

**Summary of Rural Health Care Bills, 2007 Session (As of May 11, 2007)**

Bill No / Short Title / Sponsor(s) / Status	Bill Summary	Department(s) With Expenditure Impact	Total FY 2007-08 Expenditure Impact
<b>Sent to Governor</b>			
<p><b>HB 07-1101</b></p> <p>Pueblo Health Care Needs</p> <p><i>Rep. Butcher</i> <i>Sen. Tapia</i></p> <p>Sent to the Governor</p>	<p>This act requires the Division of Insurance within the Department of Regulatory Agencies to conduct a study to determine factors that drive health insurance costs, statistical interaction and dependancies of those factors, demographic and other costs of health insurance premiums, and the role and impact of modified ratings in Pueblo County. By January 15, 2009, a report must be provided to the Colorado General Assembly.</p> <p>The data for Pueblo County to be collected for the study is for the period January 1, 2003, to December 31, 2006, and will include:</p> <ul style="list-style-type: none"> <li>• the amount of claims paid by Pueblo health insurers;</li> <li>• the rates charged for health insurance;</li> <li>• the charges billed by licensed, certified, or registered health care providers;</li> <li>• the number of health insurers and licensed, certified, or registered health care providers;</li> <li>• whether health care provider practice standards differ from accepted standards;</li> <li>• whether community health status drives insurance costs; and</li> <li>• any other information identified by the commissioner.</li> </ul>	<p>Division of Insurance</p>	<p>\$29,569    CF</p>

**Summary of Rural Health Care Bills, 2007 Session (As of May 11, 2007) (Cont.)**

Bill No / Short Title / Sponsor(s) / Status	Bill Summary	Department(s) With Expenditure Impact	Total FY 2007-08 Expenditure Impact
<b>Sent to Governor (Cont.)</b>			
<p><b>HB 07-1022</b></p> <p>Rural Health Care Needs</p> <p><i>Rep. Butcher</i> <i>Sen. Sandoval</i></p> <p>Sent to Governor</p>	<p>The act, which was a Health Care Task Force bill, allows the Pueblo County Commissioners to partner with a non-profit agency to create a local health care access pilot program. The pilot program will develop a model aimed at providing access to healthcare for individuals in Pueblo who are employed and who do not have access to healthcare. In addition to the pilot program, the bill requires the creation of several grant programs listed below:</p> <ul style="list-style-type: none"> <li>• the matching Medical Equipment for Rural Communities (MERC) Grant Program will allow rural health care providers to apply for grants to purchase medical equipment. The Colorado Department of Public Health and Environment (CDPHE) will administer the program;</li> <li>• the County Practitioner Rural Recruitment (CPRR) Grant Program will allow health care providers in rural areas to apply for grants to recruit physicians, nurses, and nurse practitioners to rural communities. Grantees will apply to the area Council of Governments; and</li> <li>• the Family Mental Health Services (FMHS) Grant Program will allow community mental health centers in rural communities to apply for a one-time grant to subsidize family mental health services in rural communities. The Colorado Department of Human Services will administer the grant and the state board will implement rules and requirements for the applicable grantees.</li> </ul> <p>All grant programs created in the bill must submit a report to the Joint Budget Committee by November 1, 2008, that demonstrates the successfulness of helping increase access to healthcare in rural communities.</p>	<p>Department of Public Health and Environment and Department of Human Services</p> <p>No monies have been appropriated to the act. At this time, gifts, grants, and donations are needed to implement the program. If the necessary funds are raised, the program will be implemented and the expected fiscal impact for FY 2008-09 will be \$205,541 General Fund.</p>	

