**Second Regular Session**
**Seventy-fourth General Assembly**
**STATE OF COLORADO**

**ENGROSSED**

*This Version Includes All Amendments Adopted on Second Reading in the House of Introduction*

LLS NO. 24-0080.01 Chelsea Princell x4335 **SENATE BILL 24-168**

**SENATE SPONSORSHIP**

**Roberts and Simpson,** Michaelson Jenet

**HOUSE SPONSORSHIP**

**McCluskie and Martinez,** Young

**Senate Committees**
Health & Human Services
Appropriations

**House Committees**

## A BILL FOR AN ACT

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

### 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.)*

Beginning July 1, 2025, the bill requires the department of health care policy and financing (state department) to provide reimbursement for the use of telehealth remote monitoring for outpatient services for certain medicaid members (member).

The bill creates the telehealth remote monitoring grant program to

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
***Capital letters or bold & italic numbers indicate new material to be added to existing law.***
***Dashes through the words or numbers indicate deletions from existing law.***

SENATE
Amended 2nd Reading
April 23, 2024

provide grants to an outpatient health-care facility located in a designated rural county or designated provider shortage area to assist the outpatient health-care facility clinic with the financial cost of providing telehealth remote monitoring for outpatient clinical services.

Beginning November 1, 2025, the bill requires the state department to provide coverage for continuous glucose monitors for members.

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

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

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

6 (I) Telehealth helps connect Medicaid members with health-care
7 providers, enabling members to receive the care and consultation they
8 need without traveling to visit a provider in another city or area of the
9 state;

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

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

21 (IV) Despite these challenges, rural Coloradans play an important
22 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

1 patients is crucial to achieving health equity in Colorado.
2 (b) Concerning the use of continuous glucose monitoring devices:
3 (I) More than 300,000 Coloradans live with type 1 or type 2
4 diabetes;
5 (II) Managing diabetes requires strict blood glucose control
6 consisting of multiple blood glucose level checks daily, medication
7 administration, and balancing diet and physical activity;
8 (III) Continuous glucose monitoring devices provide patients and
9 health-care providers with more health data and detail concerning blood
10 glucose levels than traditional blood glucose meters;
11 (IV) For people with diabetes, continuous glucose monitoring
12 devices provide significant, life-changing, and lifesaving benefits for
13 managing their diabetes and can prevent or delay serious medical
14 complications, including those that may require hospitalization or could
15 lead to death;
16 (V) Individuals with diabetes who use continuous glucose
17 monitoring devices experience fewer episodes of hypoglycemia and a
18 reduction in their average blood glucose levels (A1C); and
19 (VI) Access to continuous glucose monitoring technology is
20 extremely important to individuals with diabetes, especially those who
21 live in communities with a disproportionate rate of diabetes. However,
22 many Coloradans with diabetes still lack access to this critical technology,
23 even though the use of continuous glucose monitoring devices is a
24 recognized standard of care for all insulin-dependent individuals.
25 (2) Therefore, the general assembly declares that it is in the best
26 interest of the state of Colorado to reduce health disparities and increase
27 health equity by prioritizing expanded access to remote patient

1 monitoring services in outpatient health-care settings across the state and
2 to provide access to continuous glucose monitoring services to diabetic
3 Coloradans to decrease health-care costs and improve health outcomes for
4 all Coloradans.

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

7 **25.5-5-337. Telehealth remote monitoring services for**
8 **outpatient clinical services - grant program - federal authorization -**
9 **rules - definitions.** (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT
10 OTHERWISE REQUIRES:

