



COLORADO

Department of Health Care  
Policy & Financing

# 2019 Legislative Session Wrap-Up

May 2019

The 2019 legislative session ended on May 3, 2019. The Department was able to pass several bills with bipartisan support. A brief overview of the status of Department agenda bills and some legislation impacting the Department is outlined below.

## Department Agenda Bills

[HB19-1302](#) – **Cancer Treatment and License Plate Surcharge:** This bill continues the Breast and Cervical Cancer Program (BCCP) for the next 10 years. The program provides breast and cervical cancer screening and diagnostic services to low-income, uninsured and underinsured women in Colorado who do not qualify for Medicaid. In FY 2017-18, the program served approximately 160 individuals. Without this bill, the program would expire July 1, 2019.

[HB19-1326](#) – **Rates for Senior Low-income Dental Program:** The Colorado Dental Health Care Program for Low-Income Seniors provides dental services to approximately 3,000 low-income Coloradans age 60 and over who do not have Health First Colorado or any other form of dental coverage. The bill changes the reimbursement rate for dental procedures to the Medicaid rate to allow for an additional 600-700 Colorado seniors to receive coverage.

[SB19-254](#) – **Nursing Home Penalty Cash Fund:** The Nursing Home Penalty Cash Fund consists of money collected from fines levied on nursing facilities. State and federal law require these monies be used for emergency reserves if a facility closes and for innovation grants to improve quality of life and care at nursing facilities. This bill removes the \$1 million reserve requirement and allows the Department to award innovation grants above the current \$250K cap. Without this bill, the federal government could take back funds above the current reserve amount that are not reinvested in nursing facilities.

## Major Bills Impacting the Department

[HB19-1001](#) – **Hospital Transparency Measures to Analyze Efficacy:** This bill requires HCPF to create an annual report detailing uncompensated costs and expenditures made by hospitals. Each hospital is required to provide information to the Department, including audited financial statements, operating expenses, bad debt write-offs and staffing information. The measure will allow the Department to fully analyze hospital financials to the betterment of employer health care costs, state-funded benefit plans, and the health care affordability interests of all Coloradans.

[HB19-1320](#) – **Hospital Community Benefit Accountability:** This bill requires nonprofit hospitals to conduct a community health needs assessment and develop a community benefit implementation plan. Both reports are intended to help hospitals engage more with their

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community and increase overall spending on services and programs that improve community health. Hospitals are also required to report to the Department on their community benefit activities and hold community stakeholder meetings to seek feedback.

**SB19-005 – Import Prescription Drugs from Canada:** A new program is created in the Department called the Canadian Prescription Drug Importation Program. Under the bill, the Department must submit a federal waiver application to legally import prescription drugs from Canada. Once approved, the Department will work to design a safe and affordable system to import quality medications at a lower cost for all Coloradans.

**HB19-1004 – Proposal for Affordable Health Care Option:** This bill directs HCPF to develop a proposal outlining the feasibility and cost of implementing a state option for health care coverage. The bill specifies the proposal must consider affordability to consumers at different income levels, ease of implementation, and the administrative and financial burden to the state. The final proposal must be submitted to the General Assembly by November 15, 2019.

**HB19-1038 – Dental Service for Pregnant Women Enrolled in CHP+:** This bill will help support better health outcomes for pregnant women and their newborns who are enrolled in the Children’s Health Plan Plus (CHP+). Currently, children receive dental care under the program, and this bill extends those dental benefits to the nearly 900 prenatal and postpartum women on CHP+.

**SB19-164 – Sunset In-home Support Services Program:** This bill extends the In-Home Support Services program (IHSS) through Sept 1, 2028. The extension was recommended in the IHSS Sunset Report prepared by the Department of Regulatory Agencies. The report noted the IHSS program is increasing popular and cost-effective.

**SB19-197 – Continue Complementary or Alternative Medicine Program:** This bill changes the repeal date for the spinal cord injury (SCI) pilot program from 2020 to 2025. The SCI program permits Medicaid enrollees with spinal cord injuries to receive complementary and alternative medicine not otherwise available—some services include acupuncture, chiropractic and message therapy.

**HB19-1193 – Behavioral Health Supports for High-risk Families:** This bill expands access for the Special Connections program. Special Connections is the outpatient and residential treatment program for pregnant women with substance use disorders—prenatally through one year postpartum. The bill transfers unspent funds from HCPF to the Office of Behavioral Health to spend on supportive services and allows the Department to seek federal authority to enroll women during the postpartum period instead of only prenatally.

**HB19-1237 – Licensing Behavioral Health Entities:** This bill combines several licenses for entities that provide behavioral health services into one consolidated license. The change will help streamline the process for Medicaid behavioral health entities to seek a license and reduce the administrative burden on these providers. With more providers, Medicaid members will have increased access to behavioral health benefits and services. The bill also standardizes the regulatory structure around behavioral health providers and implements basic consumer



protections regarding the safety and welfare of members.

**[HB19-1233](#) – Investments in Primary Care to Reduce Health Costs:** This bill creates a primary care payment reform collaborative to advise in the development of affordability standards and targets for investments in primary care, analyze the percentage of medical expenses allocated to primary care by insurers, and issue recommendations to increase the use of alternative payment models to deliver more patient-centered primary care. The Department's Accountable Care Collaborative (ACC) was used as an evidence that investments in advanced primary care can lead to cost-savings. The ACC focuses on comprehensive primary care for all Medicaid members. The bill requires the Department to adopt set targets for investments in primary care.

**[HB19-1269](#) – Mental Health Parity:** This bill requires the Department and private health insurers to provide coverage for the prevention and treatment of behavioral, mental health and substance use disorders to the same extent coverage is provided for physical illness. Each state managed care entity (MCE) is required to annually report to the Department detailed analyses demonstrating parity across standards and services.

**[HB19-1287](#) – Treatment for Opioids and Substance Use Disorders:** This bill requires the Department of Human Services (DHS) to create a centralized, web-based behavioral health capacity tracking system with data on available bed space for substance use disorder treatment. DHS is also required to create a care navigation system to help individuals find and access treatment for substance use disorders. Within the care navigation system, the Department is required to provide information to any Medicaid client regarding their managed care entity.

**[SB19-195](#) – Child and Youth Behavioral Health System Enhancements:** This bill creates a child and youth behavioral health system to work towards coordinating behavioral health services across agencies. Under the bill, the Department must apply for a federal waiver to provide high-fidelity wraparound services for children and youth at risk of or currently in an out-of-home placement. After receiving federal approval, the Department must work with DHS to implement wraparound services at managed care entities across the state and annually report on cost savings.

**[SB19-238](#) – Improve Wages and Accountability for Home Care Workers:** This bill will increase the reimbursement rate for personal care and homemaker services by 8.1% and require agencies to pass 100% of the rate increase on to workers. The bill also sets an hourly minimum wage for employees of \$12.41 per hour and requires 85% of future rate increases to be used to increase worker compensation.

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