

Health Care

Health Care Professionals

SB 11-084 (Enacted)
Employment at Long-term Care
Facilities

SB 11-088 (Enacted)
Sunset Review Direct-entry Midwives

SB 11-094 (Enacted)
Sunset Continue Optometric Board

SB 11-169 (Enacted)
Sunset Continue Physical Therapy
Board

SB 11-187 (Enacted)
Sunset Review Mental Health
Professionals

SB 11-193 (Enacted)
Disclosure Caregiver Employment
Information

SB 11-205 (Postponed Indefinitely)
Advance Practice Nurse Participating
Provider Status

SB 11-242 (Enacted)
Volunteer Retired Nurse License

HB 11-1105 (Enacted)
Hospital Worker Assault Protection

HB 11-1119 (Lost in the House)
Expand 5-pt NADA Auricular
Acupuncture

HB 11-1148 (Enacted)
Disclosure Health Worker Employment
Information

HB 11-1152 (Postponed Indefinitely)
Healthcare Work Force Data Collection

HB 11-1173 (Postponed Indefinitely)
License Naturopathic Doctors

HB 11-1186 (Enacted)
Provider Reimbursement for
Acupuncture

HB 11-1194 (Postponed Indefinitely)
Develop Criteria Dementia Caregiver
Certification

Medicaid and the Children's Basic Health Plan

SB 11-008 (Enacted)
Aligning Children's Medicaid Eligibility

SB 11-105 (Enacted)
Sunset Medicaid In-home Support
Services

SB 11-125 (Enacted)
Nursing Home Fees & Order of
Payments

SB 11-170 (Postponed Indefinitely)
General Fund Cap Medicaid
Nursing Homes

SB 11-177 (Enacted)
Sunset Teen Pregnancy & Dropout
Program

SB 11-212 (Enacted)
Use Provider Fee Offset General Fund
Medicaid

SB 11-213 (Vetoed)
Children's Basic Health Plan Assess
Monthly Enrollment Fee

SB 11-215 (Enacted)
2011 Nursing Facility Rate Reduction

SB 11-216 (Enacted)
Children's Basic Health General Fund
Appropriation

SB 11-250 (Enacted)
Pregnant Women Medicaid Eligibility

HB 11-1025 (Postponed Indefinitely)
Repeal Hospital Provider Fee

HB 11-1242 (Enacted)
Medicaid Provider Integration
of Services

HB 11-1285 (Postponed Indefinitely)
Managed Care for Long-term Care
Services

Health Care Reform and Access

SB 11-168 (Deemed Lost)
Colorado Health Care Cooperative

SB 11-200 (Enacted)
Health Benefit Exchange

HB 11-1273 (Postponed Indefinitely)
Health Care Opportunity Patient
Empowerment Act

Prescription Drugs

SB 11-114 (Postponed Indefinitely)
Sunset Prescription Drug Monitoring
Program

SB 11-192 (Enacted)
Continue Prescription Drug Monitoring
Program

SB 11-196 (Postponed Indefinitely)
Ephedrine Pseudoephedrine

SJM 11-003 (Deemed Lost)
Memorial Ephedrine Prescription Only

HB 11-1143 (Postponed Indefinitely)
Off-label Use of Prescription Drugs

Health Care (Cont.)

Miscellaneous

SB 11-040 (*Enacted*)
*Coach Youth Sports Concussions
Education*

SB 11-063 (*Lost in the House*)
*Health Care in Local Government
Master Plans*

SJR 11-031 (*Deemed Lost*)
*Interim Committee State Constitution
Health Care*

HB 11-1171 (*Postponed Indefinitely*)
*Study Constitutional Health Care
Moneys*

In the 2011 legislative session, the General Assembly considered a variety of health care-related bills. Specific topics that were addressed included the regulation of health care professionals and facilities, Medicaid and the Children's Basic Health Plan, prescription drugs, and health care reform and access.

Health Care Professionals

In 2011, the General Assembly considered a variety of bills related to health care professionals, including several sunset bills of various professional regulatory boards.

Health care workers generally. The General Assembly considered four bills concerning health care workers; three bills were adopted, and one was postponed indefinitely.