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

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

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

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

26 (b) THE STATE DEPARTMENT STAKEHOLDER PROCESS, REQUIRED
27 BY SUBSECTION (2)(a) OF THIS SECTION, MUST ENGAGE WITH

1 HEALTH-CARE PROVIDERS WHO SERVE RURAL AND UNDERSERVED
2 POPULATIONS, INCLUDING RURAL HEALTH CLINICS AND FEDERALLY
3 QUALIFIED HEALTH CENTERS TO ENSURE THE BILLING STRUCTURE IS
4 SUSTAINABLE IN THESE HEALTH-CARE SETTINGS.
5 (c) ON OR BEFORE JUNE 30, 2025, THE STATE BOARD SHALL
6 PROMULGATE RULES REGARDING THE BILLING STRUCTURE BASED ON
7 FEEDBACK FROM THE STAKEHOLDER PROCESS REQUIRED IN SUBSECTIONS
8 (2)(a) AND (2)(b) OF THIS SECTION.
9 (3) (a) BEGINNING JULY 1, 2025, THE STATE DEPARTMENT SHALL
10 PROVIDE REIMBURSEMENT FOR THE USE OF TELEHEALTH REMOTE
11 MONITORING FOR OUTPATIENT CLINICAL SERVICES IF:
12 (I) THE MEMBER'S HEALTH-CARE PROVIDER DETERMINES THAT
13 TELEHEALTH REMOTE MONITORING IS MEDICALLY NECESSARY BASED ON
14 THE MEMBER'S MEDICAL CONDITION OR STATUS;
15 (II) THE MEMBER'S HEALTH-CARE PROVIDER DETERMINES THAT
16 TELEHEALTH REMOTE MONITORING WOULD LIKELY PREVENT THE
17 MEMBER'S ADMISSION OR READMISSION TO A HOSPITAL, EMERGENCY
18 DEPARTMENT, NURSING FACILITY, OR OTHER CLINICAL SETTING;
19 (III) THE MEMBER IS COGNITIVELY AND PHYSICALLY CAPABLE OF
20 OPERATING THE TELEHEALTH REMOTE MONITORING DEVICE OR EQUIPMENT
21 OR THE MEMBER HAS A CAREGIVER WHO IS ABLE AND WILLING TO ASSIST
22 WITH THE TELEHEALTH REMOTE MONITORING DEVICE OR EQUIPMENT; AND
23 (IV) THE MEMBER RESIDES IN A SETTING THAT IS SUITABLE FOR
24 TELEHEALTH REMOTE MONITORING AND DOES NOT HAVE HEALTH-CARE
25 STAFF ON SITE.
26 (b) THE STATE BOARD SHALL PROMULGATE RULES REGARDING
27 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

1 FACILITY MUST:

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

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

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

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

12 (e) IN SELECTING GRANT RECIPIENTS, THE STATE DEPARTMENT
13 SHALL PRIORITIZE APPLICANTS THAT SERVE POPULATIONS EXPERIENCING
14 DISPARITIES IN HEALTH-CARE ACCESS AND OUTCOMES, INCLUDING, BUT
15 NOT LIMITED TO, HISTORICALLY MARGINALIZED AND UNDERSERVED
16 COMMUNITIES, DETERMINED BY THE COMMUNITIES WITH THE HIGHEST
17 PROPORTION OF PATIENTS RECEIVING ASSISTANCE THROUGH THE
18 "COLORADO MEDICAL ASSISTANCE ACT", THIS ARTICLE 5 AND ARTICLES
19 4 AND 6 OF THIS TITLE 25.5.

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

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

25 (II) ACQUIRING TELEHEALTH REMOTE MONITORING EQUIPMENT
26 AND DEVICES.

