

HEALTH CARE

Health Care Professionals

SB 14-032 (Postponed Indefinitely)
Alternative Health Care Providers Treat Children

SB 14-039 (Enacted)
Preveterinary Emergency Care For Dogs and Cats

SB 14-099 (Enacted)
Provisional Physical Therapy License

SB 14-128 (Postponed Indefinitely)
Modify Naturopathic Doctor Act

HB 14-1099 (Enacted)
Optometrists Prescription Drug Authority

HB 14-1227 (Enacted)
Sunset Continue Dental Examiners Board

HB 14-1360 (Enacted)
Sunset Review Licensure of Home Care Agencies

HB 14-1370 (Postponed Indefinitely)
Limit Mental Health Disciplinary Proceedings

Medicaid and the Children's Basic Health Plan

SB 14-067 (Enacted)
Medical Assistance Program Align With Federal Law

SB 14-130 (Enacted)
Increase Personal Care Allowance Nursing Facility

SB 14-160 (Enacted)
Transitional Living Program For Brain Injured

HB 14-1045 (Enacted)
Breast & Cervical Cancer Treatment

HB 14-1115 (Postponed Indefinitely)
Medicaid Expansion Private Insurance Pilot Program

HB 14-1135 (Postponed Indefinitely)
Restrict General Fund Medicaid Expansion

HB 14-1211 (Enacted)
Ensuring Access To Complex Rehabilitation in Medicaid

HB 14-1252 (Enacted)
Intellectual and Developmental Disability Services System Capacity

HB 14-1357 (Enacted)
In-home Support Services In Medicaid Program

HB 14-1358 (Enacted)
Sunset Review In-home Support Services

HB 14-1369 (Enacted)
Durable Medical Equipment Supplier License

Health Care Reform and Access

SB 14-144 (Enacted)
Family Medicine Residency Programs In Rural Areas

SB 14-187 (Enacted)
Colorado Commission Affordable Health Care

HB 14-1126 (Deemed Lost)
Dense Breast Tissue Notification

HB 14-1134 (Postponed Indefinitely)
Health Care Navigator Registration Act

HB 14-1192 (Postponed Indefinitely)
Repeal Health Benefit Exchange

HB 14-1257 (Postponed Indefinitely)
Perform Audit Health Benefit Exchange

HB 14-1281 (Enacted)
Terminal Patients Investigational Drugs

Prescription Drugs

SB 14-095 (Enacted)
Pharmacies Compounding Drugs For Hospitals

HB 14-1083 (Enacted)
Acute Treatment Units Stock Medications

HB 14-1173 (Enacted)
Sunset Controlled Substances Abuse Act

HB 14-1283 (Enacted)
Modify Prescription Drug Monitoring Program

HB 14-1290 (Enacted)
Telepharmacy Remote Pharmacy Outlet

Abortion

SB 14-175 (Deemed Lost)
Reproductive Health Freedom Act

HB 14-1133 (Postponed Indefinitely)
Protect Human Life at Conception

HEALTH CARE (Cont.)

During the 2014 legislative session, the General Assembly considered bills on a variety of health-related topics, including the regulation of health care professionals, Medicaid and the Children's Basic Health Plan, health care reform and access, prescription drugs, and abortion.

Health Care Professionals

The General Assembly considered a variety of bills regarding health care professionals. Specifically, the legislature considered bills about alternative health care providers, mental health professionals, physical therapists, dentists, optometrists, home care providers, and emergency medical service providers.

Two bills concerning naturopathic doctors (ND) and alternative health care providers were postponed indefinitely. Under current law, complementary and alternative health care practitioners and registered NDs (alternative care providers) are prohibited from treating children under 2 years of age. Alternative care providers who treat children over 2 years of age but less than 8 years of age must obtain parental consent and make specific disclosures. **Senate Bill 14-032** would have permitted alternative healthcare providers to treat children less than 2 years of age if they made the disclosures currently required for children under 8 years of age.

Senate Bill 14-128 would have allowed a ND who did not meet the education or examination requirements under current law to obtain a state-issued registration if he or she held an active certification from the American Naturopathic Medical Certification Board. Other registration requirements for age, moral character, and prior license status under current law were maintained. Under the bill, NDs would not have the authority to perform minor office procedures or to prescribe or use in practice certain nonprescription medicines, nor would the Department of Regulatory Agencies (DORA) have the authority to determine naturopathic formularies. Additionally, the bill would have changed the composition of the state's Naturopathic Medicine Advisory Committee.

