

# HEALTH CARE

Research Notes are prepared by Legislative Council Staff's nonpartisan research and committee staff. Research notes provide a summary of the bill, background information on the bill, and information on committee hearings and amendments adopted on the bill as it moves through the legislative process. Legislative Council Staff prepares final research notes for bills passed by the General Assembly as well as select bills that were considered but not adopted, and may be accessed through the links below. Research notes are provided for informational purposes only and should not be relied upon as an official record of action by the General Assembly.

## Health Care Providers

**HB 15-1032 (Enacted)**  
Licensed Mental Health Professionals Treat Minors

**HB 15-1067 (Enacted)**  
Continuing Professional Development Psychologists

**HB 15-1075 (Enacted)**  
Registered Naturopathic Doctor Treating Children

**HB 15-1191 (Enacted)**  
Add Dentists to Physician Designation Act

**HB 15-1211 (Enacted)**  
License Requirements for Durable Medical Equipment

**HB 15-1309 (Enacted)**  
Protective Restorations by Dental Hygienists

**HB 15-1352 (Enacted)**  
Naturopathic Doctor Formulary Changes

**HB 15-1360 (Enacted)**  
Acupuncturists Practice Injection Therapy

**HB 15-1373 (Enacted)**  
Provisional Speech-language Pathology

**SB 15-105 (Enacted)**  
Sunset Review Respiratory Therapy Practice Act

**SB 15-137 (Enacted)**  
PACE Program Flexibility for Business Entity

**SB 15-197 (Enacted)**  
Advance Practice Nurse Prescriptive Authority

**SB 15-228 (Enacted)**  
Medicaid Provider Rate Review

## Prescription Drugs

**HB 15-1039 (Enacted)**  
Prescription Give-back for Institutions

**HB 15-1214 (Enacted)**  
Abuse-deterrent Opioid Analgesic Drugs

**HB 15-1232 (Enacted)**  
Emergency Use of Epinephrine Auto-injectors

**SB 15-053 (Enacted)**  
Dispense Supply of Emergency Drugs for Overdose Victims

**SB 15-071 (Enacted)**  
Pharmacy Substitute Interchangeable Biological Drug

**SB 15-192 (Enacted)**  
Therapeutic Drug Selections for Long-term Care

## Health Facilities

**HB 15-1059 (Enacted)**  
Denver Health & Hospital Authority Board

**HB 15-1220 (Enacted)**  
Campus Sexual Assault Victim Medical Care

**HB 15-1239 (Enacted)**  
Exempt Denver Health & Hospital Postemployment Compensation

## Medicaid and the Children's Basic Health Plan

**HB 15-1318 (Enacted)**  
Consolidate Intellectual and Developmental Disability Waivers

**SB 15-011 (Enacted)**  
Pilot Program Spinal Cord Injury Alternative Medicine

## Health Care Reform and Access

**HB 15-1029 (Enacted)**  
Health Care Delivery Via Telemedicine Statewide

## **Miscellaneous**

**HB 15-1144** (*Enacted*)

Prohibit Plastic Microbeads Personal Care  
Products



# Legislative Council Staff

## Research Note

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**Bill Number:** HB15-1373

**Short Title:** *Provisional Speech-language Pathology Certificate*

**Prime Sponsors:** Representative Singer  
Senator Aguilar

**Research Analyst:** Elizabeth Burger

### Current Status

This research note reflects the final version of the bill, which was signed by the Governor and became effective on May 29, 2015.

### Summary

The bill allows a speech-language pathologist to apply for provisional certification beginning September 1, 2015. In order to qualify for the certification, an applicant must:

- successfully complete a master's or higher degree in communication sciences and disorders; and
- pass a national examination adopted by the Speech-Language-Hearing Association or any other examination adopted by the Director of the Division of Professions and Occupations in the Department of Regulatory Agencies.

Provisional certifications expire after two years, or when the applicant obtains certification as a speech-language pathologist, whichever occurs first. The holder of a provisional certificate may practice only under general supervision of a certified speech-language pathologist.

### Background

Speech-language pathologists provide specific therapy and treatments to improve the ability of individuals who have congenital or acquired speech, language, cognitive, feeding, and swallowing deficits. Under current law, speech-language pathologists practicing in Colorado are required to be certified by the Division of Professions and Occupations in the Department of Regulatory Agencies. In order to obtain the certification, applicants must have completed master's

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level or higher educational training, pass a national examination, and complete a speech-language pathology clinical fellowship. House Bill 15-1373 allows speech language pathologists who have completed their education and passed the examination to obtain provisional certification while they are completing their clinical fellowship.

## **House Action**

**House Public Health Care and Human Services Committee (April 28, 2015).** At the hearing, representatives of the University of Colorado and the National Student Speech-Language Association and a private citizen testified in support of the bill. The committee adopted amendment L.001, which specified that individuals may apply for provisional certification beginning September 1, 2015, and referred the bill to the House Committee of the Whole.

**House second reading (April 29, 2015).** The House adopted the House Public Health Care and Human Services Committee report and passed the bill, as amended.

**House third reading (April 30, 2015).** The House passed the bill on third reading with no additional amendments.

## **Senate Action**

**Senate Health and Human Services Committee (May 4, 2015).** At the hearing, three private citizens testified in support of the bill. The committee referred the bill, unamended, to the Senate Committee of the Whole.

**Senate second reading (May 5, 2015).** The Senate passed the bill, unamended.

**Senate third reading (May 6, 2015).** The Senate passed the bill, unamended.



# Legislative Council Staff

## Research Note

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**Bill Number:** HB15-1360

**Short Title:** *Acupuncturists Practice Injection Therapy*

**Prime Sponsors:** Representative Ginal  
Senator Lundberg

**Research Analyst:** Amanda King (x4332)

### Current Status

This research note reflects the final version of the bill, which was signed by the Governor and became effective on June 5, 2015.

### Summary

The bill allows an acupuncturist to perform injection therapy, if he or she receives the necessary training, as determined by the director of the Division of Professions and Occupations in the Department of Regulatory Agencies. The bill defines injection therapy as the injection of sterile herbs, vitamins, minerals, homeopathic substances, or other similar substances specifically manufactured for nonintravenous injection into acupuncture points by means of hypodermic needles. Permissible substances include saline, glucose, lidocaine, procaine, oriental herbs, vitamin B12, traumeel, sarapin, and homeopathic substances. The use of epinephrine and oxygen is also allowed for patient care and safety.

### Background

Acupuncture is a system of health care based upon traditional and modern oriental medical concepts that employs oriental methods of diagnosis, treatment, and adjunctive therapies for the promotion, maintenance, and restoration of health and the prevention of disease. In 1989, acupuncturists became licensed, and the profession was most recently subject to a sunset review in 2012.

### House Action

**House Health, Insurance, and Environment Committee (April 23, 2015).** At the hearing, representatives of the Acupuncture Association of Colorado testified in support of the bill and representatives of Advocates for Children in Therapy and Colorado Citizens for Science in Medicine testified in opposition to the bill. The committee referred the bill, unamended, to the House Committee of the Whole.

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**House second reading (April 23, 2015).** The House passed the bill, unamended, on second reading.

**House third reading (April 27, 2015).** The House passed the bill, unamended, on third reading.

### **Senate Action**

**Senate Health and Human Services Committee (April 30, 2015).** At the hearing, representatives of the Acupuncture Association of Colorado testified in support of the bill and representatives of Colorado Citizens for Science in Medicine and the Institute for Science in Medicine testified in opposition to the bill. The committee referred the bill, unamended, to the Senate Committee of the Whole.

**Senate second reading (May 5, 2015).** The Senate passed the bill, unamended, on second reading.

**Senate third reading (May 6, 2015).** The Senate passed the bill, unamended, on third reading. Later that same day, the Senate reconsidered the bill and passed it again, unamended.

### **Relevant Research**

Department of Regulatory Agencies 2012 Sunset Review: Acupuncturist Licensing Program, October 15, 2012.



# Legislative Council Staff

## Research Note

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**Bill Number:** HB15-1352

**Short Title:** *Naturopathic Doctor Formulary Changes*

**Prime Sponsors:** Representative Ginal and Representative Conti  
Senator Crowder and Senator Newell

**Research Analyst:** Amanda King (x4332)

### Current Status

This research note reflects the final version of the bill, which was signed by the Governor and became effective on June 5, 2015.

### Summary

The bill changes and clarifies the naturopathic formulary of medications for naturopathic doctors. Specifically, a naturopathic doctor can:

- obtain and administer saline, sterile water, topical antiseptics, and local anesthetics in connection with minor office procedures;
- obtain and administer oxygen for emergency use;
- obtain and administer vitamins B6 and B12;
- obtain, administer, or dispense substances that are regulated by the federal Food and Drug Administration but do not require a prescription order to be dispensed; and
- obtain and administer vaccines for patients who are at least 18 years old.

### Background

In 2013, the Naturopathic Doctor Act was enacted by the General Assembly. Under the act, naturopathic doctors are persons who are registered with the state to practice naturopathic medicine. In order to register as a naturopathic doctor, the person must meet certain criteria, including graduating from an approved naturopathic medical college. Naturopathic medicine is a system of health care for the prevention, diagnosis, evaluation, and treatment of injuries, diseases, and conditions of the human body through the use of education, nutrition, naturopathic preparations, natural medicines and other therapies, and other modalities that are designed to support or supplement the human body's own natural self-healing processes. There are a number

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of activities of which naturopathic doctors are not allowed to participate in, including prescribing controlled substances, performing surgical procedures, using general or spinal anesthetics, engaging in the practice of medicine, performing spinal adjustments, or recommending the discontinuation of a course of care recommended by another health care professional licensed in Colorado.

## **House Action**

**House Health, Insurance, and Environment Committee (April 21, 2015).** At the hearing, a representative of Department of Regulatory Agencies testified in a neutral capacity on the bill, a representative of the Colorado Citizens for Science in Medicine testified in opposition to the bill, and a representative of the Colorado Association of Naturopathic Doctors testified in support of the bill. The committee referred the bill, unamended, to the House Committee of the Whole.

**House second reading (April 23, 2015).** The House passed the bill, unamended, on second reading.

**House third reading (April 27, 2015).** The House passed the bill, unamended, on third reading.

## **Senate Action**

**Senate Health and Human Services Committee (April 29, 2015).** At the hearing, a representative of the Colorado Association of Naturopathic Doctors testified in support of the bill, two members of the public testified in opposition to the bill, and a representative of the Department of Regulatory Agencies responded to committee questions about the bill. The committee referred the bill, unamended, to the Senate Committee of the Whole.

**Senate second reading (May 1, 2015).** The Senate passed the bill, unamended, on second reading.

**Senate third reading (May 4, 2015).** The Senate passed the bill, unamended, on third reading.

## **Relevant Research**

Department of Regulatory Agencies 2008 Sunrise Review: Naturopathic Physicians.



# Legislative Council Staff

## Research Note

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**Bill Number:** HB15-1318

**Short Title:** *Consolidate Intellectual And Developmental Disabilities Waivers*

**Prime Sponsors:** Representative Young  
Senator Grantham

**Research Analyst:** Amanda King (x4332)

### Current Status

This research note reflects the final version of the bill, which became effective on August 5, 2015.

### Summary

The bill requires the Department of Health Care Policy and Financing to establish a redesigned Medicaid waiver for home- and community-based services for adults with intellectual and developmental disabilities by July 1, 2016, or as soon as the Centers for Medicare and Medicaid Services approves the redesigned waiver. The redesigned Medicaid waiver must include flexible service definitions, provide access to services and supports when and where they are needed, offer services and supports based on the individual's needs and preferences, and incorporate certain principles that are outlined in the bill. The bill outlines how the department must administer the redesigned Medicaid waiver. In addition, the department, with input from community-centered boards, single entry point agencies, and other stakeholders, is required to develop a plan for the delivery of conflict-free case management services that complies with the federal regulations relating to person-centered planning.

### Background

A Medicaid waiver is an official agreement between the Centers for Medicare and Medicaid Services and a state that allows the state to offer additional coverage to specific Medicaid-eligible populations, as well as expanded coverage to populations that may not otherwise be eligible for Medicaid. Waivers include special terms and conditions that define the strict circumstances under which the state may provide additional coverage. Home- and community-based services waivers provide home- or community-based care as an alternative to institutional care. Currently, there are two different waivers that provide home- and community-based services for adults with intellectual

and developmental disabilities.

