

**Summary of Health Care Reform Bills, 2008 Session  
(As of July 10, 2008)**

Signed into Law			
Bill Number:	<b>HB 08-1060</b>	Short Title:	<b>Advanced Practice Nurse Network Provider</b>
Sponsors:	<i>Rep. Gagliardi Sen. Hagedorn</i>	Status:	Signed into law
<p>The act requires carriers that provide health benefit plans to use objective and reasonable criteria when evaluating an application for status as a participating provider submitted by an advanced practice nurse. Under current law, insurance carriers may not set different service reimbursement rates for physicians than for advanced practice nurses in rural areas. The act requires insurance carriers to consider the provider-to-covered-person ratio for relevant covered services. Insurance carriers must notify an advanced practice nurse of application denial within the same period in which the carrier makes a provider determination for a physician. If the nurse's application is accepted, the carrier must list the nurses's name in its health benefit plan provider directory.</p>		<p><b>State Appropriations:</b></p> <p>No additional state appropriations are needed to implement the act. The bill does not change the regulatory requirements of advanced practice nurses.</p>	
Bill Number:	<b>HB 08-1061</b>	Short Title:	<b>Advanced Practice Nurse Affidavit Certification</b>
Sponsors:	<i>Rep. Roberts Sen. Hagedorn</i>	Status:	Signed into law
<p>The act allows advanced practice nurses to certify a patient's health status, authorize continuation of treatment, and give directives for end-of-life care within the scope of the nurse's expertise. The act also allows advanced practice nurses to authorize parking permits for persons with disabilities. The act specifically indicates which forms and certifications an advanced practice nurse may authorize, for example an advanced nurse practitioner may execute a declaration for end-of-life treatment, certify statements or signatures for assistance in reproduction, or certify that children and college students have received the necessary immunizations prior to attending school.</p>		<p><b>State Appropriations:</b></p> <p>No additional state appropriations are needed to implement the act. Adding advanced practice nurses to the list of people authorized to issue disabled parking passes is not expected to drive any substantial workload.</p>	

**Summary of Health Care Reform Bills, 2008 Session  
(As of July 10, 2008) (cont.)**

Signed into Law (cont.)			
Bill Number:	<b>HB 08-1072</b>	Short Title:	<b>Medicaid Buy-In for Disabled Persons</b>
Sponsors:	<i>Rep. Soper Sen. Williams</i>	Status:	Signed into law
<p>The act directs the Department of Health Care Policy and Financing to request federal authorization to implement a Medicaid Buy-in Program for individuals with disabilities. Oftentimes, disabled persons who work may lose Medicaid coverage if their earnings are too high. Under the program, a person with a disability would pay a premium for Medicaid coverage on a sliding scale based upon his or her income. Prior to requesting federal authorization to implement the program, the Department of Health Care Policy and Financing is to conduct an actuarial study of the disabled population in the state. The department is required to submit a report of the study and a fiscal analysis of the premiums for the buy-in program to the Joint Budget Committee. If approved by the committee, the department must submit an application to the Federal Health Care Financing Administration to permit the state to implement the buy-in program. The implementation of the act is conditional upon savings from Senate Bill 08-090, concerning mail order prescription drugs for Medicaid clients, or House Bill 08-1409, concerning recoveries of Medicaid funds from third parties, being sufficient to cover the costs of House Bill 08-1072 in FY 2008-09.</p>		<p><b>State Appropriations:</b></p> <p>The act's expenditure impact is conditional upon either Senate Bill 08-090 or House Bill 08-1409 producing savings sufficient to cover the expenditure impact of House Bill 08-1072 in FY 2008-09. The fiscal notes of Senate Bill 08-090 and House Bill 08-1409 indicate sufficient savings to allow the implementation of House Bill 08-1072. If implemented, the act is expected to increase expenditures in the Department of Health Care Policy and Financing by \$55,000 in FY 2008-09 and by \$779,472 and 2.0 FTE in FY 2009-10. Costs are shared between the state General Fund and federal funds. Costs are expected to increase in out-years once the Medicaid Buy-in Program is fully implemented and premium subsidies begin.</p>	
Bill Number:	<b>HB 08-1094</b>	Short Title:	<b>Advanced Practice Nurses Reimbursement</b>
Sponsors:	<i>Rep. Gagliardi Sen. Hagedorn</i>	Status:	Signed into law
<p>The act authorizes payment to advanced practice nurses for services provided to Medicaid clients. The act allows advanced practice nurses to receive direct payment through Medicaid as long as they are not acting within the scope of duties as a salaried employee of a public or private institution.</p>		<p><b>State Appropriations:</b></p> <p>The act requires the Medical Services Board to revise some rules, but these changes can be made within existing resources.</p>	