27 (g) MONEY ALLOCATED TO THE GRANT PROGRAM MUST NOT BE

1 CONSIDERED IN RATE-SETTING FOR FEDERALLY QUALIFIED HEALTH
2 CENTERS, AS DEFINED IN THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C.
3 SEC. 1395X (aa)(4).
4 (7) THE STATE DEPARTMENT IS AUTHORIZED TO RECEIVE AND
5 EXPEND GIFTS, GRANTS, AND DONATIONS FROM INDIVIDUALS, PRIVATE
6 ORGANIZATIONS, FOUNDATIONS, OR ANY GOVERNMENTAL UNIT; EXCEPT
7 THAT NO GIFT, GRANT, OR DONATION MAY BE ACCEPTED BY THE STATE
8 DEPARTMENT IF IT IS SUBJECT TO A CONDITION THAT IS INCONSISTENT
9 WITH THIS SECTION OR ANY OTHER LAW OF THIS STATE.
10 (8) THIS SECTION DOES NOT APPLY TO HOME HEALTH-CARE
11 BENEFITS PROVIDED PURSUANT TO SECTION 25.5-5-321.
12 **SECTION 3.** In Colorado Revised Statutes, **add** 25.5-5-338 as
13 follows:
14 **25.5-5-338. Continuous glucose monitors - coverage - federal**
15 **authorization - definition.** (1) AS USED IN THIS SECTION, UNLESS THE
16 CONTEXT OTHERWISE REQUIRES, "CONTINUOUS GLUCOSE MONITOR"
17 MEANS AN INSTRUMENT OR A DEVICE DESIGNED FOR THE PURPOSE OF
18 AIDING IN THE TREATMENT OF DIABETES BY MEASURING GLUCOSE LEVELS
19 ON DEMAND OR AT SET INTERVALS THROUGH A SMALL, ELECTRONIC
20 SENSOR THAT SLIGHTLY PENETRATES AN INDIVIDUAL'S SKIN WHEN APPLIED
21 AND THAT IS DESIGNED TO REMAIN IN PLACE AND ACTIVE FOR AT LEAST
22 SEVEN DAYS.
23 (2) (a) BEGINNING NOVEMBER 1, 2025, THE STATE DEPARTMENT
24 SHALL PROVIDE COVERAGE FOR A CONTINUOUS GLUCOSE MONITOR AND
25 RELATED SUPPLIES TO MEMBERS UNDER THE MEDICAID MEDICAL AND
26 PHARMACY BENEFIT.
27 (b) COVERAGE CRITERIA MUST ALIGN WITH THE CURRENT GLUCOSE

1 MONITOR LOCAL COVERAGE DETERMINATION STANDARDS ISSUED BY THE
2 CENTERS FOR MEDICARE AND MEDICAID THAT ARE USED TO DETERMINE
3 COVERAGE FOR MEDICARE-ELIGIBLE INDIVIDUALS, INCLUDING
4 INDIVIDUALS WITH GESTATIONAL DIABETES NOT BEING TREATED WITH
5 INSULIN.
6 (3) COVERAGE PURSUANT TO THIS SECTION INCLUDES THE COST OF
7 ANY NECESSARY REPAIRS OR REPLACEMENT PARTS FOR THE CONTINUOUS
8 GLUCOSE MONITOR.
9 (4) THE STATE DEPARTMENT MAY SEEK ANY FEDERAL
10 AUTHORIZATION NECESSARY TO IMPLEMENT THIS SECTION.
11 (5) THE STATE DEPARTMENT IS AUTHORIZED TO RECEIVE AND
12 EXPEND GIFTS, GRANTS, AND DONATIONS FROM INDIVIDUALS, PRIVATE
13 ORGANIZATIONS, FOUNDATIONS, OR ANY GOVERNMENTAL UNIT; EXCEPT
14 THAT NO GIFT, GRANT, OR DONATION MAY BE ACCEPTED BY THE STATE
15 DEPARTMENT IF IT IS SUBJECT TO A CONDITION THAT IS INCONSISTENT
16 WITH THIS SECTION OR ANY OTHER LAW OF THIS STATE.
17 **SECTION 4. Appropriation.** For the 2024-25 state fiscal year,
18 $34,128 is appropriated to the department of health care policy and
19 financing for use by the executive director's office. This appropriation is
20 from the general fund. To implement this act, the department may use this
21 appropriation for personal services, which amount is based on an
22 assumption that the department will require an additional 0.3 FTE.
23 **SECTION 5. Act subject to petition - effective date.** This act
24 takes effect at 12:01 a.m. on the day following the expiration of the
25 ninety-day period after final adjournment of the general assembly; except
26 that, if a referendum petition is filed pursuant to section 1 (3) of article V
27 of the state constitution against this act or an item, section, or part of this

1 act within such period, then the act, item, section, or part will not take
2 effect unless approved by the people at the general election to be held in
3 November 2024 and, in such case, will take effect on the date of the
4 official declaration of the vote thereon by the governor.