

# 2022 Colorado State Legislative Session Report



This report provides an overview of the 2022 Colorado legislative session for members of the Colorado Rural Health Center (CRHC). The report summarizes 30 bills related to or impacting rural health that CRHC took a position on during session. CRHC bill positions, which are decided by majority vote by the CRHC Policy & Legislative Committee (PLC) and approved by the CRHC Board of Directors, are included after each bill summary. The correlating CRHC Policy Priority is also listed after each bill summary, and if applicable, CRHC lobbying activities are included after each bill summary. Lobbying activities listed are not inclusive of all advocacy activities undertaken by CRHC. The bills are linked to Colorado Capitol Watch, where you can find the most recent bill text, fiscal note, bill history and bill sponsors.

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## **Session Overview**

The 2022 Colorado legislative session convened on January 12, 2022 and ended 120 working days later on May 11, 2022. Of the 657 bills introduced, 514 bills (78%) passed. The high passage rate was undoubtedly due to the trifecta control of democrats in all three chambers. However, with a midterm election looming and redistricting shaking things up, we can expect to see some new faces and policy priority changes in the 2023 session.

CRHC tracked 128 bills this session, voting to take positions on thirty bills, each corresponding to a CRHC policy priority. CRHC supported fifteen bills, opposed one bill and monitored fourteen bills. 83% of bills with Active Support positions passed, and 83% of bills with Active or Moderate Support correlate with top 5 CRHC Policy Priorities: Workforce, Reimbursement, Primary Care, Telehealth and COVID. Throughout the session, CRHC testified fourteen times in committee hearings, facilitated numerous bill amendments and policy negotiations, hosted ten PLC meetings, and made over 75 state policymaker touchpoints to achieve the policy goals of our members.

This session, lawmakers made unprecedented investments in the healthcare workforce, including programs to increase the workforce pipeline and increase recruitment and retention. The extraordinary investments were made possible by \$3.8 billion in federal funds via the American Rescue Plan Act (ARPA). Spending these funds wisely was one of the most difficult challenges this session, with countless groups and industries vying for the funds, and constraints on how the funds may be spent. Lawmakers had to fight the urge to start new programs or initiatives with the funds, as all the dollars are required to be allocated by 2024 and spent by 2026. This challenge forced General Assembly members to find a delicate balance between providing the state with a much-needed thrush of funds while balancing the sustainability of new and existing programs.

CRHC worked hard on behalf of our members to advocate for rural healthcare providers and the communities they serve. We continued to champion legislation aligned with our policy priorities, and shared in a number of big wins, including the extension and expansion of the Rural & Frontier Preceptor Tax Credit, supporting a \$61 million investment in the healthcare workforce, and helping secure \$10 million in relief funds for the state's most vulnerable rural hospitals. The work has not ended since the session has concluded, and we will continue to advocate for our members on both the state and federal level.

We've already got big plans for next year's session and hope to see members at our annual policy priorities meeting this fall!

A huge thank you the Policy & Legislative Committee (PLC) members and CRHC Board of Directors for their commitment to supporting our policy program.

## Workforce Recruitment & Retention

[HB22-1005 Health-care Preceptors Tax Credit](#) extends the state individual income tax credit created in 2016 for an additional 10 years. The bill also expands eligibility to the program, bringing the full list of eligible providers to include doctors, advanced practice nurses, registered nurses, clinical pharmacists, [all behavioral health providers currently eligible for the Colorado Health Service Corp. Loan Repayment Program](#), dentists and dental hygienists. With the expanded eligibility, the number of credits issued per year was increased from 100 to 300. Finally, the bill updates definitions of rural and primary care to the most recent definitions provided by the Federal Office of Rural Health Policy. For more information on the Rural & Frontier Preceptor Tax Credit, [click here](#).

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Active Support	Workforce	CRHC served as driving force behind legislation, securing bipartisan sponsorship, including Chair of Joint Budget committee. Co-wrote bill language. Lobbied both chambers. Developed fact sheet and data resources. Created, launched, and shared member action alert. Obtained 26 organizational support endorsements. Testified 4 times in House and Senate committees.	PASSED Effective August 10, 2022

[SB22-200 Rural Provider Stimulus Grant Program](#) creates a \$10 million grant program administered by HCPF for state’s most vulnerable hospitals. The grant program is created to improve health care services in rural communities through modernization of information technology infrastructure and expanded access to health care. The following allowable grant uses and funding amounts are included below:

- \$4,800,000 for health care affordability project grants
- \$4,800,000 for health care access project grants
- \$400,000 for HCPF grant program administration