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<b>Sent to Governor (Cont.)</b>			
<p><b>SB 07-232</b></p> <p>Health Pro Loan Repayment Plan</p> <p><i>Rep. Massey</i> <i>Sen. Romer</i></p> <p>Sent to Governor</p>	<p>The act moves the State Health Care Provider Loan Repayment Program from the University of Colorado Sciences Center to the Department of Higher Education, Division of CollegenInvest. The State Health Care Provider Repayment Program provides educational loan repayments to health professionals who agree to work for 2 years in medically underserved communities. The act creates a 10-member Health Care Community Board to review applications and recommend participants. CollegenInvest will administer the program. Some other details:</p> <ul style="list-style-type: none"> <li>• only health care professionals practicing in primary care are eligible;</li> <li>• health professionals may receive up to \$35,000 per year of participation; and</li> <li>• loan repayment is only available for those who have loans with CollegenInvest.</li> </ul>	<p>The Health Care Provider Loan Repayment Fund and the CollegenInvest Fund will receive a transfer of \$60,000 or 6 percent of the total of the Short-term Innovative Health Care Fund, which ever is less. There will be a federal match of those funds for the Health Care Provider Loan Repayment Fund. The bill provides for continuous appropriation.</p> <p>This bill amended the appropriation to the Short-term Innovative Health Care Fund which was created in Senate Bill 07-97 <i>Allocation of Tobacco Settlement</i>. The appropriation was reduced by \$60,000.</p>	

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<b>Postponed Indefinitely</b>			
<p><b>HB 07-1023</b></p> <p>Advanced Practice Nursing Enhancement</p> <p><i>Rep. Stafford</i> <i>Sen. Tochtrop</i></p> <p>Postponed Indefinitely</p>	<p>The intent of this legislation, which came out of the interim Health Care Task Force, was to increase access to health care professionals in rural communities. The bill was postponed indefinitely by the Senate Health and Human Services Committee. The introduced version of the bill:</p> <ul style="list-style-type: none"> <li>• allowed for direct reimbursement to advanced practice nurses from insurance companies;</li> <li>• prohibited insurance carriers, when establishing reimbursement rates, from discriminating between physicians and advanced practice nurses not practicing directly under a physician;</li> <li>• allowed advanced practice nurses to sign death certificates;</li> <li>• allowed advanced practice nurses to sign disabled parking and license plate permits requests; and</li> <li>• required that any law or rule that required a signature by a physician be deemed to allow a signature by an advanced nurse practitioner as long as it fits within the scope of practice.</li> </ul> <p>The reengrossed bill only kept the direct reimbursement provision, the non-discrimination provision which would have established reimbursement rates for advanced practice nurses, and the provision that would have allowed advanced practice nurses the authority to sign disabled parking permits.</p>	<p>Department of Revenue - Colorado State Titling and Registration System Account</p>	<p>\$48,269    CF</p>

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Bill No / Short Title / Sponsor(s) / Status	Bill Summary	Department(s) With Expenditure Impact	Total FY 2007-08 Expenditure Impact
<b>Bill Lost</b>			
<p><b>HB 07-1128</b></p> <p>Health Advisory Committee Patient Safety</p> <p><i>Rep. Primavera</i></p> <p><i>None</i></p> <p>Bill lost on House Second Reading</p>	<p>The bill would have created a 17-member Health Facilities Advisory Committee on Patient Safety to provide guidance to the Department of Public Health and Environment (DPHE) for the purpose of ensuring patient safety and quality care. Members of the committee would have been appointed by the Governor. Members would have represented various members of the health community, for example a certified nurse aide, a registered nurse, a licensed physician, a psychiatrist, a hospital administrator, and consumers of health care. The bill stated that the board members would serve without compensation.</p> <p>The bill stated that the Health Facility Advisory Committee make recommendations regarding:</p> <ul style="list-style-type: none"> <li>• inter-disciplinary exchanges between health care professionals;</li> <li>• physical and logistical design of facilities;</li> <li>• staffing patterns;</li> <li>• training;</li> <li>• review of hospital report cards and recommendations for quality improvements;</li> <li>• recommendations on how the department can better educate the public on issues involving patient safety and quality care; and</li> <li>• advise the Joint Budget Committee on how to reward quality in delivering patient care through adjustments in reimbursement rates and polices.</li> </ul>	<p>Department Public Health and Environment</p>	<p>\$30,276    CF</p>