## **House Action**

**House Health, Insurance, and Environment Committee (April 16, 2015).** At the hearing, representatives of Accent on Independence, The Arc of Colorado, and the Colorado Cross-disability Coalition testified in support of the bill; a representative of Parents with Adults with Disabilities in Colorado and a member of the public testified in opposition to the bill; and a member of the public testified on the bill without stating her position on the bill. Additionally, representatives of the Department of Health Care Policy and Financing and the Joint Budget Committee Staff responded to questions about the bill and the bill's fiscal note.

The committee adopted amendments L.001 and L.002, and referred the bill, as amended, to the House Appropriations Committee. Amendment L.001 outlines the elements of the redesigned Medicaid waiver. Additionally, it moves the provisions of the bill from the statutes addressing intellectual and developmental disabilities to the statutes addressing home- and community-based services for persons with intellectual and developmental disabilities and changes terminology to a redesigned Medicaid waiver. Amendment L.002 states that the redesigned waiver must ensure continuity of support for eligible individuals enrolled in the home- and community-based services waivers serving adults with intellectual and developmental disabilities who were receiving services as of January 1, 2016, and who have maintained eligibility.

**House Appropriations Committee (April 22, 2015).** The House Appropriations Committee adopted amendment J.001 and referred the bill, as amended, to the House Committee of the Whole. No one testified on the bill.

Amendment J.001 reduces the amount appropriated from the Intellectual and Developmental Disabilities Services Cash Fund to the Department of Health Care Policy and Financing for the implementation of the act. It also reduces the assumption of federal funds the department will receive to implement the act. Finally, it states that it is assumed that 2.7 FTE will be required to implement the act.

**House second reading (April 23, 2015).** The House adopted the House Health, Insurance, and Environment Committee and House Appropriations Committee reports. Additionally, the House adopted amendment No. 3, which outlines how the Department of Health Care Policy and Financing must administer the redesigned Medicaid waiver. The House passed the bill, as amended, on second reading.

**House third reading (April 27, 2015).** The House passed the bill on third reading with no amendments.

## **Senate Action**

**Senate Appropriations Committee (May 1, 2015).** The committee referred the bill, unamended, to the Senate Committee of the Whole. No one testified on the bill.

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**Senate second reading (May 5, 2015).** The Senate passed the bill on second reading with no amendments.

**Senate third reading (May 6, 2015).** The Senate passed the bill on third reading with no amendments.

### **Relevant Research**

Joint Budget Committee, *Supplemental Requests for FY 2014-15 Department of Health Care Policy and Financing (Office of Community Living)*, January 23, 2015, p. 5.



# Legislative Council Staff

## Research Note

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**Bill Number:** HB15-1309

**Short Title:** *Protective Restorations By Dental Hygienists*

**Prime Sponsors:** Representative Ginal  
Senator Crowder

**Research Analyst:** Amanda King (x4332)

### Current Status

This research note reflects the final version of the bill, which becomes effective August 5, 2015, assuming no referendum petition is filed.

### Summary

The bill permits dental hygienists who meet specific criteria and who apply for a permit from the Colorado Dental Board to place interim therapeutic restorations. The requirement for a permit can be waived if the dental hygienist performs interim therapeutic restorations under the direct supervision of a dentist. The bill also authorizes telehealth services for placement of interim therapeutic restorations by dental hygienists.

The bill establishes the Interim Therapeutic Restorations Advisory Committee in the Department of Regulatory Agencies to develop standards for consistent training for dental hygienists performing interim therapeutic restorations. The committee must submit the standards to the Colorado Dental Board, and the board may adopt rules incorporating the standards developed by the committee.

### Background

Interim therapeutic restorations are direct provisional restorations placed to stabilize a tooth until a dentist can assess the need for further treatment. This procedure helps to temporarily stop the progression of tooth decay.

### House Action

***House Health, Insurance, and Environment Committee (April 2, 2015).*** At the hearing,

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representatives of the Colorado Dental Association, the Department of Health Care Policy and Financing, and Oral Health Colorado testified in support of the bill. Representatives of Caring for Colorado and the Colorado Dental Hygienists' Association also testified on the bill, but did not state their position on the bill. No one testified in opposition to the bill.

The committee adopted amendment L.001 and referred the bill, as amended, to the House Finance Committee.

Amendment L.001 adds to the Dental Practice Act a grounds for discipline related to failing to comply with the state law concerning the placement of interim therapeutic restorations.

**House Finance Committee (April 23, 2015).** The committee adopted amendment L.003 and referred the bill, as amended, to the House Appropriations Committee. No one testified on the bill.

Amendment L.003 states that members of the Interim Therapeutic Restorations Advisory Committee serve without compensation and that the Division of Professions and Occupations in the Department of Regulatory Agencies can accept gifts, grants, and donations for the Interim Therapeutic Restorations Advisory Committee. It also requires a dental hygienist who applies for a permit to place interim therapeutic restorations to have completed a course developed at the graduate level that complies with the state rules adopted concerning interim therapeutic restorations.

**House Appropriations Committee (April 29, 2015).** The committee adopted amendment L.004 and amendment J.001 and referred the bill, as amended, to the House Committee of the Whole.

Amendment L.004 allows the Division of Professions and Occupations in the Department of Regulatory Agencies to accept gifts, grants, and donations for the permitting of dental hygienists to place interim therapeutic restorations.

Amendment J.001 appropriates funds to the following departments for functions related to the implementation of the bill: Department of Regulatory Agencies, Department of Law, and Department of Health Care Policy and Financing.

**House second reading (April 29, 2015).** The House adopted the House Health, Insurance, and Environment Committee, House Finance Committee, and House Appropriations Committee reports. Additionally, the House adopted Amendment No. 4, which allows the Colorado Dental Board to reconvene the Interim Therapeutic Restorations Advisory Committee in the future to submit new uniform standards.

The House passed the bill, as amended, on second reading.

**House third reading (April 30, 2015).** The House passed the bill on third reading with no amendments.

## **Senate Action**

**Senate Health and Human Services Committee (May 4, 2015).** At the hearing,

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representatives of the Colorado Dental Association and Colorado Dental Hygienists' Association testified in support of the bill. No one testified in opposition to the bill. The committee referred the bill, unamended, to the Senate Finance Committee.

**Senate Finance Committee (May 5, 2015).** The committee referred the bill, unamended, to the Senate Appropriations Committee. No one testified on the bill.

**Senate Appropriations Committee (May 5, 2015).** The committee referred the bill, unamended, to the Senate Committee of the Whole.

**Senate second reading (May 5, 2015).** The Senate passed the bill on second reading with no amendments.

**Senate third reading (May 6, 2015).** The Senate passed the bill on third reading with no amendments.

**Date:** 8/21/2015

**Version:** Final



# Legislative Council Staff

## Research Note

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**Bill Number:** HB15-1239

**Short Title:** *Exempt Denver Health & Hospital Postemployment Compensation*

**Prime Sponsors:** Representative McCann and Representative Lontine  
Senator Steadman

**Research Analyst:** Elizabeth Burger (x6272)

### Current Status

This research note reflects the final version of the bill, which became effective on August 5, 2015, as no referendum petition was filed.

### Summary

The bill permits the Denver Health and Hospital Authority to pay post-employment compensation to former employees.

### Background

**Post-employment compensation.** Current law generally prohibits the payment of post-employment compensation, including benefits, to government-supported officials or employees after the termination of their employment with a government unit. The University of Colorado Hospital Authority is exempted from this provision of statute, and this bill extends the exemption to the Denver Health and Hospital Authority.

**Denver Health and Hospital Authority.** The Denver Health and Hospital Authority was established in 1994 as a political subdivision of the state. State statute specifies that the authority is not an agency of the state or local government, and it is not subject to administrative direction or control by any state or local agency. The authority's mission is to provide access to health care for citizens of Denver regardless of their ability to pay; provide emergency services to Denver and the Rocky Mountain region; provide public health services to residents of Denver; provide health education to patients and health care professionals; and conduct research. The authority is overseen by a nine-member board of directors appointed by the Mayor of Denver.

**Date:** 8/21/2015

**Version:** Final

## House Action

**House Public Health Care and Human Services Committee (March 13, 2015).** At the hearing, representatives of the Denver Health and Hospital Authority and its board of directors testified in support of the bill. The committee referred the bill, unamended, to the House Committee of the Whole.

**House second reading (March 20, 2015).** The House passed the bill on second reading with no amendments.

**House third reading (March 23, 2015).** The House passed the bill on third reading with no amendments.

## Senate Action

**Senate Health and Human Services Committee (April 8, 2015).** At the hearing, representatives of Denver Health and the Denver Health and Hospital Authority Board of Directors testified in support of the bill. The committee referred the bill, unamended, to the Senate State, Veterans, and Military Affairs Committee.

**Senate State, Veterans, and Military Affairs Committee (April 14, 2015).** At the hearing, a representative of the Denver Health and Hospital Authority Board of Directors testified in support of the bill. The committee referred the bill, unamended, to the Senate Committee of the Whole and the consent calendar.

**Senate second reading (April 17, 2015).** The Senate passed the bill on second reading with no amendments.

**Senate third reading (April 20, 2015).** The Senate passed the bill on third reading with no amendments.



# Legislative Council Staff

## Research Note

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**Bill Number:** HB15-1232

**Short Title:** *Emergency Use Of Epinephrine Auto-injectors*

**Prime Sponsors:** Representatives Ginal and Landgraf  
Senators Todd and Martinez Humenik

**Research Analyst:** Elizabeth Burger (x6272)

### Current Status

This research note reflects the final version of the bill, which was signed by the Governor and became effective on May 14, 2015.

### Summary

The bill allows certain authorized entities, such as recreation camps, colleges and universities, day care facilities, youth sports leagues, amusement parks, restaurants, places of employment, ski areas, and sports arenas to acquire and stock a supply of epinephrine auto-injectors. Employees of authorized entities who complete an anaphylaxis training program may provide or administer an epinephrine auto-injector to any individual who the employee believes is experiencing anaphylaxis, or provide the devices to the individual's family member or friend. Authorized entities that stock epinephrine auto-injectors must submit a report of each incident in which a device was used to the Department of Public Health and Environment.

The bill also authorizes the storage and use of epinephrine auto-injectors in emergency public access stations (EPAS), which allow a lay rescuer to consult with a medical professional in real time and, upon the authorization of the medical professional, to access epinephrine auto-injectors that are stored in the EPAS.

Finally, the bill provides immunity from criminal and civil liability for acts or omissions taken pursuant to the bill, except in incidents that are willfull or wanton or grossly negligent, to:

- authorized entities, regardless of whether or not they possess epinephrine auto-injectors or an EPAS;
- an individual or entity that conducts an anaphylaxis training program;
- an individual who prescribes or dispenses an epinephrine auto-injector;
- an individual who administers or provides an epinephrine auto-injector;

- a medical provider who consults with the user of an EPAS; and
- an individual who uses an EPAS.

## Background

**Anaphylaxis.** Anaphylaxis is a potentially life-threatening allergic reaction. Symptoms can manifest in minutes or over a few hours after exposure to an allergen, and include hives, swelling, flushing, itching, nausea and vomiting, respiratory distress, and shock. Common triggers are venom from animal bites, insect bites, food, and medications. Anaphylaxis is a medical emergency that may require intensive treatment and resuscitation measures such as airway monitoring and administration of oxygen.

**Epinephrine auto-injectors.** The most common treatment for anaphylaxis is the administration of epinephrine. Epinephrine is a hormone that works by relaxing the muscles in the airways to improve breathing and increasing blood flow throughout the body to counteract the effects of the allergic reaction. Epinephrine can be administered through a single dose auto-injector, such as an Epi-pen. The epinephrine auto-injector is administered by pressing the injector against the thigh.

**Epinephrine auto-injectors in schools.** In 2013, the General Assembly passed House Bill 13-1171, which permits the governing authority of a school to adopt and implement a policy to allow schools under its jurisdiction to acquire and maintain a stock supply of epinephrine auto-injectors.

## House Action

**House Public Health Care and Human Services Committee (March 13, 2015).** At the hearing, representatives of the Children's Hospital Colorado, Colorado Allergy Association, University of Colorado School of Medicine, ARC of Colorado, Mylan Inc., and several private citizens testified in support of the bill. Representatives from the Colorado Restaurant Association testified in opposition to the bill.