The bill also creates an advisory committee to advise and make formal recommendations to HCPF on the administration of the program, program guidelines, and selection of grant recipients. It includes voting members from HCPF, CDPHE, the Office of Health Innovation, one member from an organization representing rural providers, two members representing providers in a rural county and two members representing providers in a frontier county.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Active Support	Workforce	Testified in committee hearings. Lobbied both chambers. Secured amendment to include frontier representation on advisory board, which created a rural and frontier majority on the board.	PASSED Effective June 1, 2022

[SB22-226](#) **Programs to Support Health-care Workforce** appropriates an unprecedented \$61 million for programs supporting the education, training, recruitment, and retention of healthcare workers in Colorado. To do so, the bill creates the following programs:

- **Health Care Workforce Resilience and Retention Program** is created in CDPHE support the program may provide technical assistance and grants to community partners to develop programs, services, and best practices, and for planning, research, and evaluation related to resilience and retention of health care workers. healthcare workforce. \$2 million appropriated.
- **Practice-Based Health Education Grant Program** is created in the Primary Care Office to increase clinical, practice-based training opportunities, including providing grants and incentives for facilities, schools, non-profits and providers that train health professional students. \$20 million appropriated.
- **School Nurse Grant Program** supplements the existing grant program by \$3 million to increase the number of school nurses. \$3 million appropriated.
- **Reengagement initiative** directs CDPHE to develop programming to reengage healthcare professionals with current or expired licenses not currently working in healthcare. \$10 million appropriated.
- **In-Demand Short-Term Health Care Credentials Program** directs the State Board of Community Colleges and Occupational Education in the Colorado Community College System (CCCS) administer a program to support the expansion and availability of in-demand health care professionals, including certified nursing assistants, EMTs, phlebotomy technicians, pharmacy technicians, dental assistants and medical assistants. The state board must allocate money to community colleges, area technical colleges, district colleges and community nonprofits that deliver programming and student financial supports. \$26 million appropriated.

The bill also requires CDPHE work with the OIT to determine data-sharing agreements that integrate state data in order to analyze demand, allocate resources, and evaluate the performance of state-administered and financed health care workforce initiatives.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Active Support	Workforce	Engaged in initial policy development. Testified in committee hearings. Lobbied both chambers. Secured amendment to add MA's to high-priority professions for student financial support.	PASSED Effective May 18, 2022

[SB22-172](#) **Colorado Rural Health-care Workforce Initiative** establishes the Colorado Rural Health Care Workforce Initiative to expand the number of healthcare professionals practicing in rural or frontier counties by supporting rural track programs at eligible Colorado health professional institutions. The bill establishes the Rural Program Office in CU to provide assistance to institutions with recruitment, admissions, housing support, clinical instruction, and other technical or administrative needs of operating a rural track. The Office must establish metrics to evaluate the effectiveness of the initiative and the rural tracks, and may collaborate with AHECs, hospitals, CRHC and CPDHE to assess unmet rural community healthcare needs. The Office must prepare and submit an annual progress report to the General Assembly.

The bill allocates \$1.2 million in one-time funds for each eligible institution to establish and operate a rural track program, with assistance from the Rural Program Office. Institutions may use funding for faculty compensation, housing costs for participating students, training preceptors who practice in rural counties, and student scholarships. Schools that operate a rural track must use 40% of funding received for student scholarships. Students receiving a scholarship must commit to working as a health-care provider in rural areas for two years after completing their credential.

Eligible Institutions and associated programs for the 2022-2023 academic year include:

- Adams state University nursing program
- Colorado Mesa University nursing program
- Colorado School of Public Health Master of Public Health program
- Colorado State University Pueblo School of Nursing
- Metropolitan State University of Denver nursing program
- University of Colorado School of Dental Medicine
- University of Colorado Doctor of Medicine program
- University of Colorado Springs nursing program
- University of Colorado physician assistants program
- University of Northern Colorado School of Nursing
- Western Colorado University Master of Behavioral Science in Rural Community Health Program
- Colorado Mountain College nursing program

- Fort Lewis College nursing program
- Morgan Community College nursing program
- Trinidad State College nursing program
- Colorado Mountain College to establish rural track nursing program

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Active Support	Workforce	Testified in committee hearings, lobbied both chambers to add additional schools located in rural communities.	PASSED Effective June 1, 2022

## [HB22-1050](#) International Medical Graduate Integrate Health-care

**Workforce** creates two programs to assist international medical graduates (IMGs) entering the workforce in Colorado and makes other changes that allow IMGs to get medical licenses in the state.