One bill concerning disciplinary proceedings against mental health professionals was postponed indefinitely. **House Bill 14-1370** would have required that any disciplinary proceeding against a mental health licensee, registrant, or certificate holder occur within three years of the alleged act or failure to act that resulted in the proceeding. Current law does not specify a time frame in which disciplinary proceedings must begin.

Senate Bill 14-099 allows physical therapists to obtain a provisional license from the Physical Therapy Board in the Department of Regulatory Agencies (DORA). Applicants must submit an application, pay the required fee, and successfully complete a qualified physical therapy program. Persons holding a provisional license may only practice under the supervision of a physical therapist actively licensed in Colorado. Provisional physical therapy licenses may only be issued one time and are valid for no more than 120 days. Failure to adequately supervise a person with a provisional license is added to the grounds for disciplinary action for licensed physical therapists.

House Bill 14-1227 continues the State Board of Dental Examiners (board) until September 1, 2025, renames the board as the Colorado Dental Board, and makes a number of changes to the board and to the requirements for dentist and dental hygienist licenses, including:

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- removing limitations on who must administer clinical competency examinations to dentists and dental hygienists and authorizing the board to accept alternative methods of evaluation clinical competency;
- modifying the requirements for dentist and dental hygienist license applicants and the educational requirements for dental hygienists;
- modifying grounds for discipline for licensees;
- allowing dentists and dental hygienists to practice collaboratively as a provider network;
- permitting retired dental hygienists to provide uncompensated care to low-income patients;
- renaming the "Dental Practice Law of Colorado" as the "Dental Practice Act;"
- authorizing the board to adopt rules regarding the use of lasers;
- specifying that licensed dentists may prescribe orders electronically;
- providing limited prescribing authority, including fluoride treatments and antimicrobial mouth rinses, to dental hygienists practicing unsupervised dental hygiene;
- specifying the duties and responsibilities of licensed dentists and unlicensed technicians regarding the construction of dental devices;
- requiring dentists and dental hygienists to obtain at least 30 hours of continuing education every 2 years;
- modifying the requirements for anesthesia and sedation permits; and
- requiring a dentist arrested for a drug- or alcohol-related offense to refer himself or herself to the peer health assistance program within 30 days after the arrest.

Under current law, optometrists can only prescribe Schedule III, IV, and V controlled substances to patients for ophthalmic purposes. **House Bill 14-1099** expands the definition of the practice of optometry to allow optometrists to prescribe Schedule II controlled narcotic substances limited to hydrocodone combination drugs. The bill also permits optometrists to charge a fee to patients when prescribing and dispensing any medications for ophthalmic purposes.

Home care agencies provide in-home health care services and home care placement agencies provide referrals for home care attendants. Both are regulated by the Department of Public Health and Environment (CDPHE). **House Bill 14-1360** continues the regulation of home care agencies and home care placement agencies (placement agencies) until September 1, 2019. The bill:

- clarifies that owners, managers, and administrators must obtain a criminal history record check when applying for a home care agency license or a placement agency registration;
- directs the State Board of Health to set fees for the direct and indirect costs of the department's oversight of placement agencies, and to promulgate rules for agencies to consider in determining disqualifying crimes for providers and rules regarding placement agency record retention and inspection;
- authorizes the CDPHE to inspect home care placement agencies and to deny, or refuse to renew, an application for noncompliance; and
- excludes programs of all-inclusive care for the elderly (PACE) regulated by the Department of Health Care Policy and Financing (HCPF) from the definition of home care agencies, but requires the CDPHE to coordinate with HCPF regarding the regulation of PACE providers.

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The bill also allows HCPF-certified community-centered boards or services agencies (CCB) that provide in-home personal care services to obtain a home care agency license. The CDPHE is prohibited from conducting inspections related to a home care agency license renewal, or from assessing fees for a new or renewal home care agency license, for certified CCBs until July 1, 2016. Until that date, the bill requires the CDPHE and HCPF to establish a work group with CCBs and recipients of Medicaid Home- and Community-Based Services (HCBS) waivers to identify gaps or conflicts between home care agency license requirements and HCBS provider requirements. The work group must submit recommendations for resolving gaps or conflicts to the State Board of Health and the Medical Services Board, and the boards must adopt rules regarding these gaps and conflicts by July 1, 2016. The bill requires the departments to report on the progress of these requirements during the 2014 and 2015 annual SMART Act presentations to the joint committees of reference.