The committee adopted amendments L.003 and L.004 and referred the bill to the House Appropriations Committee. Amendment L.003 excludes hospitals from the definition of "authorized entity," adds authorized entities that do not stock epinephrine auto-injectors or EPAS to the list of entities that are immune from liability under the bill, and specifies that nothing in the bill limits the obligations of health care professionals or hospitals in prescribing, storing, or administering drugs and devices. Amendment L.004 specifies that the list of entities included in the definition of "authorized entity" is not exhaustive.

**House Appropriations Committee (March 27, 2015).** The committee adopted amendment J.001, which appropriates \$23,736 from the General Fund to the Department of Public Health and Environment with the assumption that the department requires 0.4 FTE to implement the bill. The committee referred the bill, as amended, to the House Committee of the Whole.

**House second reading (April 1, 2015).** The House adopted the House Public Health Care and Human Services and Appropriations Committee reports. The House also adopted the following amendments:

- Amendment No. 3, which includes ski areas in the definition of "authorized entities;"
- Amendment No. 4, which clarifies that health care practitioners who are authorized to prescribe drugs and devices may direct the distribution of epinephrine auto-injectors from an in-state prescription drug outlet, as well as directly distribute the devices, to authorized entities;
- Amendment No. 5, which expands the list of people who may be provided an epinephrine auto-injector by an authorized entity to treat a person who is experiencing anaphylaxis, and specifies that providing or administering an epinephrine auto-injector is deemed emergency care for purposes of state law concerning civil liability for persons who provide emergency care.

The House passed the bill, as amended, on second reading.

**House third reading (April 2, 2015).** The House passed the bill on third reading, with no additional amendments.

### **Senate Action**

**Senate Health and Human Services Committee (April 16, 2015).** At the hearing, a representative of Mylan Inc., and a private citizen testified in support of the bill. The committee referred the bill, unamended, to the Senate Appropriations Committee.

**Senate Appropriations Committee (April 24, 2015).** The committee referred the bill, unamended, to the Senate Committee of the Whole and the consent calendar.

**Senate second reading (April 24, 2015).** The Senate passed the bill on second reading with no amendments.

**Senate third reading (April 27, 2015).** The Senate passed the bill on third reading with no amendments.



# Legislative Council Staff

## Research Note

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**Bill Number:** HB15-1220

**Short Title:** *Campus Sexual Assault Victim Medical Care*

**Prime Sponsors:** Representatives Danielson and Ryden  
Senators Cooke and Martinez Humenik

**Research Analyst:** Elizabeth Burger (x6272)

### Current Status

This research note reflects the final version of the bill, which was signed by the Governor and became effective on May 4, 2015.

### Summary

The bill requires state and participating private institutions of higher education, by October 31, 2015, to enter into a memorandum of understanding (MOU) with at least one health facility that has a sexual assault nurse examiner (SANE), sexual assault forensic examiner (SAFE), or medical forensic exam program. The MOU must require the institution to refer appropriate victims of sexual assault for medical care and to allow for evidence collection, if the victim chooses, and the institution must also provide or assist with transportation to the facility. Each MOU must be renewed every three years. In addition, the bill requires each institution to provide information on its website on how to access a medical forensic examination following a sexual assault, and have a sexual assault training and response policy that includes specific elements.

### Background

**Medical forensic examinations.** According to the U.S. Department of Justice, forensic examinations of sexual assault victims include the following elements: gathering information from the patient for the medical forensic history; conducting an examination; coordinating treatment of injuries; documenting biological and physical findings; and collecting evidence from the patient; providing information, treatment, and referrals for sexually transmitted infections, pregnancy, suicidal ideation, alcohol and substance abuse, and other non-acute medical concerns; and following-up as needed to provide additional healing, treatment, or collection of evidence.

**Date:** 6/23/2015

**Version:** Final

## House Action

**House Public Health Care and Human Services Committee (March 17, 2015).** At the hearing, representatives of the Colorado Coalition Against Sexual Assault and Sexual Assault Response Advocates and several private citizens testified in support of the bill. The committee adopted amendment L.002, which strikes everything below the enacting clause and requires state and participating private institutions of higher education to enter into an MOU with medical facilities that have SANE or SAFE examiners or that offer a medical forensic exam program. The committee referred the bill, as amended, to the House Committee of the Whole.

**House second reading (March 23, 2015).** The House of Representatives adopted the House Public Health Care and Human Services Committee report and passed the bill on second reading.

**House third reading (March 24, 2015).** The House of Representatives passed the bill on third reading with no amendments.

## Senate Action

**Senate Education Committee (April 15, 2015).** At the hearing, representatives from the Colorado Coalition Against Sexual Assault and a private citizen testified in support of the bill. The committee referred the bill, unamended, to the Senate Committee of the Whole.

**Senate second reading (April 20, 2015).** The Senate passed the bill on second reading with no amendments.

**Senate third reading (April 21, 2015).** The Senate passed the bill on third reading with no amendments.

**Date:** 6/11/2015

**Version:** Final



# Legislative Council Staff

## Research Note

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**Bill Number:** HB15-1214

**Short Title:** *Abuse-deterrent Opioid Analgesic Drugs*

**Prime Sponsors:** Representative Singer  
Senator Cooke

**Research Analyst:** Elizabeth Burger (x6272)

### Current Status

This research note reflects the final version of the bill, which was signed by the Governor and became effective on May 11, 2015.

### Summary

The bill requires the Governor to direct the Colorado Consortium for Prescription Drug Abuse Prevention to study the barriers to the use of abuse-deterrent opioid analgesic drug products as a way to reduce abuse and diversion of opioid drugs. The consortium must report its findings to the health committees of the General Assembly by January 15, 2017.

### Background

***Opioids and abuse-deterrent formulations.*** Opioids are a type of narcotic pain medication that operate by binding to opioid receptors in the brain, spinal cord, or other areas. Codeine, morphine, methadone, and oxycodone are types of opioids. Opioids can produce a feeling of euphoria in the user, making them susceptible to recreational use and abuse.

According to the federal Food and Drug Administration, opioids can be abused in a number of ways, such as crushing in order to snort or dissolving in order to inject the medication. Abuse-deterrent formulations of opioid medications target the known or expected routes of abuse for the specific opioid drug substance in that formulation. For instance, a medication that is produced in pill form can be manufactured in a non-crushable version.

***Colorado Consortium for Prescription Drug Abuse Prevention.*** The Colorado Consortium for Prescription Drug Abuse Prevention was created in 2013 to establish a coordinated, statewide response to address prescription drug abuse. The consortium works to reduce the abuse and misuse of prescription drugs through improvements in education, public outreach,

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research, safe disposal, and treatment. It is housed in the Skaggs School of Pharmacy and Pharmaceutical Sciences at the University of Colorado Anschutz Medical Campus.

## House Action

**House Public Health Care and Human Services Committee (March 3, 2015).** At the hearing, a representative of the Colorado Association of Nurse Anesthetists and private citizens testified in support of the bill. Representatives of the Colorado Association of Health Plans, Anthem Blue Cross Blue Shield, and Kaiser Permanente testified in opposition to the bill. The bill was laid over for action.

**House Public Health Care and Human Services Committee (March 10, 2015).** The committee adopted amendment L.003 and referred the bill to the Committee of the Whole. The amendment struck everything below the enacting clause and substituted a requirement that the Governor direct the Governor's Consortium for Prescription Drug Abuse Prevention to study the barriers to and efficacy of the use of abuse-deterrent opioid analgesic drug products and to report to the health committee of the legislature by January 15, 2016.

**House Second Reading (March 13, 2015).** The House adopted the House Public Health Care and Human Services Committee report and amendments L.002 and L.003. Amendment L.002 corrected the name of the consortium, and amendment L.003 inserted a safety clause into the bill. The House passed the bill on second reading, as amended.

**House Third Reading (March 16, 2015).** The House passed the bill on third reading with no amendments.

## Senate Action

**Senate State, Veterans, and Military Affairs Committee (April 8, 2015).** At the hearing, a representative of the Colorado Drug Investigators Association testified in support of the bill, and representatives of the Colorado Chapter of Families for Children's Mental Health and Pfizer testified regarding the bill. The bill was laid over for action.

**Senate State, Veterans, and Military Affairs Committee (April 14, 2015).** The committee adopted amendment L.009. The amendment struck a requirement that the consortium report on the efficacy of abuse-deterrent opioid analgesic drug products, changed the reporting date to January 15, 2017, and specified that General Funds may not be used to implement the bill. The motion to the Committee of the Whole failed, and the bill was laid over for action.

**Senate State, Veterans, and Military Affairs Committee (April 15, 2015).** The committee referred the bill, as amended, to the Senate Committee of the Whole.

**Senate Second Reading.** The Senate adopted the Senate State, Veterans, and Military Affairs Committee report and passed the bill on second reading.

**Senate Third Reading.** The Senate passed the bill on third reading with no amendments.

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**Version:** Final



# Legislative Council Staff

## Research Note

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**Bill Number:** HB15-1211

**Short Title:** *License Requirements For Durable Medical Equipment Suppliers*

**Prime Sponsors:** Representative Young  
Senator Sonnenberg

**Research Analyst:** Amanda King (x4332)

### Current Status

This research note reflects the final version of the bill, which was signed by the Governor and became effective on March 26, 2015.

### Summary

The definition of "durable medical equipment supplier" is revised in the state law concerning durable medical equipment supplier licenses. A durable medical equipment supplier is not required to be a Medicaid provider. Previously, a durable medical equipment supplier was required to have at least one physical location within the state or within 50 miles of the Colorado border. Under the bill, a supplier must have one accredited physical facility that is staffed during reasonable business hours within 100 miles of any Colorado Medicare client being served by the supplier.

### Background

The Durable Medical Equipment, Prosthetics, Orthotics and Supplies Competitive Bidding Program was mandated by Congress through the federal Medicare Prescription Drug, Improvement, and Modernization Act of 2003. It required that Medicare replace the fee schedule payment methodology for selected durable medical equipment, prosthetics, orthotics and supplies items with a competitive bid process. According to the Centers for Medicare and Medicaid Services (CMS), the intent of the competitive bidding program is to improve the effectiveness of the Medicare methodology for setting payment amounts, which will reduce beneficiary out-of-pocket expenses and save the Medicare program money while ensuring beneficiary access to quality items and services.

Under the program, a competition among suppliers who operate in a particular competitive bidding area is conducted. Bids are evaluated based on the supplier's eligibility, its financial

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stability, and the bid price. Contracts are awarded to the Medicare suppliers who offer the best price and meet applicable quality and financial standards.

In 2014, the General Assembly enacted House Bill 14-1369 requiring durable medical equipment suppliers to be licensed by the Colorado Secretary of State in order to do business in Colorado. As stated in the legislative declaration of House Bill 14-1369, the intent of requiring licensure of durable medical equipment suppliers that participate in CMS programs is so Colorado residents have access to the services and products they need. According to the legislative declaration, durable medical equipment suppliers located outside of Colorado were winning CMS contracts, but did not have a physical location in Colorado, did not have inventory available, and did not have Colorado employees to run the businesses creating issues of access to these services and products.

The annual licensing fee for durable medical equipment suppliers can be no more than \$500, and is currently set at \$350.

### **House Action**

***House Health, Insurance, and Environment Committee (February 26, 2015).*** At the hearing, representatives of the Colorado Association for Medical Equipment Services and Rx Plus Pharmacies testified in support of the bill.

The committee adopted amendments L.008 and L.009 and referred the bill to the House Appropriations Committee. Amendment L.008 excludes a person or entity that supplies or provides products that are part of the Medicare's National Mail Order Program from the definition of a durable medical equipment supplier. Also excluded is a person or entity that supplies or provides devices directly to certain health care providers that require a prescription for dispensing to a patient as part of his or her own services, regardless of whether the device is mailed to the health care provider or the patient.

Amendment L.009 requires the durable medical equipment supplier to have at least one accredited physical facility that is staffed during reasonable business hours within 100 miles of any Colorado Medicare client being served by the supplier.

***House Appropriations Committee (March 6, 2015).*** The committee adopted amendment L.010 and referred the bill to the House Committee of the Whole. Amendment L.010 amends the House Health, Insurance, and Environment Committee report to state that a durable medical equipment supplier license is not required to be a Medicaid provider. No one testified at the hearing.

***House second reading (March 9, 2015).*** The House adopted the House Health, Insurance, and Environment Committee and House Appropriations Committee reports and passed the bill, as amended, on the second reading.

***House third reading (March 10, 2015).*** The House passed the bill on third reading with no amendments.

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**Senate Health and Human Services Committee (March 18, 2015).** The committee referred the bill, unamended, to the Senate Committee of the Whole, and recommended the bill be placed on the consent calendar. No one testified on the bill.