**Summary of Health Care Reform Bills, 2008 Session  
(As of July 10, 2008) (cont.)**

Signed into Law (cont.)			
Bill Number:	<b>HB 08-1144</b>	Short Title:	<b>Sunset Health Care Credentials Application</b>
Sponsors:	<i>Rep. Roberts and Rep. Frangas Sen. Cadman</i>	Status:	Signed into Law
<p>The act continues the Health Care Credentials Application Review Committee which has developed a uniform application for health care professionals to use when applying for credentials. The application includes standard information about qualifications and practice history needed by credentialing authorities. By September 1, 2008, the committee is required to make recommendations to the State Board of Health concerning the feasibility of requiring that requests for additional credentialing information be uniform. By March 1, 2009, the committee is required to make recommendations regarding the feasibility of requiring that health care professional credentialing applications be submitted electronically. If the committee deems it feasible, the State Board of Health is required to establish, by rule, standards and methods necessary to require the use and processing of uniform health care professional credential applications electronically. The act requires that on and after January 1, 2009, requests for additional credentialing data must be uniform among all credentialing entities.</p>		<p><b>State Appropriations:</b></p> <p>No additional state appropriations are needed to implement the act. The Department of Public Health and Environment does not currently staff the committee, and no state funds are used to support it.</p>	

**Summary of Health Care Reform Bills, 2008 Session  
(As of July 10, 2008) (cont.)**

Signed into Law (cont.)			
Bill Number:	<b>HB 08-1167</b>	Short Title:	<b>Health Care for Vulnerable Populations</b>
Sponsors:	<i>Rep. Frangas Sen. Boyd</i>	Status:	Signed into law
<p>The act, as amended by the House Health and Human Services, addresses the needs of vulnerable populations in the following ways:</p> <ul style="list-style-type: none"> <li>• changes requirements for the continuation of employer-sponsored insurance coverage when an employee's work hours are reduced from full-time to less than 30 hours per week due to economic conditions. The bill eliminates a six-month employment requirement and extends continuation benefits to those whose reduction in work hours is due to the employee's injury, disability, or chronic health condition;</li> <li>• adds a guaranteed issue period of six months for Medicare supplement policies after a previous policy has been involuntarily terminated for reasons other than nonpayment of premiums or fraud;</li> <li>• requires retail establishments who have at least three people working in the establishment, with toilet facilities, to allow customers with certain health conditions to use the toilet facilities even if the facilities are not normally available to the public;</li> <li>• requires county departments of human services to refer children under the age of 5 who are the subject of substantiated abuse or neglect for developmental screening within 60 days after the abuse has been substantiated;</li> <li>• prohibits the Department of Human Services, community centered boards, and service agencies from discriminating against developmentally disabled clients because of complaints, participation in dispute resolution procedures, and exercising certain rights.</li> </ul>		<p><b>State Appropriations:</b></p> <p>This act is assessed at no fiscal impact. While both the Department of Human Services and the Department of Regulatory Agencies have requirements under the bill, no additional appropriations are required.</p>	
Bill Number:	<b>HB 08-1385</b>	Short Title:	<b>Increased Health Insurance Transparency</b>
Sponsors:	<i>Rep. Primavera Sen. Schwartz</i>	Status:	Signed into law
<p>The act requires the Insurance Commissioner to implement and maintain a consumer guide to health benefits coverage on the Division of Insurance website. The website must include information on each carrier, a link to the division's complaint form and index of complaints, and other information the commissioner determines to be useful to consumers. In addition, health care insurance producers and agents must disclose expected commission amounts to consumers.</p>		<p><b>State Appropriations:</b></p> <p>To implement the act, for FY 2008-09, the Department of Regulatory Agencies, Division of Insurance requires a cash fund appropriation of \$8,744 from the Division of Insurance Cash Fund.</p>	

**Summary of Health Care Reform Bills, 2008 Session  
(As of July 10, 2008) (cont.)**

Signed into Law (cont.)			
Bill Number:	<b>SB 08-135</b>	Short Title:	<b>Health Insurance Standardized Benefits Card</b>
Sponsors:	<i>Sen. Mitchell Rep. Gagliardi</i>	Status:	Signed into law
<p>The act requires state regulated health insurance carriers to issue to their members, a card or other device containing standardized benefit information that can be electronically scanned. The minimum information to be included is:</p> <ul style="list-style-type: none"> <li>• covered person's name and the applicable plan number;</li> <li>• co-payment and deductible amounts;</li> <li>• an indication of whether the plan is regulated by the state;</li> <li>• contact information for carrier or plan administrator.</li> </ul> <p>All carriers must issue the standardized, printed card by July 1, 2009, for new and renewal members and by July 1, 2010, for all plan members. In addition, the act requires the Commissioner of Insurance to convene a working group within 30 days after the effective date to develop specifications for the card or device and to adopt rules with specifications for the printed card. Carriers will have two years after the effective date of the rules to implement the standardized electronic coverage technology. Licensed or certified hospitals and physicians must use the standardized, printed card provided to covered persons. An insurance carrier or provider located in a rural area of the state, as determined by the commissioner, may apply to the commissioner for an extension of any of the deadlines imposed if meeting a particular deadline would impose a financial hardship on the rural carrier or provider.</p>		<p><b>State Appropriations:</b></p> <p>To implement the act, the Department of Regulatory Agencies requires a cash funds appropriation of \$14,008 from the Division of Insurance Cash Fund for FY 2008-09.</p>	

**Summary of Health Care Reform Bills, 2008 Session  
(As of July 10, 2008) (cont.)**

<b>Signed into Law (cont.)</b>																	
<p>Bill Number:       <b>SB 08-160</b></p> <p>Sponsors:        <i>Sen. Hagedorn</i>                       <i>Rep. McGihon</i></p> <p>The act:</p> <ul style="list-style-type: none"> <li>• expands the Children's Basic Health Plan (CBHP) eligibility from 205 percent to 225 percent of the federal poverty level;</li> <li>• allows CBHP eligibility to increase up to 250 percent of federal poverty level (FPL) subject to available appropriations;</li> <li>• increases the mental health benefits to be as comprehensive as those provided in Medicaid; and</li> <li>• allows money in the CBHP Trust to pay the state's portion of any computer system changes necessary to expand CHBP eligibility.</li> </ul>	<p>Short Title:       <b>Children's Health Care</b></p> <p>Status:            Signed into law</p> <p><b>State Appropriations:</b></p> <p>To implement the act, the CBHP Trust will require a General Fund appropriation of \$30,328 from fees. In addition, the following appropriations should be made to the appropriate departments:</p> <p><b>Department of Health Care Policy and Financing</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;"><b><u>\$6,341,833</u></b></td> <td style="text-align: left;"><b><u>Total</u></b></td> </tr> <tr> <td style="text-align: right;">1,788,002</td> <td>CBHP Trust (of the total, \$30,328 is reappropriated funds from fees)</td> </tr> <tr> <td style="text-align: right;">457,035</td> <td>Health Care Expansion Fund</td> </tr> <tr> <td style="text-align: right;">4,096,796</td> <td>Federal Funds</td> </tr> </table> <p><b>Department of Human Services</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;"><b><u>\$91,806</u></b></td> <td style="text-align: left;"><b><u>Total</u></b></td> </tr> <tr> <td style="text-align: right;">31,866</td> <td>Reappropriated Funds from the Dept. of Health Care Policy and Financing</td> </tr> <tr> <td style="text-align: right;">21,776</td> <td>CBHP Trust (for CBMS costs)</td> </tr> <tr> <td style="text-align: right;">38,164</td> <td>Federal Funds</td> </tr> </table>	<b><u>\$6,341,833</u></b>	<b><u>Total</u></b>	1,788,002	CBHP Trust (of the total, \$30,328 is reappropriated funds from fees)	457,035	Health Care Expansion Fund	4,096,796	Federal Funds	<b><u>\$91,806</u></b>	<b><u>Total</u></b>	31,866	Reappropriated Funds from the Dept. of Health Care Policy and Financing	21,776	CBHP Trust (for CBMS costs)	38,164	Federal Funds
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<p>Bill Number:       <b>SB 08-161</b></p> <p>Sponsors:        <i>Sen. Boyd</i>                       <i>Rep. Merrifield</i></p> <p>The act, subject to the receipt of gift, grants, or donations, requires the Department of Health Care Policy and Financing to establish rules for Medicaid and the Children's Basic Health Plan (CBHP) to verify applicant income through records of the Department of Labor and Employment. In addition, the Advisory Committee on Covering All Children in Colorado is required to investigate the feasibility of combing Medicaid and CBHP.</p>	<p>Short Title:       <b>Medicaid and CHP+ Enrollment</b></p> <p>Status:            Signed into law</p> <p><b>State Appropriations:</b></p> <p>To implement the act, for FY 2008-09, the following appropriations are conditional upon the receipt of gifts, grants, or donations:</p> <p><b>Department of Health Care Policy and Financing</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;"><b><u>\$ 37,082</u></b></td> <td style="text-align: left;"><b><u>Total</u></b></td> </tr> <tr> <td style="text-align: right;">17,265</td> <td>DHCPF Cash Fund</td> </tr> <tr> <td style="text-align: right;">19,817</td> <td>Federal Funds</td> </tr> </table>	<b><u>\$ 37,082</u></b>	<b><u>Total</u></b>	17,265	DHCPF Cash Fund	19,817	Federal Funds										
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**Summary of Health Care Reform Bills, 2008 Session  
(As of July 10, 2008) (cont.)**