Under current law, an individual who commits third degree assault against a police officer, firefighter, or emergency medical technician is subject to a jail term that exceeds, by up to double, the maximum term of imprisonment for a class 1 misdemeanor. In addition, the crime is an extraordinary risk crime for which the total enhanced penalty is 24 to 48 months imprisonment, a fine of \$500 to \$5,000, or both. **House Bill 11-1105** adds emergency medical care providers to the list of victims that trigger the enhanced sentence. Emergency medical care providers include doctors and nurses providing emergency care in a hospital, air ambulance care providers, and the security staff of hospitals.

House Bill 11-1148 allows employers, when acting in good faith, to disclose information about former employees to prospective or current health care employers. The information that may be lawfully disclosed includes any involvement by the employee in drug diversion, drug tampering, patient abuse, violation of drug or alcohol policies of the employer, or crimes of violence. A similar bill, **Senate Bill 11-193**, allows a current or previous employer of a caregiver for persons with developmental disabilities to disclose certain information upon request by a current or prospective employer. The information includes any known involvement in the mistreatment, exploitation, neglect, or abuse of persons with development disabilities by the caregiver.

House Bill 11-1152 would have required the director of the Division of Registrations within the Department of Regulatory Agencies to implement a system to collect data regarding health care professionals regulated by the department, including physicians, nurses, dentists, midwives, and

various mental health practitioners. The data collected was to include information on the number of hours the professional practiced, the location of his or her practice, the training of the professional, and his or her age. Aggregated data was to be made available on an annual basis to other state agencies for workforce planning purposes. The bill was postponed indefinitely.

Nurses. The General Assembly considered two bills specific to the regulation and practice of nurses. One bill was adopted, while the other was postponed indefinitely.

In order to allow more nurses the ability to practice on a volunteer basis, **Senate Bill 11-242** lowers the age at which a nurse may qualify for a voluntary retired nurse license from 65 to 55.

Senate Bill 11-205, which was postponed indefinitely, concerned the provider networks established by insurance companies. The bill would have prohibited carriers offering health benefit plans anywhere in the state from discriminating between physicians and advance practice nurses with regard to determining participating provider status in a carrier's network. The bill also would have required a carrier to notify an advanced practice nurse of its determination on a participating provider status application within 90 days after receipt of the application and, in the case of a denial, to notify the nurse in writing of its specific reasons for the denial.

Acupuncturists. The legislature considered two bills related to the provision of acupuncture services.

State law does not require insurers to cover acupuncture services; however, some plans offer acupuncture as a covered benefit. **House Bill 11-1186** specifies that health insurance carriers that offer acupuncture benefits may not deny reimbursement to a licensed acupuncturist who provides the services.

Five-point National Acupuncture Detoxification Association (NADA) auricular acupuncture is acupuncture done on the ear that is often used to treat substance abuse, mental health, and behavioral health disorders. Currently, acupuncturists are the only group allowed to perform this protocol. **House Bill 11-1119** would have allowed chiropractors, physicians, physician assistants, nurses, mental health professionals, and psychiatric technicians to perform five-point NADA auricular acupuncture if they successfully completed the proper training. The bill was lost in the House of Representatives.

Long-term care providers. **Senate Bill 11-084** allows long-term care facilities to employ physicians. Previously, long-term care facilities were required to contract for physician services.

The Colorado Alzheimer's Coordinating Council was created in 2008 and is charged with assessing the current and future impact of Alzheimer's disease in Colorado and formulating recommendations for a Colorado Alzheimer's State Plan that will address the disease's impact on affected individuals, their families and caregivers, the state, and health care and other supportive services. During the 2011 session, the General Assembly considered **House Bill 11-1194**, which would have implemented the council's recommendation to create a statewide Alzheimer's disease and dementia care training certification program. The bill would have created a committee that would have been responsible for making recommendations for the program, including the proposed time frame for implementing the training certification program and necessary legislation. The bill was postponed indefinitely.

Naturopathic doctors. As in past years, the General Assembly considered legislation to regulate naturopathic doctors. **House Bill 11-1173** would have required naturopathic doctors to be licensed by the state by July 1, 2012. In order to be licensed, a naturopathic doctor was required to:

- be at least 18 years of age;
- have a bachelor's degree and a doctor of naturopathy degree from an approved naturopathic medical college;
- have completed at least 1,200 hours of approved clinical training before obtaining the doctoral degree;
- pass a competency-based naturopathic licensing examination; and
- not have had a license to practice as a naturopathic doctor or other health care license, registration, or certification refused, revoked, or suspended by another jurisdiction.