**Senate second reading (March 19, 2015).** The Senate passed the bill on second reading with no amendments.

**Senate third reading (March 20, 2015).** The Senate passed the bill on third reading with no amendments.

**Date:** 8/05/2015

**Version:** Final



# Legislative Council Staff

## Research Note

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**Bill Number:** HB15-1191

**Short Title:** *Add Dentists To Physician Designation Act*

**Prime Sponsors:** Representative Pettersen  
Senator Grantham

**Research Analyst:** Amanda King (x4332)

### Current Status

This research note reflects the final version of the bill, which becomes effective August 5, 2015, assuming no referendum petition is filed.

### Summary

The bill adds dentists to the Physician Designation Disclosure Act.

### Background

Physician designation programs assess a physician's performance based on quality or other measures and usually give the physician a rate, grade, rank, or tier. Once a physician is in a health care network or practicing in a certain geographic area, he or she may be rated in a variety of ways by health plans, payers, hospitals, or other entities that have some control over his or her practice or payments. Ratings may be used to reward high-quality care or to deter patients away from poor performers.

In 2008, the Physician Designation Disclosure Act was enacted by the General Assembly. It established minimum requirements to be used by a health care entity, which is defined in the act as a health insurance carrier, when developing a designation or assessment of performance for a physician. Upon request of the designated physician or the Commissioner of Insurance, a health care entity is required to disclose the process and data used in creating a designation. The act states that physicians have the right to appeal a designation, during which time any change or modification to the designation cannot be used, and allows a physician to take civil action against a health care entity for violating the act.

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## House Action

**House Health, Insurance, and Environment Committee (February 26, 2015).** At the hearing, representatives of the Colorado Dental Association testified in support of the bill. No one testified in opposition to the bill.

The committee adopted amendment L.002 and referred the bill to the House Committee of the Whole.

The introduced bill replaced the word "physician" with the phrase "health care provider" throughout the Physician Designation Disclosure Act. Amendment L.002 returns the term to "physician" and adds the term "dentist."

**House Second Reading (March 6, 2015).** The House adopted the House Health, Insurance, and Environment Committee report and passed the bill, as amended, on second reading.

**House Third Reading (March 9, 2015).** The House passed the bill, unamended, on third reading.

## Senate Action

**Senate Health and Human Services Committee (March 25, 2015).** At the hearing, representatives of the Colorado Dental Association testified in support of the bill. No one testified in opposition to the bill.

The committee referred the bill, unamended, to the Senate Committee of the Whole for placement on the consent calendar.

**Senate Second Reading (March 30, 2015).** The Senate passed the bill, unamended, on second reading.

**Senate Third Reading (March 31, 2015).** The Senate passed the bill, unamended, on third reading.



# Legislative Council Staff

## Research Note

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**Bill Number:** HB15-1144

**Short Title:** *Prohibit Plastic Microbeads Personal Care Products*

**Prime Sponsors:** Representative Primavera  
Senator Todd

**Research Analyst:** Amanda King

### Current Status

This note reflects the final version of the bill.

### Summary

The final bill prohibits the production, manufacture, or acceptance for sale of personal care products containing synthetic plastic microbeads, including over-the-counter drugs. The prohibition is phased in over a two-year period, as follows:

- beginning on January 1, 2018, a person cannot produce or manufacture personal care products containing synthetic plastic microbeads, except for over-the-counter drugs;
- beginning on January 1, 2019, a person cannot accept for sale personal care products containing synthetic plastic microbeads, except for over-the-counter drugs, or produce or manufacture an over-the-counter drug containing synthetic plastic microbeads; and
- beginning on January 1, 2020, a person cannot accept for sale an over-the-counter drug containing synthetic plastic microbeads.

A person who violates the prohibitions on producing, manufacturing, or selling synthetic plastic microbeads is subject to a civil penalty of not less than \$1,000 but not more than \$10,000 for each offense. The penalty is determined and collected by the district court for the judicial district in which the violation occurred upon an action instituted by the Department of Public Health and Environment. The penalties collected must be transmitted to the State Treasurer who must credit the moneys to the General Fund.

### Background

As defined by the final bill, synthetic plastic microbeads are intentionally added, nonbiodegradable, solid plastic particles measuring less than five millimeters in size intended to

**Date:** 3/11/2015

**Version:** Final

aid in exfoliating or cleansing as a part of a rinse-off product. Synthetic plastic microbeads are found in a number of common cosmetics and skin and personal care products. In December 2013, a paper was published in the *Marine Pollution Bulletin* on microplastic pollution in the surface waters of the Great Lakes. The paper indicated that microbeads are not being captured by sewage treatment plants. After the paper was released, media reports published concerns about the impact microbeads are having on the environment. In 2014, Illinois enacted the first state law prohibiting the manufacturing or selling of personal care products and over-the-counter drugs containing synthetic plastic microbeads. As of March 6, 2015, bills have been introduced in at least 18 other states concerning synthetic plastic microbeads this year.

## Relevant Research

*Marine Pollution Bulletin*, Volume 77, Issues 1–2, 15 December 2013, Pages 177–182  
Illinois Pub. Act 098-0638 (effective January 1, 2015)

## House Action

**House Public Health Care and Human Services Committee (February 10, 2015).** At the hearing, representatives of the Personal Care Products Council, Colorado Retail Council, Colorado Water Congress, Consumer Health Products Association, and Johnson and Johnson testified in support of the bill. Amendment L.001, which added the word "solid" to the definition of synthetic plastic microbead, was adopted by the committee. The committee referred the bill as amended to the Committee of the Whole.

**House Second Reading (February 13, 2015).** On Second Reading in the House, the House Public Health Care and Human Services Committee Report that incorporated amendment L.001 into the bill was adopted. No other amendments were offered or adopted.

**House Third Reading (February 19, 2015).** No amendments were offered and the House passed the bill on third reading.

## Senate Action

**Senate Health and Human Services Committee (March 5, 2015).** At the hearing, representatives of the Personal Care Products Council, the Colorado Retail Council, Denver Water, the Metro Wastewater Reclamation District, and Johnson and Johnson testified in support of the bill. No amendments were offered. The committee referred the bill to the Committee of the Whole.

**Senate Second Reading (March 10, 2015).** No amendments were offered. The Senate passed the bill on second reading.

**Senate Third Reading (March 11, 2015).** No amendments were offered. The Senate passed the bill on third reading.

**Date:** 8/11/2015

**Version:** Final



# Legislative Council Staff

## Research Note

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**Bill Number:** HB15-1075

**Short Title:** *Registered Naturopathic Doctor Treating Children*

**Prime Sponsors:** Representative Ginal  
Senator Crowder

**Research Analyst:** Amanda King (x4332)

### Current Status

This research note reflects the final version of the bill, which was signed by the Governor and became effective on March 26, 2015.

### Summary

The bill allows a naturopathic doctor to treat a child who is less than two years of age, if he or she:

- provides the parent or legal guardian of the child a copy of the most recent federally recommended immunization schedule;
- successfully completes five hours per year of education or practicum training solely related to pediatrics each year in which the naturopathic doctor treats a child under two years of age; and
- develops and executes a written collaborative agreement with a pediatrician or family physician.

The child's parent or legal guardian must sign a consent form containing certain information prior to a naturopathic doctor treating the child.

The Department of Regulatory Agencies must gather and include information about the treatment of children under the age of two years old by naturopathic doctors in its sunset report, which is scheduled to be released by October 15, 2016.

## **Background**

In 2013, the Naturopathic Doctor Act was enacted by the General Assembly. Under the act, naturopathic doctors are persons who are registered with the state to practice naturopathic medicine. In order to register as a naturopathic doctor, the person must meet certain criteria, including graduating from an approved naturopathic medical college. Naturopathic medicine is a system of health care for the prevention, diagnosis, evaluation, and treatment of injuries, diseases, and conditions of the human body through the use of education, nutrition, naturopathic preparations, natural medicines and other therapies, and other modalities that are designed to support or supplement the human body's own natural self-healing processes. There are a number of activities of which naturopathic doctors are not allowed to participate in, including prescribing controlled substances, performing surgical procedures, using general or spinal anesthetics, engaging in the practice of medicine, performing spinal adjustments, or recommending the discontinuation of a course of care recommended by another health care professional licensed in Colorado. Under the original act, naturopathic doctors could not treat children under two years of age.

## **House Action**

***House Health, Insurance, and Environment Committee (February 5, 2015).*** At the hearing, representatives of the Colorado Association of Naturopathic Doctors and a member of the public testified in support of the bill. Representative of Advocates for Children in Therapy, Children's Hospital Colorado, Colorado Citizens for Science in Medicine, and the Institute for Science in Medicine testified in opposition to the bill. Representatives of the Colorado Association of Naturopathic Medicine, Department of Regulatory Agencies, and Sunshine Health Freedom Foundation testified in a neutral capacity.

The committee adopted amendment L.001, which increases the required number of hours of education or practicum training in the area of pediatrics from three hours to five hours, and clarifies the continuing education requirements for naturopathic doctors who currently treat children who are older than two years of age but younger than eight years of age and who wish to treat children younger than two years of age. Finally, the amendment expands the types of health care professionals the naturopathic doctor can refer the child to during the first visit, if the child does not already have a relationship with another health care provider.

The committee referred the bill, as amended, to the House Committee of the Whole.

***House Second Reading (February 13, 2015).*** The House adopted the House Health, Insurance, and Environment Committee report. In addition, the House adopted the following amendments:

- Amendment No. 2, which requires the naturopathic doctor to develop and execute a written collaborative agreement with a pediatrician or family physician before treating a child under two years of age.
- Amendment No. 3, which requires the Department of Regulatory Agencies to gather and include information about the treatment of children under the age of two years old by naturopathic doctors in its sunset report, which is scheduled to be released by October 15, 2016.

**Date:** 8/11/2015

**Version:** Final

The House passed the bill, as amended, on second reading.

**House Third Reading (February 19, 2015).** The House passed the bill on third reading with no amendments.

### **Senate Action**

**Senate Health and Human Services Committee (March 5, 2015).** At the hearing, representatives of the Colorado Association of Naturopathic Doctors testified in support of the bill, and a representative of Colorado Citizens for Science in Medicine and a member of the public testified in opposition to the bill. Also, a representative of the Department of Regulatory Agencies responded to questions from the committee.

The committee referred the bill, unamended, to the Senate Committee of the Whole.

**Senate Second Reading (March 10, 2015).** The Senate passed the bill on second reading with no amendments.

**Senate Third Reading (March 11, 2015).** The Senate passed the bill on third reading with no amendments.

### **Relevant Research**

Department of Regulatory Agencies 2008 Sunrise Review: Naturopathic Physicians.

**Date:** 7/24/2015

**Version:** Final



# Legislative Council Staff

## Research Note

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**Bill Number:** HB15-1067

**Short Title:** *Continuing Professional Development Psychologists*

**Prime Sponsors:** Representative Kraft-Tharp and Representative Landgraf  
Senator Newell

**Research Analyst:** Amanda King (x4332)

### Current Status

This research note reflects to final version of the bill, which becomes effective on August 5, 2015, assuming no referendum petition is filed.

### Summary

The act requires a licensed psychologist to complete at least 40 hours of continuing professional development and educational hours every two years to maintain his or her license. The State Board of Psychologist Examiners in the Department of Regulatory Agencies must adopt rules establishing the continuing professional development program. The act outlines the minimum elements the rules must address and the activities that may constitute as acceptable professional development activities.

### Background

Prior to the enactment of House Bill 15-1067, licensed psychologists were not required to complete any continuing education to maintain licensure in Colorado. However, Colorado law requires social workers, marriage and family therapists, licensed professional counselors, and addiction counselors to demonstrate continuing professional competency to practice in their professions. The various state boards that have oversight of the professions are required to adopt rules establishing a continuing professional competency program. Details about the number of hours required and the activities that meet the continuing competency requirements are contained in the rules for the various oversight boards. In addition, most other western states require some kind of continuing education for licensed psychologists to maintain licensure.

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## House Action

**House Health, Insurance, and Environment Committee (January 22, 2015).** At the hearing, representatives of the Colorado Psychological Association testified in support of the bill, and a representative of the Department of Regulatory Agencies responded to questions from committee members. No one testified in opposition to the bill. The committee referred the bill, unamended, to the House Appropriations Committee.

**House Appropriations Committee (January 30, 2015).** The House Appropriations Committee referred the bill, unamended, to the House Committee of the Whole. No one testified on the bill.

**House second reading (February 3, 2015).** The House passed the bill, unamended, on second reading.

**House third reading (February 4, 2015).** The House passed the bill, unamended, on third reading.

## Senate Action

**Senate Health and Human Services Committee (February 26, 2015).** At the hearing, representatives of the Colorado Psychological Society and members of the public testified in support of the bill. No one testified in opposition to the bill.

The committee adopted amendments L.001 and L.002. Amendment L.001 allows certain on-line continuing education activities to count toward the professional development requirements.

Amendment L.002 added a provision specifying that writing a federal, state, or foundation level grant counts as one hour of continuing professional development hours for every page of narrative of the grant. It also added a provision specifying that reviewing a federal, state, or foundation level grant counts as one hour of continuing professional development hours for every five pages of narrative of the grant.

The committee referred the bill, as amended, to the Senate Appropriations Committee.

**Senate Appropriations Committee (March 13, 2015).** The Senate Appropriations Committee referred the bill, unamended, to the Senate Committee of the Whole. No one testified on the bill.

**Senate second reading (March 18, 2015).** The Senate adopted the Senate Health and Human Services Committee report. In addition, the Senate adopted Amendment No. 2, which removes the portions of the Senate Health and Human Services Committee report allowing certain activities related to writing and reviewing grants to count as professional development hours. The amendment also added a provision allowing satisfactory completion of an ethics course offered by certain organizations to count toward the required continuing professional development hours.

The Senate passed the bill, as amended, on second reading.

**Senate third reading (March 19, 2015).** The Senate passed the bill on third reading with

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no amendments.



# Legislative Council Staff

## Research Note

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**Bill Number:** HB15-1059

**Short Title:** *Denver Health & Hospital Authority Board*

**Prime Sponsors:** Representative Garnett  
Senator Guzman

**Research Analyst:** Amanda King (x4332)

### Current Status

This research note reflects the final version of the bill, which was signed by the Governor and became effective on March 20, 2015.

### Summary

The act reduces the number of meetings the Denver Health and Hospital Authority is required to have each year from eight to six. The act removes the requirement that the members of the defunct Denver Board of Health and Hospitals serve as a nonvoting advisory panel to the authority's board. As of July 1, 2015, the act changes the way a board member of the authority can be removed and the reasons why a board member can be removed. The act expands the board from nine members to eleven members as of July 1, 2016.

### Background

The Denver Health and Hospital Authority Board was established as a political subdivision of the state in 1994. The Denver Health and Hospital Authority's Board of Directors are appointed by the Mayor of Denver. Board members serve five-year terms and direct Denver Health's activities, which include financial management, education, quality assurance, personnel, compensation, and the Denver Health Medical Plan, Inc.

### House Action

***House Health, Insurance, and Environment Committee (January 29, 2015).*** At the hearing, representatives of Denver Health and Hospital Authority Board of Directors testified in support of the bill. No one spoke in opposition to the bill.

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Amendment L.001 was offered and adopted by the committee. The amendment changed when the provisions of the bill concerning the size of the board go into effect from July 1, 2015, to July 1, 2016. The amendment reduced the number of meetings the authority is required to have each year from eight to six.

The committee referred the bill to the House Committee of the Whole.

**House second reading (February 3, 2015).** The House adopted the House Health, Insurance, and Environment Committee report. The House passed the bill, as amended, on second reading.

**House third reading (February 4, 2015).** The House passed the bill on third reading with no amendments.

## Senate Action

**Senate Health and Human Services Committee (February 19, 2015).** At the hearing, a representative of the Denver Health and Hospital Authority Board of Directors and the City and County of Denver testified in support of the bill. No one spoke in opposition to the bill. The bill was laid over.

**Senate Health and Human Services Committee (February 25, 2015).** Amendment L.002 was offered and adopted by the committee. The amendment added language to the law that the board's determination to remove a member shall be based on the fact that the member failed to perform his or her duties as a board member or has engaged in conduct detrimental to the hospital authority or the board.

The committee referred the bill to the Senate Committee of the Whole with a recommendation that the bill be placed on the consent calendar.

**Senate second reading (March 2, 2015).** On second reading in the Senate, the bill was removed from the consent calendar. The Senate adopted the Senate Health and Human Services committee report. Additionally, the Senate adopted Amendment No. 2, which amended the Senate Health and Human Services committee report to allow the removal of board member because the member engaged in conduct detrimental to the authority of the board. The Senate passed the bill, as amended, on second reading.

**Senate third reading (March 3, 2015).** On third reading in the Senate, amendment No.1 was offered and adopted. The amendment allows a board member to be removed if the member engaged in conduct detrimental to either the hospital authority or board. The Senate passed the bill, as amended, on third reading.



# Legislative Council Staff

## Research Note

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**Bill Number:** HB15-1039

**Short Title:** *Prescription Give-back For Institutions*

**Prime Sponsors:** Representative Tyler  
Senator Neville T.

**Research Analyst:** Elizabeth Burger (x6272)

### Current Status

This research note reflects the final version of the bill, which becomes effective on August 5, 2015, assuming no referendum petition is filed.

### Summary

Current law allows a licensed medical facility, such as a hospital, community mental health center, or nursing care facility, to donate unused medications, medical supplies, and medical devices to a nonprofit entity for the relief of victims who are in urgent need because of a natural or other type of disaster. The bill removes the restriction that the donated medications, supplies, and devices be used for purposes of disaster relief. The bill further specifies that a person or entity is not subject to criminal or civil liability or professional discipline for donating, accepting, dispensing, or facilitating the donations of medications in good faith. The bill removes a restriction that the donated or dispensed medication bear an expiration date that is later than six months after the drug was donated, specifying instead that the medication must not be expired, although a donated medication cannot be dispensed if it will expire before the medication is used by the patient, based on the prescribing practitioner's directions for use. Finally, the bill prohibits the resale of donated medication, medical supplies, and medical devices for profit.

### Background

**Current law for health care facilities and providers.** Current law allows the donation or return of medications, medical devices, and medical supplies in the following circumstances:

- a patient or resident of a medical facility, or the patient's or resident's next of kin, may donate medications, devices, or supplies to the facility's

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- pharmacist to be redispensed within the facility;
- a medical facility may donate medications, devices, or supplies to a nonprofit entity for disaster relief;
- a correctional facility may return medications, devices, or supplies to the facility's pharmacist to be redispensed within the facility; and
- a pharmacist participating in the Medicaid program may accept unused medication from a licensed medical facility or health care provider and dispense the medication to another person.

Donated medication that is redispensed must be:

- liquid and the vial still sealed and properly stored;
- individually packaged, with undamaged packaging; or
- in the original, unopened, sealed, and tamper-evident unit dose packaging.

The following medications may not be donated:

- medications packaged in brown or amber pill bottles;
- controlled substances;
- medications that require refrigeration, freezing, or special storage;
- medications that require special registration with the manufacturer; or
- medications that are adulterated or misbranded.

The State Board of Pharmacy has issued rules governing the donation and redistribution of medications, donations, or supplies.

**Colorado Cancer Drug Repository Act.** Under the Colorado Cancer Drug Repository Act, cancer patients and their families may donate unused cancer drugs or medical devices to a health care facility, medical clinic, or pharmacy that may distribute the drug or device to uninsured or underinsured cancer patients. The Colorado Department of Public Health and Environment oversees this program.

**Household Medication Take-back Program.** In 2014, the General Assembly established the Household Medication Take-back Program. Under the program, the Department of Public Health and Environment must establish approved collection sites for individuals to dispose of unused household medications, and arrange for carriers to transport the medications to approved disposal sites where the medication is destroyed.

## House Action

**House Public Health Care and Human Services Committee (January 20, 2015).** At the hearing, representatives of the Department of Public Health and Environment, Supporting Initiatives to Redistribute Unused Medicine (SIRUM), the Fremont County Sheriff's Office, and the Colorado Community Health Network testified in support of the bill.

The committee adopted amendment L.002. The amendment specifies that donated medical supplies may be used or unused; changes terminology related to providers who are permitted by law to dispense medication, medical devices, and medical supplies; allows a prescription drug

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outlet to donate medication, medical devices, and medical supplies to a nonprofit entity; and specifies that a donated medication may not be dispensed if it will expire before the patient uses it, based on the prescribing practitioner's directions for use. The amendment also clarifies that donated medications, medical devices, and medical supplies cannot be resold for profit.

**House Second Reading (January 23, 2015).** The House adopted the bill on second reading along with the Public Health Care and Human Services Committee report.

**House Third Reading (January 26, 2015).** The House adopted the bill on third reading with no additional amendments.

### **Senate Action**

**Senate Health and Human Services Committee (February 12, 2015).** At the hearing, representatives of the Colorado Department of Public Health and Environment and Supporting Initiatives to Redistribute Unused Medicine (SIRUM) testified in support of the bill. The committee referred the bill, unamended, to the Senate Committee of the Whole and the consent calendar.

**Senate Second Reading (February 18, 2015).** The Senate adopted the bill on second reading with no amendments.

**Senate Third Reading (February 19, 2015).** The Senate adopted the bill on third reading with no amendments.



# Legislative Council Staff

## Research Note

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**Bill Number:** HB15-1032

**Short Title:** *Licensed Mental Health Professionals Treat Minors*

**Prime Sponsors:** Representative Singer  
Senator Aguilar

**Research Analyst:** Elizabeth Burger (x6272)

### Current Status

This research note reflects the final version of the bill, which was signed by the Governor and became effective on March 20, 2015.

### Summary

Under current law, minors who are 15 years or older may consent to receive mental health services, without parental consent, if the care is provided by a physician or psychologist or by a mental health facility. The bill expands the professionals who can treat minors without parental consent to include licensed social workers, licensed professional counselors, licensed marriage and family therapists, and licensed addiction counselors, and allows the care to be provided in any practice setting.

### Background

Under House Bill 15-1032, the following professionals may provide mental health services to minors 15 years of age and older without parental consent.

**Social workers.** Social workers are licensed by the Department of Regulatory Agencies. Social workers address the prevention, assessment, diagnosis, and intervention of problems in individuals, families, groups, organizations and society, including alcohol and substance abuse and domestic violence. In order to be licensed, social workers must possess a bachelor's, master's, or doctoral degree in social work from an accredited social work program and pass an examination. To be licensed as a clinical social worker, the social worker must have obtained additional years of practice under the supervision of a licensed clinical social worker.

**Marriage and family therapists.** Marriage and family therapists are licensed by the

**Date:** 5/26/2015

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Department of Regulatory Agencies. Such therapists render professional marriage and family therapy services to individuals, couples, and families. In order to be licensed, they must hold a master's or doctoral degree from a college of marriage and family therapy, pass an examination, and have at least two years of post-master's practice or one year of postdoctoral practice in individual and marriage and family therapy.

**Professional counselors.** Professional counselors are licensed by the Department of Regulatory Agencies. Professional counselors apply mental health, psychological, or human development principles through cognitive, affective, behavioral, or system intervention strategies that address wellness, personal growth, or career development. In order to be licensed, they must hold a master's or doctoral degree in professional counseling from an accredited program, have at least two years of post-master's practice or one year of postdoctoral practice in licensed professional counseling, and pass an licensing examination.

**Addiction counselors.** Addiction counselors are licensed or certified by the Department of Regulatory Agencies. Addiction counselors apply general counseling theories and treatment methods adapted specifically for working with addictive and other behavioral health disorders. To be licensed, addiction counselors must hold a master's or doctoral degree in behavioral health sciences from an accredited program and pass a national examination and a jurisprudence examination by the State Board of Addiction Counselors. Licensed level III addiction counselors must complete a specific number of hours of addiction-specific training and at least 5,000 hours of clinical supervised work experience. Certified addiction counselors must complete training courses approved by the Department of Human Services and completing a specific number of practice hours. Only licensed, not certified, addiction counselors are covered by House Bill 15-1032.

## House Action

**House Public Health Care and Human Services Committee (January 27, 2015).** At the hearing, representatives of the National Association of Social Workers - Colorado Chapter, Colorado Association of Marriage and Family Therapists, Colorado Counseling Association, National Alliance on Mental Illness, and Colorado Association for School Based Health Care testified in support of the bill.

The committee adopted amendment L.001. Under current law, the term "professional person" for this section of statute is defined to include physicians and psychologists. As introduced, the House Bill 15-1032 expanded the statutory definition of "professional person" to include licensed social workers, professional counselors, marriage and family therapists, and addiction counselors. Amendment L.001 removed this change to the definition from the bill, and instead specified that a minor who is 15 years of age or older can consent to treatment, without parental consent, provided by a facility, professional person, or a licensed mental health professional. The amendment also added language to the statutes governing mental health professional licensing specifying that a licensed mental health professional may provide health services to a minor who is 15 years of age or older with or without parental consent as long as the licensee is practicing within the scope of her or her practice. The committee referred the bill, as amended, to the House Committee of the Whole.

**House Second Reading (February 5, 2015).** The House adopted the House Public Health

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Care and Human Services Committee report and amendment L.002. Amendment L.002 amended the Public Health Care and Human Services Committee report to specify that the care provided by a licensed mental health professional to a minor aged 15 and older may be provided in any practice setting. It also removed the portion of the committee report that added language to the statutes governing the licensing of mental health professionals. The committee passed the bill, as amended.

**House Third Reading (February 6, 2015).** The House adopted the bill on third reading with no amendments.

### **Senate Action**

**Senate Health and Human Services Committee (March 4, 2015).** At the hearing, representatives of the Colorado Counseling Association, National Association of Social Workers - Colorado Chapter, Colorado Association for School Based Health Care, and National Alliance on Mental Illness testified in support of the bill. The committee referred the bill, unamended, to the Senate Committee of the Whole and the consent calendar.

**Senate Second Reading (March 10, 2015).** The Senate passed the bill on second reading with no amendments.

**Senate Third Reading (March 11, 2015).** The Senate adopted the bill on third reading with no amendments.

**Date:** August 11, 2015

**Version:** Final



# Legislative Council Staff

## Research Note

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**Bill Number:** HB15-1029

**Short Title:** *Health Care Delivery Via Telemedicine Statewide*

**Prime Sponsors:** Representative Buck and Representative Ginal  
Senator Kefalas and Senator Martinez Humenik

**Research Analyst:** Amanda King (x4332)

### Current Status

This note reflects the final version of the bill, which becomes effective January 1, 2017, assuming no referendum petition is filed.

### Summary

Starting in 2017, the act prohibits a health insurance plan from requiring in-person contact between a health care provider and a patient for services appropriately provided through telehealth. Delivery of services via telehealth is not required when the health care provider determines delivery of care via telehealth is not appropriate or when the patient chooses not to receive care via telehealth. Health insurers must reimburse the treating health care provider for services delivered via telehealth on the same basis that the insurers must reimburse providers for those services when provided in person. The act outlines the types of insurance policies and contracts for which it does not apply. The act changes the term "telemedicine" to "telehealth" throughout the health insurance statutes.

### Background

As defined by the act, telehealth is the delivery of health care through telecommunications systems while the patient is at an originating site and the health care provider is at a distant site. Telehealth does not include providing health care services via telephone, fax, or e-mail.

In 2001, the primary law addressing telehealth, which at that time was called telemedicine, was enacted as part of the Colorado Rural Health Care Act of 2001. Initially, the law prohibited a health insurance plan from requiring in-person contact between a provider and a patient if the patient lived in a county with 150,000 or few residents and the health care services could be

**Date:** August 11, 2015

**Version:** Final

provided appropriately through telehealth. House Bill 15-1029 removes the rural component, thereby requiring coverage of services delivered via telehealth, regardless of the patient's location.

## **House Action**

**House Health, Insurance, and Environment Committee (January 22, 2015).** At the hearing, representatives of Centura Health, Children's Hospital Colorado, Colorado Access, Colorado Hospital Association, Colorado Psychiatric Society, Colorado Telehealth Network, Health One, and University of Colorado and one member of the public testified in support of the bill. A representative of the Colorado Association of Health Plans testified in support of the bill, if amended. A representative of the Colorado Medical Society responded to questions from committee members at the hearing. No one testified in opposition to the bill.

The committee adopted amendment L.001. The amendment defines "telehealth" and changes the word "telemedicine" to "telehealth" throughout the bill. The amendment specifies that if a patient receives health care services through telehealth, the insurance carrier must apply the same copayment, coinsurance, or deductible amount as the carrier applies when those health care services are provided in person.

The committee adopted amendment L.002. The amendment clarifies that reimbursements are also based on whether the provider is a participating provider or not. It moves the effective date of the bill from January 1, 2016, to January 1, 2017.

The committee adopted amendment L.003. The amendment updates the current statutory provision concerning health insurance plans' network adequacy to use the term telehealth rather than telemedicine.

The committee referred the bill, as amended, to the House Committee of the Whole.

**House second reading (January 27, 2015).** The House adopted the House Health, Insurance, and Environment Committee report and passed the bill, as amended, on second reading.

**House third reading (January 28, 2015).** The House passed the bill on third reading with no additional amendments.

## **Senate Action**

**Senate Health and Human Services Committee (February 19, 2015).** At the hearing, representatives of Centura Health, Centura Health Physician Group, Colorado Access, Colorado Hospital Association, and Colorado Psychiatric Society and a member of the public testified in support of the bill. No one testified in opposition to the bill.

The committee adopted amendment L.006, which states that a patient can refuse to receive care through telehealth.

The committee referred the bill, as amended, to the Senate Committee of the Whole.

**Date:** *August 11, 2015*

**Version:** *Final*

**Senate second reading (February 24, 2015).** The Senate adopted the Senate Health and Human Services Committee report and passed the bill, as amended, on second reading.

**Senate third reading (February 27, 2015).** The Senate passed the bill on third reading with no additional amendments. On the same day, the Senate reconsidered the bill, and passed the bill on third reading with no additional amendments.



# Legislative Council Staff

## Research Note

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**Bill Number:** SB15-228

**Short Title:** *Medicaid Provider Rate Review*

**Prime Sponsors:** Senator Steadman  
Representative Rankin

**Research Analyst:** Elizabeth Haskell (x6264)

### Current Status

This research note reflects the final version of the bill, which was signed by the Governor and became effective on June 5, 2015.

### Summary

The bill requires the Department of Health Care Policy and Financing (HCPF) to establish a program to review each Medicaid provider rate at least once every five years. The bill creates the Medicaid Provider Rate Review Advisory Committee (advisory committee) to assist the department in reviewing the rates. The 24 members of the advisory committee are appointed by legislative leadership and represent various stakeholder groups.

The bill establishes the process to be used by HCPF to review rates, which includes input from the JBC, the advisory committee, the Office of State Planning and Budgeting, and other stakeholders. The bill permits the Joint Budget Committee (JBC) or the advisory committee to request an out-of-cycle review by December 1 of the year prior to the year in which the review will take place. HCPF is required to submit a report to the JBC on the rate review and its recommendations on or before November 1 of each year.

### Background

HCPF is the state agency that administers Colorado Medicaid, Child Health Plan Plus, and other public health care programs that provide coverage for more than 1.1 million low-income Colorado residents. Although HCPF had begun the process of reviewing rates for specific services, rate changes requested by HCPF historically did not rely on a systematic review process or a methodology for original rate setting or periodic update. Rate adjustment in the past appears largely to have followed from the budget process, with increases or decreases implemented as a percentage for all procedures.

## **Senate Action**

**Senate Health and Human Services Committee (March 26, 2015).** At the hearing, representatives from the Colorado Medical Society, the Colorado Society of Anesthesiologists, the Colorado Radiological Society, the Colorado Optometric Association, and Emergency Medical Services Association testified in support of the bill. There was no public testimony in opposition to the bill.

The committee adopted amendments L.001, L.002, and L.004. Amendment L.001 added language to the bill requiring HCPF to forward any petitions or proposals for provider rate review or adjustment to the advisory committee and clarified the level of public involvement in the review process. Amendment L.002 clarified the membership of the advisory committee. Amendment L.004 established that HCPF may exclude certain rates from the five-year schedule, established that the JBC and the advisory committee may override the exclusion, and required that the rate review include an assessment of whether provider rates are sufficient to allow for provider retention and client access and to support appropriate reimbursement of high-value services. The committee referred the bill, as amended, to the Senate Appropriations Committee.

**Senate Appropriations Committee (April 10, 2015).** The committee adopted amendment J.001 and referred the bill to the Senate Committee of the Whole. The amendment increased the General Fund appropriation to HCPF to \$269,912, the FTE appropriation to 4.0, and federal funds appropriation to \$269,911 for FY 2015-16. There was no public testimony on the bill.

**Senate second reading (April 15, 2015).** The Senate adopted the Senate Health and Human Services Committee report, the Appropriations Committee report, and amendment No.3, and passed the bill, as amended, on second reading. Amendment No. 3 clarified the membership of the advisory committee.

**Senate third reading (April 16, 2015).** The Senate passed the bill on third reading with no amendments.

## **House Action**

**House Health, Insurance, and Environment Committee (April 30, 2015).** At the hearing, a representative of Emergency Medical Services Association testified in support of the bill and staff of the Joint Budget Committee Staff responded to questions from the committee. There was no public testimony in opposition to the bill. The committee referred the bill, unamended, to the House Appropriations Committee.

**House Appropriations Committee (May 1, 2015).** The committee referred the bill to the House Committee of the Whole with no amendments. There was no public testimony.

**House second reading (May 1, 2015).** The House passed the bill on second reading with no amendments.

**House third reading (May 4, 2015).** The House passed the bill on third reading with no amendments.



# Legislative Council Staff

## Research Note

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**Bill Number:** SB15-197

**Short Title:** *Advanced Practice Nurse Prescriptive Authority*

**Prime Sponsors:** Senator Crowder and Senator Jahn  
Representative Fields and Representative Willett

**Research Analyst:** Amanda King

### Current Status

This research note reflects the final version of the bill, which becomes effective on September 1, 2015, assuming no referendum petition is filed.

### Summary

The bill removes the requirement that an advanced practice nurse complete an 1,800 preceptorship prior to obtaining provisional prescriptive authority. All other requirements for being granted provisional prescriptive authority remain in place and the bill adds two additional requirements: the nurse must provide evidence to the State Board of Nursing (board) that he or she is included on the advanced practice registry; and the nurse must submit a signed attestation to the board that he or she has completed at least three years of combined clinical work experience as a professional nurse or as an advanced practice nurse.

After receiving provisional prescriptive authority, the advanced practice nurse must participate in a mentorship. The bill lowers the number of required mentorship hours from 1,800 to 1,000 for an advanced practice nurse to receive independent prescriptive authority. Under current law, the mentor is limited to a physician, but the bill expands the mentor role to an advanced practice nurse who has full prescriptive authority. Under the bill, remote communication with the mentor is permissible within the mentorship as long as the communication is synchronous, but communication via e-mail is not permitted.

The advanced practice nurse's provisional prescriptive authority expires if the advanced practice nurse fails to complete the mentorship within three years of starting the mentorship or otherwise fails to demonstrate competence as determined by the board. The bill states that an advanced practice nurse who is from another state who is seeking provisional or independent prescriptive authority in Colorado must meet the same requirements as set forth for an advanced

practice nurse from Colorado who is seeking independent prescriptive authority.

## **Background**

Colorado statutes require advanced practice nurses to complete an 1,800 hour preceptorship and an 1,800 mentorship before they can obtain full independent prescriptive authority. Additionally, advanced practice nurses are required to have national certification and hold a graduate or post-graduate nursing degree. Additionally, the advanced practice nurse must create an articulated plan for safe prescribing that has to be signed by a physician and the advanced practice nurse and submit an attestation of the articulated plan to the board. The articulated plan does not require ongoing involvement of a physician. An advanced practice nurse can apply for provisional prescriptive authority after meeting the following requirements:

- obtaining an appropriate graduate degree as determined by the board;
- satisfactorily completing specific educational requirements in the use of controlled substances and prescription drugs, as established by the board, either as part of a degree program or in addition to a degree program;
- receiving national certification from a nationally recognized accrediting agency, as defined by the board by rule, unless the board grants an exception; and
- securing professional liability insurance.

On November 10, 2014, the Nurse-Physician Advisory Task Force for Colorado Health Care, which was created in law in 2009 in the Department of Regulatory Agencies, issued the *Final Report and Recommendations on the Requirements for Advanced Practice Registered Nurses Seeking Prescriptive Authority*. The report made five recommendations concerning the prescriptive authority of advanced practice registered nurses, including reducing the number of practice hours required for advanced practice registered nurses to achieve full prescriptive authority.

## **Senate Action**

**Senate Health and Human Services Committee (March 12, 2015).** At the hearing, representatives from the Department of Regulatory Agencies, Colorado Medical Board, Colorado Coalition for the Medically Underserved, Colorado Nurses Association, Nurse-Physician Advisory Task Force for Colorado Healthcare, University of Colorado School of Medicine, University of Colorado College of Nursing, AARP, Health Care for All Colorado, and Colorado Hospital Association, as well as advanced practice nurses and patients, testified in support of the bill. Additionally, representatives from the Colorado Academy of Family Physicians and Colorado Psychiatric Society, as well as a physician, spoke in opposition to the bill.

Amendment L.002 was offered and adopted by the committee. The amendment makes technical corrections to the bill, and clarifies that an advanced practice nurse who has obtained prescriptive authority from another state can obtain full prescriptive authority in Colorado by meeting the same requirements for an advanced practice nurse seeking full prescriptive authority in Colorado, including having 1,000 verified prescribing practice hours.

**Senate second reading (March 18, 2015).** The Senate adopted the Health and Human Services Committee report and amendments No. 2 and No. 3 and passed the bill on second reading.

**Date:** September 30, 2015

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Amendment No. 2 amends the committee report and further clarifies that an advanced practice nurse who is from another state and who is seeking provisional or independent prescriptive authority in Colorado must meet the same requirements as set forth for an advanced practice nurse from Colorado who is seeking independent prescriptive authority. Amendment No. 3 requires an advanced practice nurse to provide to the board a signed attestation that he or she has completed at least three years of combined clinical work experience as a professional nurse or as an advanced practice nurse.

**Senate third reading (March 19, 2015).** The Senate passed the bill on third reading with no amendments.

## **House Action**

**House Health, Insurance, and Environment Committee (April 2, 2015).** At the hearing, representatives from the Department of Regulatory Agencies, Nurse-Physician Advisory Task Force for Colorado Health Care, University of Colorado system, AARP, Colorado Coalition for the Medically Underserved, Colorado Community Health Network, Colorado Nurses Association, Colorado Rural Health Center, Colorado Hospital Association, Colorado Behavioral Healthcare, San Luis Valley Health, Mt. San Rafael Health, ClinicNET, and members of the public testified in support of the bill. No one testified in opposition to the bill. The committee referred the bill, unamended, to the Committee of the Whole.

**House second reading (April 10, 2015).** The House passed the bill on second reading with no amendments.

**House third reading (April 13, 2015).** The House passed the bill on third reading with no amendments.

## **Relevant Research**

- Final Report and Recommendations on the Requirements for Advanced Practice Registered Nurses Seeking Prescriptive Authority - Nurse-Physician Advisory Task Force for Colorado Health Care, November 10, 2014.

**Date:** 9/21/2015

**Version:** Final



# Legislative Council Staff

## Research Note

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**Bill Number:** SB15-192

**Short Title:** *Therapeutic Drug Selections For Long-term Care*

**Prime Sponsors:** Senator Aguilar  
Representative Joshi

**Research Analyst:** Elizabeth Haskell (x6264)

### Current Status

This research note reflects the final version of the bill, which was signed by the Governor and became effective on June 5, 2015.

### Summary

The bill allows a licensed pharmacist to dispense therapeutic alternate drug selections, either a therapeutic interchange selection or a therapeutically equivalent selection, to a patient of a nursing care facility or a long-term acute care hospital in accordance with written guidelines and procedures. The bill requires the assessment and assurance committee of a nursing care facility or a long-term acute care hospital and a licensed health care professional with prescribing authority to jointly establish written guidelines and procedures for dispensing therapeutic interchange drug selections to patients.

### Background

Colorado law defines therapeutic interchange selection as the substitution of one drug for another drug with similar therapeutic effects. Therapeutically equivalent selection means those compounds containing the identical active chemical ingredients of identical strength, quantity, and dosage form and of the same generic drug type, which, when administered in the same amounts, will provide the same therapeutic effect as evidenced by the control of a symptom or disease.

### Senate Action

**Senate Health and Human Services Committee (March 12, 2015).** At the hearing,

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**Version:** Final

representatives of Sava Senior Care, Colorado Medical Directors Association, and Onmicare Pharmacy testified in support of the bill. There was no public testimony in opposition to the bill.

The committee adopted amendment L.001, which clarifies that if the health care professional approving the written guidelines and procedures is an advanced practice nurse prescriber, he or she must have an articulated plan to maintain ongoing collaboration with physicians and other health care professionals in place. The committee referred the bill, as amended, to the Senate Committee of the Whole, and recommended that it be placed on the consent calendar.

**Senate second reading (March 17, 2015).** The Senate adopted the Senate Health and Human Services Committee report and passed the bill, as amended, on second reading.

**Senate third reading (March 18, 2015).** The Senate passed the bill on third reading with no amendments.

## House Action

**House Health, Insurance, and Environment Committee (April 16, 2015).** At the hearing, representatives of Sava Senior Care, Colorado Medical Directors Association, and Onmicare Pharmacy testified in support of the bill. There was no public testimony in opposition to the bill.

The committee adopted amendment L.002, which replaced the term "formulary" with "list" throughout the bill. The committee referred the bill, as amended, to the House Committee of the Whole.

**House second reading (April 20, 2015).** The House adopted the House Health, Insurance, and Environment Committee report and passed the bill on second reading as amended.

**House third reading (April 21, 2015).** The House passed the bill on third reading with no amendments.



# Legislative Council Staff

## Research Note

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**Bill Number:** SB15-137

**Short Title:** *PACE Program Flexibility For Business Entity*

**Prime Sponsors:** Senator Balmer  
Representative DelGrosso and Representative Ginal

**Research Analyst:** Jeanette Chapman (x4657)

### Current Status

This research note reflects the final version of the bill, which became effective on August 5, 2015.

### Summary

Under Colorado law, only non-profit entities are permitted to offer the Program of All-Inclusive Care for the Elderly (PACE). This bill authorizes public, private, or for-profit entities to also provide PACE services, as permitted by federal law.

### Background

The PACE program provides comprehensive long-term services and support as an alternative to nursing facility care. The program is available to persons age 55 or older who are enrolled in Medicare or Medicaid and deemed eligible for nursing facility care. Services are typically offered in an adult health center and supplemented with in-home and referral services. Health and service benefits include: primary and hospital care, prescription drugs, emergency services, physical therapy, home care, meals, dentistry, nutritional counseling, social services, and transportation, among others.

Federal law requires the Centers for Medicare and Medicaid to conduct a study on whether allowing for-profit entities to provide PACE services affects the quality and cost of PACE services, and to make certain findings regarding the frailty level, access to care, and the quality of care of PACE participants enrolled with for-profit PACE providers as compared to non-profit PACE providers. The report was issued in May 2015, and found that the services provided by for-profit PACE providers met the specific criteria outlined in federal law. Thus, the provision of PACE services by for-profit entities is now permitted under federal law and, pursuant to SB15-137, under Colorado law.

**Date:** 9/1/2015

**Version:** Final

## Senate Action

**Senate Business, Labor, and Technology Committee (March 2, 2015).** At the hearing, a representative with InnovAge testified in support of the bill. The committee adopted amendment L.001 which clarifies that PACE programs are obligated to monitor and report on, among other things, quality of care and a comprehensive assessment of the provider's fiscal soundness as part of their contractual obligations. The committee referred the bill, as amended, to the Senate Committee of the Whole.

**Senate Second Reading (March 10, 2015).** The Senate Committee of the Whole adopted the Senate Business, Labor, and Technology Committee report, and passed the bill on second reading.

**Senate Third Reading (March 11, 2015).** The Senate adopted the bill, unamended, on third reading.

## House Action

**House Business Affairs and Labor Committee (April 2, 2015).** At the hearing, representatives with InnovAge testified in support of the bill, and a representative of the Colorado Center on Law and Policy testified regarding the bill. The committee adopted amendment L.003, which requires that non-profit PACE providers that convert to for-profit status provide a detailed conversion plan to the state Attorney General for review. The conversion plan will be posted on the Attorney General's website and subject to public comments. The committee referred the bill, as amended, to the House Committee of the Whole.

**House Second Reading (April 13, 2015).** The House Committee of the Whole adopted the House Business Affairs and Labor Committee report and passed the bill on second reading.

**House Third Reading (April 14, 2015).** The Senate adopted the bill, unamended, on third reading.

**Date:** 8/12/2015

**Version:** FINAL



# Legislative Council Staff

## Research Note

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**Bill Number:** SB15-105

**Short Title:** *Sunset Review Respiratory Therapy Practice Act*

**Prime Sponsors:** Senator Martinez Humenik  
Representative Primavera

**Research Analyst:** Elizabeth Haskell (x6264)

### Current Status

This research note reflects the final version of the bill, which was signed by the Governor and became effective on July 1, 2015.

### Summary

The act continues the licensure program for respiratory therapists administered by the Director of the Division of Professions and Occupations (director) in the Colorado Department of Regulatory Agencies (DORA) until September 1, 2024. The act makes the following changes to the program, which were recommended in the *2014 Sunset Review: Respiratory Therapy Practice Act* prepared by the Office of Policy, Research and Regulatory Reform in DORA. The act:

- allows the director to discipline a licensee for failing to respond to a complaint in a timely manner;
- removes the ability of the director to discipline a licensee solely because the licensee has a physical or mental illness or condition that affects his or her ability to practice with reasonable skill and safety and instead allows discipline only if the licensee fails to notify the director of the illness or condition, fails to act within the limitation created by the illness or condition, or fails to comply with an agreement entered into with the director to limit his or her practice;
- allows the director to enter into a confidential agreement with a licensee to limit his or her practice based on the licensee's physical or mental illness or condition;
- allows the director to order a licensee to undergo a physical or mental evaluation and suspend the license of any person who refuses;
- requires a person whose license is revoked to wait two years before seeking a new license;
- eliminates the requirement that the director send letters of admonition via certified

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**Version:** FINAL

- mail; and
- strikes references to the National Board of Respiratory Care as the body that credentials respiratory therapists and instead grants the director the power to select the appropriate national credentialing body upon whose practice standards to base licensure in this state.

## **Background**

House Bill 00-1294, enacted during the 2000 legislative session, created the Respiratory Therapy Practice Act. Respiratory therapists practice as part of a medical team that cares for patients who have trouble breathing. Respiratory therapists provide services in a variety of settings including hospitals, intensive care units, sleep laboratories, and homes. The 2000 act established a director model program of licensing respiratory therapist. Unlike a licensure model that establishes a board with licensing, disciplinary and policy-making authority, the director model vests all licensing, disciplinary and policy-making authority in the Director of the Division of Professions and Occupations in DORA. In order to be a licensed respiratory therapist, an individual must complete an education program accredited by the Commission on Accreditation for Respiratory Care and be credentialed by a national respiratory therapy credentialing body.

In 2004, the Office of Policy, Research and Regulatory Reform in DORA conducted a sunset review of the program and recommended that the program be allowed to sunset. The General Assembly, however, continued the program and set the next sunset date for July 1, 2015. The Office of Policy, Research and Regulatory Reform in DORA conducted a sunset review prior to the 2015 repeal date and made recommendations to continue and enhance the program.

## **Senate Action**

**Senate Health and Human Services Committee (January 14, 2015).** During the sunset committee meeting, DORA staff presented the *2014 Sunset Review: Respiratory Therapy Practice Act*. The committee reviewed the sunset report and a bill draft containing the report recommendations. The committee voted to introduce the bill. There was no public testimony.

**Senate Health and Human Services Committee (February 12, 2015).** At the hearing, DORA staff spoke in support of the introduced bill and responded to committee questions. There was no public testimony in opposition to the bill. The committee referred the bill, unamended, to the Senate Committee of the Whole with favorable recommendation.

**Senate second reading (February 18, 2015).** The bill passed on second reading with no amendments.

**Senate third reading (February 19, 2015).** The bill passed on third reading with no amendments.

## **House Action**

**House Health, Insurance, and Environment Committee (March 17, 2015).** At the

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**Version:** FINAL

hearing, DORA staff testified in support of the bill and responded to questions from the committee. There was no public testimony in opposition to the bill. The committee referred the bill, unamended, to the House Committee of the Whole.

**House second reading (March 20, 2015).** The House Committee of the Whole passed the bill on second reading with no amendments.

**House third reading (March 23, 2015).** The House passed the bill on third reading with no amendments.

### **Relevant Research**

- *2014 Sunset Review: Respiratory Therapy Practice Act* prepared by the Office of Policy, Research and Regulatory Reform, DORA.