Signed into Law (cont.)			
Bill Number:	<b>SB 08-217</b>	Short Title:	<b>Centennial Care Choices</b>
Sponsors:	<i>Sen. Hagedorn Rep. McGihon</i>	Status:	Signed into law
<p>The act requires the Department of Health Care Policy and Financing, in coordination with the Division of Insurance and a panel of experts, to prepare a request for information (RFI) from health insurance companies and other interested parties including the state of Colorado to design a new health insurance product known as a value benefit plan. The act states that the Governor will appoint the panel of experts which is to include persons experienced in implementing and managing health benefit plans, and persons experienced with disability and long-term care issues. If the Governor fails to appoint members of the panel by July 1, 2008, the Speaker of the House of Representatives and the President of the Senate will each appoint five members to the panel of experts by July 15, 2008. The RFI will be begin July 1, 2008. The value benefit plans (VBPs), at a minimum, must:</p> <ul style="list-style-type: none"> <li>• offer benefits that approximate 80 percent of the actuarial value of the preferred provider organization plan offered to state employees;</li> <li>• include benefits for participation in wellness programs and incentives for participation in healthy behavior;</li> <li>• provide the lowest-level of benefits that may be offered in the state's individual market;</li> <li>• specify an adequate network of providers;</li> <li>• encourage the use of health information technology, telemedicine, and internet-based health care education materials and tools;</li> <li>• encourage the use of pay-for-performance systems for reimbursing health care providers;</li> <li>• encourage the use of regional networks of hospitals, physicians, community health centers, and other safety net providers;</li> <li>• limit rate setting characteristics to those based on age and geographic location of the policyholder with optional coverage choices for consumers;</li> <li>• be offered statewide and issued to any Colorado resident eligible; and</li> <li>• allow payment through a state-paid premium subsidy.</li> </ul>		<p><b>State Appropriations:</b></p> <p>To implement the act for FY 2008-09, the Department of Health Care Policy and Financing requires an appropriation of \$382,400 split equally between the General Fund and federal funds (\$191,200 each).</p> <p>Also for FY 2008-09, the Department of Regulatory Agencies, Division of Insurance, requires a cash funds appropriation of \$29,500 from the Division of Insurance Cash Fund.</p>	

**Summary of Health Care Reform Bills, 2008 Session  
(As of July 10, 2008) (cont.)**

**Signed into Law (cont.)**

Bill Number:       **SB 08-217 (continued)**

The act states that the department, in collaboration with the division and the panel of experts, must provide a progress report to the legislative committees by December 15, 2008, on the status of the RFI. On or before March 1, 2009, the department, in collaboration with the division and the panel of experts, must provide a final report on the RFI to the legislative committees. The final report must include actuarial projections research on potential cost savings, and any legislative recommendations.

The act directs the House and Senate Health and Human Services committees to review the final report, and determine whether to create the Centennial Care Choices Program, whether to create a premium subsidy program, and whether to create a permanent funding source for the program.