Senate Bill 14-039 permits emergency medical service providers responding to the scene of an emergency to voluntarily deliver preveterinary care to domesticated dogs and cats, at the discretion of their employer. Preveterinary emergency care is defined as care to stabilize a domesticated dog or cat until the animal can obtain veterinary care and does not include response to an emergency call made solely to tend to an injured dog or cat, unless a person's life could be in danger. Employers who allow employees to administer preveterinary care must provide sufficient training and guidelines. The bill does not impose any legal obligation on emergency medical service providers to administer preveterinary care or to provide care to a dog or cat before a person.

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 governments jointly administer and fund both programs. In 2014, the General Assembly considered a number of bills related to these programs. The legislature addressed administration of the programs and changes to benefits and services offered under the Medicaid program.

Medicaid and CBHP administration. Senate Bill 14-067 aligns state law on Medicaid and the CBHP with the requirements of the federal Patient Protection and Affordable Care Act. Specifically, the bill:

- removes obsolete descriptions of eligibility categories and renames and recategorizes them to conform to current eligibility groups;
- defines "modified adjusted gross income (MAGI)" by referencing the definition in federal law for eligibility determination;
- removes obsolete language regarding income- and resource-counting methods;
- updates statute to include federally approved electronic data sources for income verification;
- clarifies that applicants who are ineligible for state medical assistance will have their application data and verifications transferred to the state health insurance exchange; and
- makes conforming amendments.

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House Bill 14-1252 concerns intellectual and developmental disability services provided by the Department of Human Services (DHS) and HCPF. The bill allows moneys in the Intellectual and Developmental Disabilities Services Cash fund to be used for:

- administrative expenses for the renewal and redesign of HCBS waivers relating to intellectual and developmental disabilities; and
- increasing system capacity for HCBS programs, supports, and services for persons with intellectual and developmental disabilities.

The bill required HCPF to distribute the funds to CCBs and providers by April 15, 2014. CCBs and providers receiving funding are required to report to HCPF by October 1, 2014, on the use of funding received. In addition, HCPF, CCBs, and providers are required to report annually to the General Assembly on the effectiveness and use of funds appropriated in the prior fiscal year for increasing system capacity.

Durable medical equipment (DME) is long-lasting equipment used in home for medical purposes and includes equipment such as wheelchairs, prosthetic devices, hearing aids, crutches. **House Bill 14-1369** requires DME suppliers that bill Medicare to be licensed with the Secretary of State. To receive a license, a DME supplier must meet various requirements, including having one or more physical locations within the state or within 50 miles of the state border in a neighboring state.

House Bill 14-1135, which was postponed indefinitely, would have prohibited the use of General Fund to pay for the costs of expanding Medicaid to cover adults without dependent children with incomes up to 133 percent of the federal poverty level (FPL). If other fund sources were not able to cover the state's costs of the expansion population without the use of General Fund, the bill specified that the HCPF must reduce medical benefits or income eligibility for this group, or eliminate coverage for adults without dependent children.

House Bill 14-1115, which was postponed indefinitely, would have required HCPF to study and make recommendations to the General Assembly on the feasibility of implementing a Medicaid premium assistance program. Under such a program, Medicaid-eligible clients would be enrolled in a private health plan purchased through the state health benefit exchange, Connect for Health Colorado. The study would have had to be completed and presented to the Joint Budget Committee and the House and Senate health care committees by January 1, 2016.

Medicaid benefits and services. In 2014, the General Assembly considered several bills to expand benefits and services under Medicaid. The bills addressed the Breast and Cervical Cancer Treatment Program (BCCP), complex rehabilitation technology, the personal needs allowance for residents of nursing or immediate care facilities, transitional living services, and in-home support services.

