of this title
by a certified family planning clinic TITLE 25.5, the executive director of
the state department shall authorize reimbursement for the services. The
reimbursement shall be made directly to the certified family planning
clinic THE STATE DEPARTMENT, ANY INTERMEDIARY, OR ANY MANAGED
CARE ORGANIZATION SHALL REIMBURSE THE PROVIDER OF THOSE
SERVICES. FAMILY PLANNING SERVICES AND FAMILY PLANNING RELATED
SERVICES ARE NOT SUBJECT TO POLICY DEDUCTIBLES, COPAYMENTS, OR
COINSURANCE.

(2) For purposes of this section, "certified family planning clinic" means a family planning clinic certified by the Colorado department of public health and environment, accredited by a national family planning organization, and staffed by medical professionals licensed to practice in the state of Colorado, including, but not limited to, doctors of medicine, doctors of osteopathy, physician assistants, and advanced practice nurses.

UNLESS THE CONTEXT OTHERWISE REQUIRES:

(a) "FAMILY PLANNING RELATED SERVICES" MEANS ANY MEDICALLY NECESSARY HEALTH CARE OR COUNSELING SERVICES PROVIDED PURSUANT TO A FAMILY PLANNING VISIT, WHICH MAY INCLUDE THE TREATMENT OF MEDICAL CONDITIONS ROUTINELY DIAGNOSED DURING A FAMILY PLANNING VISIT; TREATMENT FOR A URINARY TRACT INFECTION; TESTING, TREATMENT, AND PREVENTION OF SEXUALLY TRANSMITTED INFECTIONS; AND TREATMENT OF MEDICAL COMPLICATIONS RESULTING FROM A FAMILY PLANNING VISIT.

(b) "FAMILY PLANNING SERVICES" MEANS ANY HEALTH CARE OR COUNSELING SERVICES FOCUSED ON PREVENTING, DELAYING, OR PLANNING FOR A PREGNANCY, WHICH MUST INCLUDE MEDICALLY NECESSARY EVALUATION OR PREVENTIVE SERVICES AND SUPPLIES.

(3) For purposes of this section, all medical care services or goods rendered by a certified family planning clinic that are benefits of the Colorado medical assistance program shall be ordered by a physician who need not be physically present on the premises of the certified family planning clinic at the time services are rendered.

(4) Nothing in this section shall be construed as expanding the provision of services available as a part of the medical assistance program.
established pursuant to this article and articles 5 and 6 of this title. For purposes of making payments to certified family planning clinics pursuant to this section Providers, the state board shall establish rules implementing this section. The rules promulgated pursuant to this subsection (4) shall ensure that the reimbursement for services rendered by a certified family planning clinic pursuant to this section shall not be the sole result of an increase in the costs to the state medical assistance program.

(5) Any recipient may obtain family planning services or family planning related services from any licensed health care provider, including but not limited to a doctor of medicine, doctor of osteopathy, physician assistant, or advanced practice nurse, who provides such services. The enrollment of a recipient in a managed care organization, or a similar entity, does not restrict a recipient's choice of the licensed provider from whom the recipient may receive those services.

SECTION 4. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety.