



Health Care

During the 2019 session, the Colorado General Assembly considered several pieces of legislation related to state health programs, behavioral and mental health, reducing health care costs, hospital transparency, and advance directives.

State Health Care Programs

Colorado's Child Health Plan Plus (CHP+), administered by the Department of Health Care Policy and Financing (HCPF), is public low-cost health insurance for children aged 18 or younger and pregnant women aged 19 or older. Persons qualify for CHP+ if they or their family's income is too high to qualify for Colorado's Medicaid program, but not enough to pay for private health insurance. Currently, dental services are included for eligible children enrolled through CHP+. [HB 19-1038](#) requires CHP+ to also cover dental services for enrolled pregnant women.

The Colorado Dental Health Care Program for Low-income Seniors Program, administered by HCPF, serves seniors aged 60 and over who do not have Medicaid or other dental coverage. Under current law, the Senior Dental Advisory Board in HCPF recommends maximum reimbursement rates for dental procedures provided under the program. [HB 19-1326](#) sets the maximum rates per procedure based on equivalent Medicaid fee-for-service rates. The bill also requires HCPF to provide recommendations regarding the operation and

effectiveness of the program in its annual report.

Colorado's Medicaid program offers waivers to certain eligible clients that are in need of additional, specialized Medicaid benefits. The Home- and Community-Based Services (HCBS) waiver provides services to clients who are at risk of being institutionalized so that they may remain in their home and community. [SB 19-238](#) directs HCPF to seek an 8.1 percent increase in the reimbursement rate from the federal government for services delivered to clients through the HCBS waiver. Home care agencies that receive the increased reimbursement must apply 100 percent of the increase toward compensation for nonadministrative employees who provide direct services to clients in 2020; and 85 percent of the increase toward compensation for nonadministrative employees in 2021. The bill also raises the minimum wage for home care agency employees, if the agency receives Medicaid reimbursements, to \$12.41 per hour. Home care agencies must report to HCPF on the use of the extra reimbursement. If the reimbursement is applied improperly, HCPF may notify the agency and recoup the funding. The bill also requires the Colorado Department of Public Health and Environment (CDPHE), in collaboration with stakeholders, to establish a process to review and enforce training requirements for home care agencies employees providing direct client services.

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Behavioral and Mental Health Care

HB 19-1044 creates a scope of treatment form for advanced behavioral health orders. Adults can use the form to record their behavioral health history and preferences for emergency health professionals and health care providers in the event that the adult lacks decisional capacity to provide informed consent regarding behavioral health treatment.

Two bills related to youth engagement with mental health professionals were passed. *HB 19-1120* lowers the age for a youth to seek professional therapy without a parent's consent from age 14 to age 12. The bill also increased mental health resources in the Colorado Department of Education.

HB 19-1129 prohibits therapists from engaging in conversion therapy with minors aged 18 or younger. Conversion therapy refers to efforts to change an individual's sexual orientation.

SB 19-222 made numerous changes regarding the treatment of persons with behavioral health disorders who are at risk of becoming involved in the criminal justice system. The bill:

- requires HCPF to create incentives for behavioral health providers to accept Medicaid clients with severe behavioral health disorders;
- requires HCPF to determine whether the state should apply for a federal waiver to improve care for adults with serious mental health disorders;
- requires the Department of Human Services (DHS) to develop admission criteria to the state mental health institutes;
- creates a comprehensive behavioral health safety net system and advisory board in DHS to provide behavioral health services; and

- requires DHS and HCPF to develop a plan to increase the number of high-intensity behavioral health programs statewide.

SB 19-195 made several changes to the provision of behavioral health services for children. The bill:

- requires HCPF to seek federal approval to provide wraparound behavioral health services for children with behavioral health disorders who are at risk of, or are in, out-of-home placement;
- defines 'wraparound' as an intensive care planning and management that is utilized as a part of the system of care framework;
- upon federal approval, requires HCPF and DHS to develop and implement wraparound services for children at risk of, or in, out-of-home placement;
- requires HCPF and DHS to design a youth behavioral health delivery system pilot program to address fragmentation and duplication of behavioral health services;
- requires DHS to identify standardized behavioral health assessment and screening tools;
- requires CDPHE to make statewide training on standardized assessment and screening tools available; and
- requires DHS and HCPF to establish a single statewide referral and entry point for children with behavioral health needs identified by the assessment and screening tools.

Health Care Cost Reduction Measures

HB 19-1176 creates a Health Care Cost Analysis Task Force in HCPF that is directed to contract with an analyst to produce detailed studies on:

- the current Colorado health care financing system;

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- a multi-payer universal health care system that is publicly and privately funded; and
- a publicly financed and privately delivered universal health care system that directly compensates providers.

The analyst must hold stakeholders meetings around the state regarding the methodology for the studies. The task force must report the preliminary and final conclusions of the analyst to the General Assembly.

HB 19-1233 directs the Commissioner of Insurance to convene a primary care payment reform collaborative to:

- analyze the percentage of medical expenses attributed to primary care;
- develop affordability standards and targets for insurance carrier investments in primary care; and
- develop recommendations regarding the use of alternative payment models for primary care.

The bill requires HCPF to adopt targets for investments in primary care to support value-based health care delivery in the Medicaid program. The bill also allows the commissioner to consider whether an insurance carrier's products are affordable when determining if the carrier's rates are excessive in relation to benefits.

SB 19-005 requires HCPF to design a program to import prescription pharmaceutical drugs from Canada for sale to Colorado consumers. The program design must ensure both drug safety and cost savings for Colorado consumers. HCPF is directed to submit the program design to the U.S. Department of Health and Human Services and request approval of the program, as required by federal law. Upon federal approval, HCPF must contract with a vendor or vendors to create a prescription drug importation list, identify and

contract with Canadian drug suppliers, and import drugs from the selected supplier. HCPF is required to designate an office or division that be must a licensed pharmaceutical wholesaler (or contract with one) for the purposes of certifying and overseeing the importation of the drugs.

Drug price transparency. Multiple measures related to drug price transparency were introduced in the 2019 session. *HB 19-1131* requires prescription drug manufacturers or their employees to disclose the wholesale acquisition cost of a prescription drug when providing information on the prescription drug to a prescriber. Manufacturers or employees must also list the names of generic drugs from the same therapeutic class to a prescriber.

HB 19-1216 requires that insurance carriers cap the amount that a patient is required to pay for a prescription insulin drug at \$100 per month. The bill also directs the Department of Law to investigate insulin drug pricing and determine whether additional consumer protections are necessary. The Department of Law must make a report detailing the findings of the investigation available to the public.

HB 19-1296, which was deemed lost, would have created several new reporting requirements in the Division of Insurance (DOI) regarding drug prices. The bill would have:

- required insurance carriers and pharmacy benefit managers (PBMs) to report annually to the DOI on the amount of all rebates and discounts offered for prescription drugs and the amount of fees paid to PBMs by insurance carriers;
- required certain nonprofits to report payments, donations, or subsidies received by the organization from drug manufacturers, PBMs, or health insurers;
- directed the commissioner to post the information received from insurers, PBMs,

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and nonprofits (excluding proprietary information) on DOI's website;

- directed the commissioner or a contractor to publish a report on the effect of prescription drug costs on health insurance premiums;
- prohibited PBMs from retroactively reducing payment on a claim submitted by a pharmacy; and
- required insurers to reduce the amount of cost sharing they would charge to a covered person for a prescription drug by an amount equal to 100 percent of any rebate that an insurer receives for the drug.

upload and access their advance health care directives. The information would be accessible to certain health care providers.

The bill would have created fines for entities that fail to adhere to the reporting requirements of the bill.

Hospital Transparency

Two bills required hospitals to report certain financial information to HCPF. *HB 19-1001* directs HCPF to develop an annual report, known as the hospital expenditure report, on uncompensated costs and categorical expenditures made by hospitals in the state. Hospitals must provide certain financial and personnel information to HCPF for the purposes of the report.

HB 19-1320 requires nonprofit hospitals to convene an annual public meeting regarding the hospital's community benefit activities. Nonprofit hospitals are also required to complete a community health needs assessment, develop a community benefit implementation plan, and submit a report to HCPF on community benefits, costs, and shortfalls.

Advance Directives

SB 19-073 authorizes CDPHE to create a statewide electronic system for individuals to