The BCCP in HCPF is a Medicaid program that provides health coverage to women under the age of 65 with incomes up to 250 percent FPL who have been diagnosed with breast or cervical cancer. **House Bill 14-1045** extends the BCCP through July 1, 2019. In addition, the bill makes the following changes to the BCCP:

- deposits proceeds from the sale of breast cancer awareness license plates directly to the Breast and Cervical Cancer Prevention and Treatment Fund (BCCP fund), rather than to an obsolete expansion account in the fund;

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- allows moneys in the BCCP fund to pay for BCCP coverage regardless of where a woman with breast or cervical cancer was diagnosed; and
- specifies that the program is to be funded from the BCCP fund, but that General Fund must be appropriated if cash funds are insufficient.

Previously, women seeking coverage under BCCP could only be diagnosed at a women's wellness center. Beginning on January 1, 2014, rule changes by HCPF allow women to receive BCCP coverage after receiving a diagnosis at any provider whose screening methods are recognized by the CDPHE as meeting certain standards.

House Bill 14-1211 requires HCPF to recognize complex rehabilitation technology (CRT) as a unique category of services under Medicaid. CRT is defined as manual wheelchair systems, alternate positioning systems, standing frames, gait trainers, and other specifically designed options and accessories classified as DME that:

- are individually configured to meet the individual client's unique medical, physical, and functional needs and capacities for basic activities of daily living;
- are primarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury; and
- require services provided by a qualified CRT provider to ensure appropriate design, configuration, and use.

In recognizing CRT as a separate benefit under Medicaid, HCPF must:

- notify CRT suppliers and clients concerning the parameters of the CRT benefit under Medicaid;
- establish billing procedures for CRT;
- continue pricing policies for CRT, to the extent allowed under federal law, to ensure that reimbursement amounts for CRT products, repairs, and support are adequate to ensure client access; to exempt CRT from competitive bidding programs; and to preserve the option for CRT being billed and paid for as a lump sum in certain situations;
- adopt supplier standards and restrict the provision of CRT to only suppliers meeting the standards; and
- require complex needs patients receiving CRT to be evaluated by both a qualified health care professional and a qualified CRT professional.

The federal government established a personal needs allowance (PNA) for Medicaid nursing facilities residents in 1987. The PNA allows for the purchase of clothing and other goods and services that are not reimbursed by any state or federal program. **Senate Bill 14-130** raises the PNA from \$50 to \$75 per month. On January 1, 2015, and on January 1 of each year thereafter, the basic minimum amount is increased by the same percentage increase as the nursing facility provider reimbursement rate. Any decrease in patient payments to nursing facilities is fully funded by payments from the state General Fund and applicable federal funds. The most recent adjustment to the Colorado PNA occurred in 1999, when the allowance was increased to the current \$50 from \$34.

Transitional living is a nonmedical residential program that provides training and 24-hour supervision to clients with traumatic brain injuries (TBI) in order to enhance their ability to live independently. Currently, persons with TBI eligible for Medicaid waiver services may receive transitional living services for a period between 6 and 12 months. **Senate Bill 14-160** removes the time period from the definition of transitional living services.

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The General Assembly enacted two bills concerning in-home support services. In-home support services (IHSS) include a ranges of services for persons with disabilities who are eligible for certain Medicaid waiver programs. These services include health maintenance, household assistance, and personal care services that allow clients to remain in their homes rather than nursing care and other types of facilities. Currently, IHSS are provided to Medicaid clients receiving services through the Children's HCBS waiver and the Elderly, Blind, and Disabled waiver programs.

House Bill 14-1358 continues the IHSS waiver programs through September 1, 2019, and makes clients served through the Spinal Cord Injury Waiver Pilot Program eligible for IHSS. The Spinal Cord Injury Waiver Pilot Program, started in 2012, runs through June 30, 2015. This pilot program allows up to 67 clients to access alternative therapies such as acupuncture, chiropractic care, and massage, in addition to other HCBS waiver services.

House Bill 14-1357 makes several changes to the IHSS program. These changes include:

- allowing IHSS to be provided in the home or in the community;
- adding spouses as an eligible family member who may act as an attendant providing IHSS to a HCBS waiver client;
- clarifying that the eligible client or his or her authorized representative is responsible for directing the provision of IHSS, including scheduling, managing, and supervising the attendant and determining the level of support provided;
- giving an eligible client or his or her representative the ability, in conjunction with the IHSS agency, to determine the amount of oversight needed, in connection with the IHSS provided;
- allowing family members to be reimbursed for providing IHSS and requiring HCPF to establish rules concerning limits on family member reimbursement; and
- expanding IHSS to persons receiving services through the Spinal Cord Injury Waiver Pilot Program and adding IHSS to the list of services under the Elderly, Blind, and Disabled Waiver Program.

In addition, HCPF is required to develop a plan for expanding the provision of IHSS to additional waiver programs. A report on this plan must be submitted to the General Assembly by March 1, 2015.

Health Care Access and Reform

The General Assembly addressed a number of bills concerning health care access, affordability, and the Colorado Health Benefit Exchange.

House Bill 14-1281 creates the Right to Try Act, permitting eligible patients to participate in clinical trials or use investigational drugs, biological products, or devices (investigational products) that are pending approval from the U.S. Food and Drug Administration (FDA).

A patient is eligible to participate if he or she has a terminal illness and has considered all other treatment options currently approved by the FDA. Eligible patients must receive a recommendation from their physician to use an investigational product. Eligible patients must also obtain written, informed consent, as defined in the bill.

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Manufacturers may choose to make their investigational products available to eligible patients without receiving compensation. Manufacturers may also require eligible patients to pay any costs associated with the manufacturing of the investigational product.

Under the bill, health insurance carriers may, but are not required to, provide coverage for eligible patients seeking an investigational product. A licensing board may not discipline or take any other action against a physician's license based solely on a physician's recommendation to an eligible patient regarding the use of investigational products. An official, employee, or agent of the state cannot block or attempt to block any eligible patient's access of an eligible patient to an investigational product. Finally, the bill clarifies that manufactures are not liable if a patient is harmed by its investigational product.

To address affordability and access to health care, the General Assembly enacted **Senate Bill 14-187** establishing the Colorado Commission on Affordable Health Care. The commission will study the drivers of health care costs and evidence-based cost containment strategies, and make recommendations for action. The commission will use state data to conduct empirical analysis of health care utilization in the state. The commission will have 12 voting members, representing various public and private sector health care experts and 5 nonvoting members from state government. Under this bill, the commission will review previous reports and studies, including the report from the former Blue Ribbon Commission for Health Care Reform. The commission will also create advisory committees to study specific areas, and coordinate with other Colorado entities studying health care costs as appropriate. The commission must report to the General Assembly, and the legislative committees and the Governor will consider the commission's recommendations for future legislation and regulatory action. The commission is repealed on July 1, 2017.

The Commission on Family Medicine (commission) administers the Colorado Family Medicine Residency Training Program, which places family medicine residents in hospitals throughout the state. **Senate Bill 14-144** makes the following changes to the commission:

- extends the scope of the commission to include the support and maintenance of family medicine residency programs in rural and other underserved areas of the state;
- removes the 2016 repeal date for the commission's duties relating to support and maintenance of residency programs in rural and underserved areas;
- requires the commission to conduct a study of family medicine residency programs and how these programs will meet the primary care workforce needs of rural and underserved areas of the state;
- specifies that the required report must be submitted to relevant committees of the General Assembly by March 1, 2015; and
- requires the commission to report to the Joint Budget Committee as part of its annual presentation, and to the Governor's Office of State Planning and Budgeting and HCPF in November 2014, and each November thereafter, on its work to support and develop rural family medicine residency programs.

One bill that was deemed lost in the Senate concerned patient mammogram reports. Under current federal law, a patient who undergoes a mammogram from an accredited mammography facility must receive a report identifying the patient's individual breast tissue classification. **House Bill 14-1126** would have required that the report for each patient identified as having dense breast tissue include a specific notice regarding dense breast tissue.

Three bills that were postponed indefinitely would have affected the operations of the Colorado Health Benefit Exchange (exchange). Created by **Senate Bill 11-200**, the exchange,
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whose official name is Connect for Health Colorado, is a nonprofit organization that serves as the state's health insurance exchange under the federal Patient Protection and Affordable Care Act. Through the exchange, consumers may shop for health insurance coverage, determine eligibility for public health care programs, apply for premium tax credit assistance, and purchase private health insurance coverage.

Under current law, the Office of the State Auditor (OSA) has limited performance audit authority related to all moneys received by the board for the exchange and is currently conducting such an audit. Performance audits look at organizational performance, effectiveness, and compliance with laws and regulations. **House Bill 14-1257** would have given the OSA the authority to conduct a full performance audit of the exchange. The audit would have been conducted at the discretion of the state auditor, and the OSA would have submitted any findings and recommendations to the Legislative Audit Committee.