The bill was postponed indefinitely.

Sunset reviews of professional regulatory boards. A sunset review is conducted by the Department of Regulatory Agencies (DORA), and evaluates the need for continued regulation of certain programs and professions. In 2011, several different health care professionals were subject to a sunset review, including direct-entry midwives, physical therapists, optometrists, and various mental health professionals. The legislature considered legislation to implement the recommendations of the sunset reviews, and to make other changes to the regulation of these professions.

Senate Bill 11-088 implements the recommendations of the sunset review regarding direct-entry midwives and continues the regulation of the profession until September 1, 2016. Direct-entry midwives are health care practitioners who care for pregnant women and their babies by providing prenatal care, assistance in labor and delivery, and newborn care. Direct-entry midwives are required to complete specific educational training and to register with the DORA. The bill makes the following changes to the regulation of direct-entry midwives:

- broadens the scope of practice for direct-entry midwives to include limited prescriptive authority to obtain and administer vitamin K, immune globulin and antihemorrhagic drugs;
- authorizes direct-entry midwives to administer intravenous fluids;
- requires direct-entry midwives to refer every newborn child for evaluation, within seven days after birth, to a licensed health care provider with expertise in pediatric care;
- adds additional information to the mandatory disclosures and informed consent form direct-entry midwives are required to provide to clients; and
- requires stakeholders and the DORA to meet to consider the issue of whether direct-entry midwives should be authorized to perform suturing of perineal tears.

Senate Bill 11-094 implements the recommendations of the sunset review regarding the State Board of Optometric Examiners, the regulatory board for optometrists, and continues the board until September 1, 2022.

The bill contains the following provisions regarding the regulation of optometrists:

- changes the name of the State Board of Optometric Examiners to the State Board of Optometry;
- creates a volunteer license at a reduced fee for optometrists who no longer charge for services;
- modifies the definition of unprofessional conduct for optometrists;
- authorizes the board to suspend an optometrist's license for failure to comply with a board order;
- authorizes the board to impose fines of up to \$5,000 on a licensee;
- modifies the definition of the "practice of optometry"; and
- increases the minimum required liability insurance for optometrists from \$500,000 to \$1.0 million per incident, and from \$1.5 million to \$3.0 million per year.

Senate Bill 11-169 removes the authority of the director of the Division of Registrations within DORA to regulate physical therapists, and places the authority to regulate physical therapists in the newly created Physical Therapy Board. The board is continued until September 1, 2018. The bill also makes the following changes to the regulation of physical therapists:

- expands the scope of practice for physical therapists to include general wound care;
- allows physical therapists to supervise up to four individuals at one time who are not physical therapists, including certified nurse aides, to assist in the therapist's clinical practice;
- requires physical therapists to maintain professional liability insurance coverage in the amount of at least \$1 million per claim and at least \$3 million per year;
- requires the Physical Therapy Board to develop a program through which physical therapists may demonstrate continuing competency to practice;
- modifies the grounds for discipline of a physical therapist;
- allows an heir of a deceased physical therapist who was a shareholder in a physical therapy corporation to become a shareholder of the corporation for up to two years; and
- creates a certification program for physical therapist assistants.

Senate Bill 11-187 implements the recommendations of the sunset reviews for the following mental health-related regulatory boards:

- State Board of Psychologist Examiners;
- State Board of Social Work Examiners;
- State Board of Marriage and Family Therapist Examiners; and
- State Board of Licensed Professional Counselor Examiners.

The bill also addresses the regulation of unlicensed psychotherapists, and renames the existing regulatory board for such professionals, the State Grievance Board, as the State Board of Registered Psychotherapists. In addition, the bill addresses the regulation of addiction counselors by creating the State Board of Addiction Counselor Examiners. The bill continues each board until September 1, 2020.