<https://drive.google.com/a/state.co.us/file/d/0B8bNvcf083ydMUY4ZmsyTnVQRnM/view?pli=1>

**Date:** 8/12/2015

**Version:** Final



# Legislative Council Staff

## Research Note

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**Bill Number:** SB15-071

**Short Title:** *Pharmacist to Substitute Interchangeable Biological Drug*

**Prime Sponsors:** Senator Jahn and Senator Hill  
Representative McCann and Representative Landgraf

**Research Analyst:** Elizabeth Haskell (x6264)

### Current Status

This research note reflects the final version of the bill, which was signed by the Governor and became effective on April 3, 2015.

### Summary

The act permits a pharmacist who is filling a prescription order for a specific biological product to substitute an interchangeable biological product. The substitution may be made only if:

- the federal Food and Drug Administration (FDA) has determined that the biological product is interchangeable with the prescribed biological product; and
- the prescribing practitioner has not prohibited the pharmacist from making a substitution.

In addition, a pharmacist must communicate to the prescribing practitioner the specific biological product dispensed to the patient in a reasonable time frame by either entering the information in an interoperable electronic medical record system, through electronic prescribing technology, or through a pharmacy record that the prescribing practitioner can access electronically. If those mechanisms are not available, the pharmacist must inform the prescribing practitioner through facsimile, telephone, or electronic transmission except when there is not an FDA-approved interchangeable biological product for the prescribed biological product, or a refill prescription is not changed from the biological product dispensed on the prior filling of the prescription.

**Date:** 8/12/2015

**Version:** Final

The act adds language to existing statute regarding a pharmacist's responsibility when substituting medications to include the substitution of interchangeable biological products. The pharmacist must also communicate in writing and orally with the patient about the biological product substitution.

Further, the act requires the State Board of Pharmacy to maintain a link to FDA resources identifying approved biological products on its website.

## **Background**

According to the FDA, biological products include a wide range of products such as blood and blood components, allergenics, somatic cells, gene therapy, tissues, and recombinant therapeutic proteins. These products are used to treat high-risk and critically ill patients with diseases, such as cancers, multiple sclerosis, rheumatoid arthritis, and metabolic genetic disorders that have not been responsive to traditional treatments. Prior to the enactment of Senate Bill 15-071, Colorado law did not allow for the substitution of interchangeable or biosimilar medications. In fact, there were no interchangeable or biosimilar medications with which to substitute; however, the federal Biologics Price Competition and Innovation Act of 2009 created an abbreviated licensure pathway for biological products classified as "biosimilar" to, or "interchangeable" with, an existing FDA-licensed biological product. In March 2015, the FDA approved Zarxio, the first biosimilar product approved for use in the United States.

## **Senate Action**

**Senate Health and Human Services Committee (January 29, 2015).** At the hearing, representatives of Mylan, Inc., CVS Health, Colorado Chain Pharmacy Committee, and RX Plus Pharmacies testified in opposition to the bill. Representatives of the Colorado BioScience Association, the Arthritis Foundation, Sandoz Pharmaceuticals, Generic Pharmaceutical Association, Eli Lilly and Company, Express Scripts, the Global Healthy Living Foundation, the Colorado Gerontological Society, the Rocky Mountain Stroke Center, Amgen, and two members of the public testified in support of the bill. A representative from the American Cancer Society maintained a neutral position on the bill.

The committee adopted amendment L.001 which removed language from the introduced bill that required a pharmacist to communicate with the prescribing practitioner about the specific product dispensed when a biological product is dispensed to a patient. The committee referred the bill, as amended, to the Senate Committee of the Whole.

**Senate second reading (February 4, 2015).** The Senate Committee of the Whole adopted the Senate Health and Human Services Committee report and amendment No. 2, which reinstated the language from the introduced version of the bill requiring a pharmacist to communicate with the prescribing practitioner when a biological product is dispensed to the patient. The bill passed, as amended, on second reading.

**Senate third reading (February 5, 2015).** The Senate passed the bill on third reading with no amendments.

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## House Action

**House Health, Insurance, and Environment Committee (March 5, 2015).** At the hearing, representatives of King Soopers, American's Health Insurance Plans, AARP, Mylan, Inc, CVS Health, Colorado Chain Pharmacy Committee, and RX Plus Pharmacies testified in opposition to the bill. Representatives from the Colorado BioScience Association, the Arthritis Foundation, Eli Lilly and Company, Express Scripts, the Global Healthy Living Foundation, the Colorado Gerontological Society, Amgen, the International Cancer Advocacy Network, and three members of the public testified in support of the bill. Staff members from the Office of Legislative Legal Services and the Colorado Department of Regulatory Agencies responded to committee questions. The committee referred the bill, unamended, to the House Committee of the Whole.

**House second reading (March 9, 2015).** The House passed the bill, unamended, on second reading.

**House third reading (March 10, 2015).** The House passed the bill, unamended, on third reading.

**Date:** 8/10/2015

**Version:** Final



# Legislative Council Staff

## Research Note

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**Bill Number:** SB15-053

**Short Title:** *Dispense Supply Of Emergency Drugs For Overdose Victims*

**Prime Sponsors:** Senator Aguilar  
Representative McCann and Representative Lontine

**Research Analyst:** Elizabeth Haskell (x6264)

### Current Status

This research note reflects the final version of the bill, which was signed by the Governor and became effective on April 3, 2015.

### Summary

The bill allows physicians, physician assistants, and advanced practice nurses with prescriptive authority to prescribe or dispense, directly or in accordance with standing orders and protocols, an opiate antagonist, such as Naloxone, to:

- an individual at risk of experiencing an opiate-related drug overdose event;
- a family member, friend, or other person in a position to assist an at-risk individual;
- an employee or volunteer of a harm reduction organization; or
- a first responder.

In addition, a pharmacist may dispense an opiate antagonist pursuant to an order or standing orders and protocols to these same individuals.

The bill provides immunity from professional discipline and civil and criminal liability for licensed prescribers and dispensers acting in good faith in prescribing or dispensing opiate antagonists as permitted under the act. First responders and harm reduction employees and volunteers are not subject to criminal or civil liability when acting in good faith to furnish or administer an opiate antagonist to an at-risk individual or a family member, friend, or other person in a position to assist an at-risk individual.

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## Background

During the 2013 legislative session, the General Assembly enacted Senate Bill 13-014 which provided immunity from criminal and civil liability and from professional discipline, for licensed prescribers and dispensers of opiate antagonists, who prescribe, dispense, administer, or distribute an opiate antagonist in a good faith effort to assist:

- a person who is experiencing or likely to experience an opiate-related drug overdose event; or
- a family member or friend of a person at risk of experiencing an opiate related drug overdose.

The bill also provided immunity from criminal and civil liability for other individuals who act in good faith to administer an opiate antagonist to another person who is believed to be suffering an opiate-related drug overdose. Opiate antagonists, such as Naloxone, blocks the effects of prescription and illicit opioids.

Senate Bill 15-053 expanded access to opiate antagonists by allowing licensed prescribers and licensed dispensers to prescribe or dispense opiate antagonist drugs either by a direct prescription or through a standing order to:

- an employee or volunteer of a harm reduction organization;
- a first responder;
- a person who is experiencing or likely to experience an opiate-related drug overdose event; or
- a family member or friend of a person at risk of experiencing an opiate related drug overdose event.

## Senate Action

**Senate Health and Human Services Committee (January 21, 2015).** At the hearing, representatives of the Harm Reduction Action Center, Colorado Department of Public Health and Environment, County Sheriffs of Colorado, and two members of the public testified in support of the bill. There was no public testimony in opposition to the bill.

The committee adopted amendment L.001, which clarifies which classes of licensed medical practitioners may establish a medical protocol containing specific written directions for a course of treatment for individuals experiencing an opiate-related overdose and which classes of medical practitioners may issue standing orders to dispense opiate antagonists. The committee referred the bill, as amended, to the Senate Committee of the Whole.

**Senate second reading (January 26, 2015).** The Senate Committee of the Whole adopted the Senate Health and Human Services Committee report, and passed the bill, as amended, on second reading.

**Senate third reading (January 27, 2015).** The Senate passed the bill, unamended, on third reading.

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## House Action

**House Health, Insurance, & Environment Committee (March 3, 2015).** At the hearing, representatives of the Harm Reduction Action Center, Colorado Department of Public Health and Environment, County Sheriffs of Colorado, the Colorado Department of Regulatory Agencies, and one member of the public testified in support of the bill. There was no public testimony in opposition to the bill. The committee referred the bill, unamended, to the House Committee of the Whole.

**House second reading (March 6, 2015).** The House Committee of the Whole passed the bill, unamended, on second reading.

**House third reading (March 9, 2015).** The House passed the bill, unamended, on third reading.

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**Version:** Final



# Legislative Council Staff

## Research Note

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**Bill Number:** SB15-011

**Short Title:** *Pilot Program Spinal Cord Injury Alternative Medicine*

**Prime Sponsors:** Senator Todd  
Representative Primavera

**Research Analyst:** Elizabeth Haskell (x6264)

### Current Status

This research note reflects the final version of the bill, which was signed by the Governor and became effective on June 5, 2015.

### Summary

The bill extends the repeal date for the pilot program that provides complementary and alternative medicine, such as chiropractic care, massage therapy, or acupuncture, to qualified individuals with spinal cord injuries to September 1, 2020. The bill clarifies that the intent of the General Assembly is to enroll all individuals interested in participating in the pilot program, subject to sufficient funding, and establishes that the Department of Health Care Policy and Financing (HCPF) may utilize a volunteer outreach coordinator throughout the duration of the pilot program whose duties include, but are not limited to, facilitating participant and provider enrollment and acting as an informal liaison between the state department, pilot program participants, and other stakeholders. In addition, the bill removes the department's authority to seek public and private gifts, grants, and donations for the program, and provides an appropriation from the General Fund and federal funds to support the pilot program. The bill extends the date for the completion of an independent evaluation of the pilot program to January 1, 2020.

### Background

House Bill 09-1047 authorized HCPF to submit a Home- and Community-Based waiver application to the federal Centers for Medicare and Medicaid (CMS) to implement the pilot program. CMS approved the waiver and the program currently serves 67 clients and has a waiting list of 13. Pilot program clients receive the same services as clients served by the Elderly, Disabled and Blind (EDB) waiver program plus three additional therapies: acupuncture, chiropractic care, and massage

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therapy. Some of the services offered under the EDB waiver include regular Medicaid benefits, adult day services, community transition services, consumer directed attendant support services, homemaker services, home modifications, and in-home support services.

Federal authorization for the pilot program expired June 30, 2015, and state authorization for the program expires September 1, 2015. HCPF is currently waiting for approval from CMS to allow the continuation of the program and to expand the number of clients that may be served.

## **Senate Action**

**Senate Health and Human Services Committee (January 29, 2015).** At the hearing, eight members of the public testified in support of the bill and HCPF staff responded to committee questions. There was no public testimony in opposition to the bill.

The committee adopted amendment L.001, which adds language indicating that the intent of the General Assembly is to enroll all individuals interested in participating in the pilot program, subject to sufficient funding. The committee referred the bill, as amended, to the Senate Appropriations Committee.

**Senate Appropriations Committee (April 10, 2015).** The Senate Appropriations Committee adopted amendment J.003 and referred the bill to the Senate Committee of the Whole. The amendment appropriates 0.8 FTE and \$179,347 from the General Fund, and anticipates that HCPF will receive \$183,302 in federal funds to implement the program for FY 2015-16. There was no public testimony on the bill.

**Senate second reading (April 15, 2015).** The Senate Committee of the Whole adopted the Senate Health and Human Services Committee report and the Appropriations Committee report and passed the bill, as amended, on second reading.

**Senate third reading (April 16, 2015).** The Senate passed the bill on third reading with no amendments.

## **House Action**

**House Public Health Care and Human Services Committee (April 28, 2015).** At the hearing, 11 members of the public and a representative of Access Long-term Solutions testified in support of the bill. There was no public testimony in opposition to the bill. HCPF staff responded to committee questions. The committee referred the bill to the House Appropriations Committee with no amendments.

**House Appropriations Committee (May 1, 2015).** The House Appropriations Committee referred the bill to the House Committee of the Whole with no amendments. There was no public testimony on the bill.

**House Second Reading (May 1, 2015).** The House Committee of the Whole passed the bill on second reading with no amendments.

**House third reading (May 4, 2015).** The House passed the bill on third reading with no

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amendments.

### **Relevant Research**

HBCS Waiver Issue Brief (update in progress).