House Bill 14-1134 would have required health care navigators employed by the exchange to register with the Division of Professions and Occupations in the DORA. Specifically, the bill would have:

- set the education and training requirements for navigators;
- disqualified a navigator from registering if he or she has a prior felony conviction or a misdemeanor conviction involving fraud or dishonesty;
- required navigators to submit fingerprints for a Colorado Bureau of Investigation and Federal Bureau of Investigation fingerprint-based criminal history record check;
- outlined prohibited practices and established disciplinary actions that may be taken by DORA; and
- required navigators to register within 90 days of the effective date of this bill.

In addition, the bill required DORA to maintain a list of registered navigators and organizations employing navigators to report all unauthorized releases of customer's personally identifiable information to DORA.

House Bill 14-1192 would have repealed the Colorado Health Benefit Exchange Act, effective January 1, 2015, and required the state treasurer to transfer any unencumbered moneys that remained in the exchange to the General Fund.

Prescription Drugs

The General Assembly looked at a number of bills concerning pharmacies' ability to dispense prescription drugs and the Prescription Drug Monitoring Program (PDMP).

Compounding is a practice in which a pharmacist or physician combines, mixes, or alters ingredients of a drug to create a medication tailored to the needs of an individual patient. Under current law, prescription drug outlets can only compound drugs for office use by a medical practitioner. **Senate Bill 14-095** allows prescription drug outlets to also compound drugs for hospitals located in the state.

Two bills addressed outlets licensed to stock and dispense medications. Acute treatment units (ATUs) are 24-hour residential mental health treatment facilities. Under current law, ATUs do not have the authority to store medications onsite or obtain emergency medical starter kits. **House Bill 14-1083** expands the definition of "other outlets" in pharmacy practice to allow ATUs

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to procure, store, and dispense medications onsite. It also permits ATUs to obtain emergency kits from licensed pharmacies or licensed hospitals.

Telepharmacy outlets deliver pharmaceutical care to patients who communicate remotely with outlets. **House Bill 14-1290** expands the definition of "other outlets" licensed to engage in pharmacy practice to include telepharmacy outlets. A telepharmacy outlet must be located more than 20 miles from the nearest prescription drug outlet and from any other telepharmacy that may prescribe medication under the bill. A licensed pharmacist must be on site or electronically available to assist any unlicensed personnel unless the unlicensed personnel are pharmacy technicians.

Two bills concerning the PDMP were enacted. The PDMP uses a secure online database to store information about controlled substance prescriptions dispensed to patients by registered Colorado pharmacies. **House Bill 14-1283** requires that no later than January 1, 2015, every practitioner in the state who is registered to prescribe controlled substances, as well as every pharmacist, register and maintain a user account with the PDMP. The bill allows federally owned and operated pharmacies to submit information to the database. **House Bill 14-1173** continues the Colorado Licensing of Controlled Substances Act and allows licensed addiction treatment programs to access the PDMP. The act requires addiction treatment programs that compound, administer, or dispense controlled substances to obtain an annual license from the DHS.

Abortion

The General Assembly considered, but did not enact, two bills about abortion and reproductive health issues.

Senate Bill 14-175, which was deemed lost in the Senate, would have prohibited state or local government entities from enacting any policy denying or interfering with an individual's reproductive health care decisions. Further, the bill would have prohibited state or local government entities from enacting any policy regarding reproductive health care that was inconsistent with or contrary to current evidence-based scientific data and medical consensus or would deny an individual access to such information.

House Bill 14-1133, which was postponed indefinitely, would have made it a class 3 felony to knowingly terminate a pregnancy. The bill provided for the following exceptions:

- when a licensed physician terminated a pregnancy to prevent the death of the pregnant woman, if he or she made reasonable medical efforts to preserve the life of the woman and her unborn child; or
- when a licensed physician provided medical care to the pregnant woman which resulted in the accidental or unintentional injury or death of her unborn child.

The bill clarified that a pregnant woman upon whom an abortion was performed or attempted was not subject to a criminal penalty and that the sale and use of contraception was not prohibited by the bill. A conviction under the bill would have constituted unprofessional conduct for the purposes of physician licensing.