If the General Assembly enacts legislation to create the Centennial Care Choices Program, and if a funding source is identified and approved, the department may develop a request for proposals (RFPs) to be issued to interested insurance carriers for the purpose of developing plan designs for the VBP. Prior to issuing a RFP, the department, the division, and the panel of experts, must develop a benchmark price or affordability standard for VBPs to ensure eligible individuals can afford the product. The RFP must meet the parameters of the RFI. An insurance carrier does not need to have a certificate of authority to submit an RFI or RFP, but they are required to have a certificate of authority to offer an approved VBP.

**Summary of Health Care Reform Bills, 2008 Session  
(As of July 10, 2008) (cont.)**

Postponed Indefinitely			
Bill Number:	<b>HB 08-1235</b>	Short Title:	<b>Colorado Medical Assistance Act Managed Care</b>
Sponsors:	<i>Rep. Todd Sen. Hagedorn</i>	Status:	Postponed Indefinitely
<p>The introduced bill would have removed the restriction on the Medical Services Board from adopting rules to implement a managed care system for "Colorado Medical Assistance Act" clients who receive services pursuant to a residential child health care program or who receive long-term care services. The bill would have required the Department of Health Care Policy and Financing to institute a process for stakeholder input with respect to residential child health care and long-term care services when implementing a managed care system.</p>		<p><b>State Appropriations:</b></p> <p>No additional state appropriations would have been needed to implement the bill.</p>	
Bill Number:	<b>HB 08-1311</b>	Short Title:	<b>Small Group Limited Health Benefit Plan</b>
Sponsors:	<i>Rep. Swalm Sen. Johnson</i>	Status:	Postponed indefinitely
<p>Beginning January 1, 2009, small employer health insurance carriers would have been required to offer a limited benefit health plan. Only employers who did not offer employer-sponsored health coverage in the prior 12 months could select the limited benefit plan. The bill outlined two limited health benefit plans options. The first option was limited to \$35,000 in total coverage per person, and did not allow for a deductible, but could require copays. The second option was limited to \$50,000 in total coverage per person, but could include a deductible and co-payments.</p>		<p><b>State Appropriations:</b></p> <p>To implement this bill, the Department of Regulatory Agencies required an appropriation of \$45,125 from the Division of Insurance Cash Fund and 0.6 FTE.</p>	
Bill Number:	<b>HB 08-1327</b>	Short Title:	<b>Access Affordable Health Insurance Out of State</b>
Sponsors:	<i>Rep. Gardner C. Sen. Mitchell S.</i>	Status:	Postponed Indefinitely
<p>The introduced bill would have allowed Colorado residents to purchase health insurance from companies that are not licenced in Colorado, but whose insurance products are lawfully sold in other states. The insurance company would have been subject to regulation by the Commissioner of Insurance with regard to enforcement of the contractual benefits under the health insurance product.</p>		<p><b>State Appropriations:</b></p> <p>To implement this bill, the Department of Regulatory Agencies would have required an appropriation of \$32,469 from the Division of Insurance Cash Fund and 0.5 FTE for FY 2008-09.</p>	

**Summary of Health Care Reform Bills, 2008 Session  
(As of July 10, 2008) (cont.)**

Postponed Indefinitely (cont.)			
Bill Number:	<b>HB 08-1341</b>	Short Title:	<b>Alcohol Sales Tax Children Basic Health</b>
Sponsors:	<i>Rep. Frangas (None)</i>	Status:	Postponed Indefinitely
<p>The introduced bill would have referred to the voters a measure to authorize a two percent increase in the state sales and use tax on alcoholic beverages to fund the Children's Basic Health Plan.</p>		<p><b>State Appropriations:</b></p> <p>The bill would not have required an appropriation. Funding for the necessary administrative costs would have been addressed through the annual budget process if the tax increase received voter approval.</p>	
Bill Number:	<b>SB 08-113</b>	Short Title:	<b>Continue Uniform Health Care Credentials</b>
Sponsors:	<i>Sen. Cadman Rep. Frangas</i>	Status:	Postponed Indefinitely
<p>The reengrossed bill would have continued the Health Care Credentials Application Review Committee which has developed a uniform application for health care professionals to use when applying for credentials. The application would have included standard information about qualifications and practice history needed by credentialing authorities. While Senate Bill 08-113 was postponed indefinitely, House Bill 08-1144 continued the Health Care Credentials Application Review Committee with similar parameters as Senate Bill 08-113.</p>		<p><b>State Appropriations:</b></p> <p>No additional state appropriations would have been needed to implement the bill. All members would have served without compensation or expense reimbursement.</p>	