The bill makes the following changes to the regulation of the various mental health professions addressed by the bill:

- indefinitely continues the ability of the mental health oversight boards to issue provisional licenses to candidates who meet the education requirements but have not yet fulfilled the experience requirements;
- changes the name of "unlicensed psychotherapists" to "registered psychotherapists;"
- creates a registry for marriage and family therapists and licensed professional counselor candidates who are working toward full licensure;
- allows for computer-based examinations of marriage and family therapists, licensed professional counselors, social workers, psychologists, and registered psychotherapists;
- makes modifications to the prohibited activities for licensed mental health professionals;
- authorizes the mental health oversight boards to impose an administrative fine of up to \$5,000 per violation on regulated mental health professional for certain violations;
- authorizes the oversight boards to enter into confidential agreements to restrict the practice of a mental health professional who has a mental or physical illness that affects his or her ability to practice the profession and specifies that such an agreement is not a disciplinary action and does not mean that unprofessional conduct has occurred;
- allows oversight boards to order a mental health evaluation of a regulated professional to determine his or her ability to continue practicing under a confidential agreement or restricted license;
- requires the oversight boards to create peer assistance networks to provide mental health services, counseling, and other services to regulated mental health professions and to select an administrating entity to manage the network;
- authorizes the boards to collect a fee of up to \$25 from all regulated professionals seeking licensure or relicensure beginning on July 1, 2012, to pay administrating entities to operate the peer assistance networks;
- eliminates the exemption from regulatory oversight provided to a mental health professional acting as a court-appointed child and family investigator in cases involving child custody, child abuse, or domestic violence; and
- modifies the membership on the oversight boards to replace a member of the public with a representative of the regulated profession.

Medicaid and the Children's Basic Health Plan

Medicaid and the Children's Basic Health Plan (CBHP) are health care programs that provide medical care to adults and children in families with low incomes. The state and federal government jointly administer and fund both programs. In 2011, the General Assembly considered a number of bills related to these programs. In particular, because of the state's budget shortfall, the General Assembly considered a number of bills to change the funding sources for the programs. In addition, the legislature addressed eligibility levels for the programs, as well the benefits and services offered under the Medicaid program.

Medicaid and CBHP eligibility. Two bills made changes to the eligibility levels for Medicaid. **Senate Bill 11-008** specifies that children under the age of 19 and pregnant women are eligible for Medicaid if their family income is less than 133 percent of the federal poverty level

(FPL). The previous eligibility level for children ages 6 to 19 and pregnant women was 100 percent of the FPL. Changing the eligibility level for Medicaid is expected to reduce state expenditures in the Department of Health Care Policy and Financing (DHCPF) by \$2.3 million in FY 2012-13, and by \$10.4 million in FY 2013-14.

A second bill, **Senate Bill 11-250** increased the upper income limit for Medicaid eligibility for pregnant women from 133 percent to 185 percent of the FPL. The bill is anticipated to reduce state expenditures by \$1.8 million in FY 2012-13, \$4.1 million in FY 2013-14, and \$4.5 million in FY 2014-15.

Medicaid and CBHP funding. In 2011, the General Assembly considered a number of bills related to funding for the CBHP and Medicaid, including legislation related to the hospital provider fee, funding for long-term care facilities that provide Medicaid services, and transfers of various funds to support the CBHP.

Hospital provider fee. In 2009, the General Assembly adopted House Bill 09-1293, which assesses a provider fee against hospitals. The revenue from the fee is matched with federal funds. The moneys raised from the fee are used to increase Medicaid reimbursement rates for hospitals and to expand coverage under Medicaid and CBHP. **House Bill 11-1025** would have repealed the fee and reinstated the eligibility levels for Medicaid and the CBHP that existed prior to the enactment of House Bill 09-1293. House Bill 11-1025 was postponed indefinitely.

Another bill related to the hospital provider fee, **Senate Bill 11-212**, allows the DHCPF to use hospital provider fee revenue to offset General Fund expenditures for the Medicaid program in fiscal years 2011-12 and 2012-13 only. Approximately \$50 million in FY 2011-12 and \$25 million in FY 2012-13 from the fee is to be transferred to the Medicaid program.

Medicaid long-term care funding. Nursing homes that provide services in the Medicaid program are currently reimbursed based on a statutory formula. In addition to the reimbursement payments received from the state, most nursing facility providers are assessed a quality assurance fee by the DHCPF. Fees are matched with federal funds, and are used for supplemental payments to Medicaid nursing facilities, for administrative costs related to the fee, and to limit growth of General Fund expenditures. Beginning in FY 2011-12, **Senate Bill 11-125** increases the provider fee assessed on nursing facilities to a cap of \$12 per non Medicare-resident day, plus inflation. Currently, the fee is capped at \$7.50, plus inflation.

Pursuant to the statutory reimbursement formula for nursing homes, the portion of nursing home reimbursement payments that is paid by the General Fund may not grow by more than 3 percent per year. **Senate Bill 11-170** would have clarified that beginning in FY 2012-13, the General Fund growth cap would be determined annually by the Joint Budget Committee, but the rates still could not increase more than 3 percent per year. The bill was postponed indefinitely. A separate bill, **Senate Bill 11-215**, reduces the General Fund portion of Medicaid reimbursement rates for nursing facility providers by 1.5 percent for FY 2011-12.

Current law restricts the implementation of a managed care system for Medicaid clients who receive long-term care services. As introduced, **House Bill 11-1285** would have removed that restriction and allowed the DHCPF to establish a process for stakeholder input in the development of a managed care system. The bill was postponed indefinitely.

CBHP funding. **Senate Bill 11-213** would have established a new monthly enrollment fee for families with incomes of between 205 and 250 percent of the FPL that are enrolled in the CBHP. The fee was \$20 per month for the first child and \$10 per month for each additional child, up to a maximum of \$50 per month per family. The bill was vetoed by the Governor.

The tobacco settlement agreement is a legal settlement under which states receive annual payments to compensate for the cost of caring for individuals with tobacco-related illnesses. **Senate Bill 11-216** changes the distribution of the tobacco settlement moneys from various cash funds and redirects the moneys to the CBHP. The act eliminates the Comprehensive Primary and Preventative Care Grant that provides grants to qualified health care providers who care for medically indigent patients and transfers \$2.7 million to the General Fund to offset costs for the CBHP in FY 2011-12 and FY 2012-13. The act also eliminates the Pediatric Specialty Hospital Fund and transfers \$1.5 million to the CBHP Trust Fund to offset costs for the CBHP in FY 2011-12 and FY 2012-13.

Medicaid benefits and services. The General Assembly considered two bills that implemented the sunset recommendations for two Medicaid programs. **Senate Bill 11-105** concerns in-home support services that are provided to some Medicaid clients. The bill continues the In-home Support Services Program through September 1, 2014, and requires the DHCPF to:

- monitor the number of persons receiving services;
- provide ongoing training to single entry point agencies; and
- make annual reports to legislative committees.

Senate Bill 11-177 continues the Teen Pregnancy and Dropout Prevention Program until September 1, 2016. In addition, the bill:

- requires providers providing services under the program to collect data relevant to measuring the program's effectiveness;
- allows General Fund moneys to be used for the internal administrative costs of the DHCPF for providing expanded program promotion and oversight; and
- requires the DHCPF to provide an annual report on the program, including the number of new providers participating in the program, the number of additional program participants, the pregnancy rate for program participants, and a summary of the data collected on the program's effectiveness.

House Bill 11-1242 requires the DHCPF to study issues concerning the integrated delivery of health care. Integrated services address the mental and physical health needs of a patient at the same time. The study is to be paid for with gifts, grants, and donations, and matching federal moneys.

Health Care Access and Reform

Health care reform and access to health care continue to be topics of discussion. In 2011, the General Assembly considered legislation to implement portions of the federal health care law and to create alternative health care systems.

The federal Patient Protection and Affordable Care Act requires each state to create a competitive health insurance marketplace called a health insurance exchange by January 1, 2014. The federal government will establish health insurance exchanges in states that do not establish their own. **Senate Bill 11-200** establishes a nonprofit organization that will oversee the establishment and operation of the exchange in Colorado. The exchange, which is intended to facilitate access to and enrollment in health benefit plans, will be available for individuals and small groups. The exchange is governed by a 12-member board of directors: 5 voting members to be appointed by the Governor; 4 voting members to be appointed by members of legislative leadership; and 3 nonvoting members from the Department of Health Care Policy and Financing, Division of Insurance, and Office of Economic Development and International Trade. Board duties include:

- appointing an executive director and creating an initial operational and financial plan;
- applying for gifts, grants, and donations to fund the planning, establishment, and operation of the exchange;
- creating technical and advisory groups as needed;
- preparing and presenting a written report, on or before January 15 of each year, concerning the status of the exchange;
- reviewing the Internet portal and templates for citizens to access information on health plans offered through the exchange;
- identifying the structure of the exchange, including whether to separate the individual and small employer markets and the appropriate size of the small employer market; and
- considering the unique needs of rural Coloradans.

Additionally, the law establishes a ten-member Legislative Health Benefit Exchange Implementation Review Committee to guide implementation of the exchange, make recommendations, and carry any necessary implementing legislation. The committee is to meet on or before August 1, 2011, and may meet up to five times per year thereafter to review the exchange's financial and operational plans and applications for grants.

Another bill related to the federal health legislation, **House Bill 11-1273**, would have authorized the Governor to enter into a Health Care Interstate Compact with one or more other states. The purpose of the compact was to allow each member state to regulate health care and suspend any federal laws, rules, and regulations, including the provisions of the federal Patient Protection and Affordable Care Act, that conflict with the state laws and regulations adopted pursuant to the compact. The bill was postponed indefinitely.

Senate Bill 11-168 created the Colorado Health Care Authority. The purpose of the authority was to design the Colorado Health Care Cooperative to provide comprehensive medical benefits to all Colorado residents. The authority was to recommend the health care cooperative design to the General Assembly. If the General Assembly approved the design, it was required to refer the measure to the voters for approval. The bill was deemed lost in the Senate.

Prescription Drugs

The General Assembly considered two bills concerning the Electronic Prescription Drug Monitoring Program (PDMP). The PDMP is an online database that collects designated data on controlled substances dispensed or prescribed within Colorado. The program was subject to a sunset review in 2010. **Senate Bill 11-192** continues the program until July 1, 2021, clarifies that only prescriptions that have been dispensed are to be tracked, repeals the Prescription Controlled Substance Abuse Monitoring Advisory Committee, and makes changes to the administration of the program. **Senate Bill 11-114**, which was postponed indefinitely, was similar to Senate Bill 11-192, but it would have continued the PDMP until September 1, 2016.

The legislature postponed indefinitely **Senate Bill 11-196**, which would have removed ephedrine from the statutory list of schedule II controlled substances and added it, along with pseudoephedrine and phenylpropanolamine (methamphetamine precursor drugs), to the statutory list of schedule III controlled substances. Except when dispensed directly by a practitioner, substances on schedules II through V are available only by prescription. The bill would have also repealed statutory provisions concerning the retail sale of methamphetamine precursor drugs. **Senate Joint Memorial 11-003**, which was deemed lost in the Senate, urged the United States Congress to pass legislation designating pseudoephedrine and ephedrine as prescription drugs.

Last year, the General Assembly passed House Bill 10-1355, which requires health insurers to cover the off-label use of prescription drugs for the treatment of cancer. **House Bill 11-1143** would have prohibited a health insurer from limiting or excluding coverage for the off-label use of prescription drugs for the treatment of life-threatening diseases and conditions, and for the treatment of chronic and seriously debilitating conditions. The bill was postponed indefinitely.

Miscellaneous

Senate Bill 11-040 requires that coaches with primary responsibility for a youth athletic activity in public and private middle schools, junior high and high schools, and private clubs or recreation facilities, be trained annually in concussion recognition. Coaches must remove youth athletes from participation in an athletic activity and notify the athlete's parent or guardian if they show signs of a concussion. The bill requires that youth athletes suspected of having a concussion receive written clearance from a health care provider before returning to play. A registered athletic trainer with specific knowledge of the athlete's condition may manage the graduated return to play of a concussed athlete after the athlete has been released by a health care provider.

The General Assembly considered two measures to study the current funding system for health care services in the state. **House Bill 11-1171** would have created a 15-member interim committee to study the state constitutional provisions dedicating the use of certain revenues for health care programs. The committee was to meet no more than three times to study whether any changes should be made to the state's constitution in light of changes enacted by federal Patient Protection and Affordable Care Act and the state's hospital provider fee and to ensure that state moneys are eligible for federal matching funds. The committee was to issue its findings in writing by November 30, 2011. The bill was postponed indefinitely. **Senate Joint Resolution 11-031** would have created a similar committee. The resolution was deemed lost.

Senate Bill 11-063 would have authorized local governments to include a community health element in their master land use plan or comprehensive plan. The community health element could address accessibility, availability, affordability, and delivery of health care and other health-related issues within the territorial boundaries of the local government. The bill was lost in the House of Representatives.