- **IMG Assistance Program** is created within the Colorado Department of Labor and Employment (CDLE) to provide direct services to IMGs wishing to reestablish their medical careers in Colorado. Direct services for IMGs include:
  - Reviewing the background, education, training, and experience of program participants and recommending steps to integrate into the healthcare workforce.
  - Providing technical support through the credential evaluation process, including preparation for tests and evaluations.
  - Providing scholarships to help cover cost of the licensure process.
  - Working with community organizations to develop a roster of interested IMGs.
  - Providing guidance to apply for medical residency programs or other path ways.
- **Clinical Readiness Program** is created in CDLE to help IMGs build the skills necessary to become successful residents in the United States medical system. CDLE will contract with a Colorado-based medical school or residency to serve as the program administrator. To qualify for the program, an applicant must be an IMG whose medical degree or qualifications have been determined to be equivalent to a medical degree from the United States or another country that has a reciprocal license agreement, and have achieved a passing score on the USMLE step one and step two examinations. Once a participant completes the curriculum and passes the program assessment they will receive a credential of clinical readiness. With the credential, an IMG may interview for a position in their own residency program.

The bill also makes a few technical changes to increase IMGs in the Colorado workforce, including reducing the post-graduate clinical training for foreign medical students from three years to one year, and allowing IMGs who hold a current or expired international license to apply for a reentry license.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Moderate Support	Workforce	Engaged with bill sponsors and supports through initial policy development. Signed on to fact sheets and letters of support. Testified in committee hearings.	PASSED Effective June 7, 2022

**[HB22-1041 Privacy Protections for Protected Persons](#)** expands the list of people who may request to have personal information removed from government websites to include healthcare workers. In an effort to increase the safety and privacy of healthcare workers, an eligible protected person may submit in writing a request to have their personal information, including home address, from the internet. The protected person may repeal the request at any time, and their information may be available for certain purposes, including real estate transactions.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Moderate Support	Workforce	Attended committee hearings. Signed on to support fact sheet.	PASSED Effective March 24, 2022

**[HB22-1298 Fee Relief Nurses Nurse Aides And Technicians](#) and [HB22-1299 License Registration Fee Relief For Mental Health Professionals](#)**

transfer a combined \$15.4 million from the General Fund to DORA to cover the costs of the various boards that regulate nurses, nurse aides, psychiatric technicians, and mental health professionals in an effort to reduce licensing fees for FY22-23 and FY 23-24. The bills serve as a sign of gratitude for the service of these health professionals during the COVID-19 pandemic and provide temporary relief from various associated annual licensing fees.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Moderate Support	Workforce	Attended committee hearings. Shared CRHC organizational support.	PASSED Effective May 18 and May 17, 2022, respectively

**[HB22-1095 Physician Assistant Collaboration Requirements](#)** would have finally ended the longstanding policy debate around physician assistant supervision and how it

may impact access to care in underserved areas of the state. Since 2016, the Colorado PA community has attempted measures to alter their supervision within their scope of practice.

This year’s bill would have modified the relationship between experienced PAs and physicians. Instead of receiving direct supervision from a physician for specific periods of time, a PA who has completed fewer than 3,000 hours of post graduate clinical practice experience or who is beginning practice in a new specialty would enter into a collaborative plan with the physician. A collaborative plan would be developed at the practice level, describe how collaboration will occur, describe methods for evaluating the physician assistant, and be made available at the physician assistant’s practice site.

PA’s who have practiced for more than 3,000 hours would no longer required to maintain a collaborative plan but must consult with and refer to appropriate members of the PA’s care team based on a patient's condition, the physician assistant's education, experience, and competencies and the standard of care.

The bill survived two House committee hearings, with strong opposition from the physician community. Ultimately, after a lengthy floor debate from legislators on both sides of the aisle, the bill was narrowly defeated during second reading, 28 aye and 35 no.

CRHC engaged with the bill sponsors and proponents since the summer of 2021, helping to coordinate CRHC and member testimony, signing on to fact sheets, and connecting members to [media covering the bill](#).

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Active Support	Workforce	Attended committee hearings. Signed on to fact sheets. Testified in committee. Met with bill sponsors and stakeholders. Organized member testimony.	FAILED

### **SB22-210 License Supplemental Health-care Staffing Agencies**

requires CDPHE to license supplemental health-care staffing agencies that employ nurses, nurse aids, physical and occupational therapists, and physical therapist and occupational therapy assistants. The bill specifies minimum standards for staffing agencies as established by the state board of health by rule. In part, the minimum standards:

- Require that a staffing agency maintain professional liability insurance, workers' compensation insurance, and a surety bonds.
- Prohibit a staffing agency from restricting employment opportunities of its health-care worker employees, including a prohibition against requiring liquidated damages,



employment fees, or other compensation from health-care workers, if the staffing agency employee is hired as a permanent employee by the health-care facility.

- A staffing agency shall check the credentials of health-care worker employees and require a background check and a check of the Colorado adult protective services (CAPS) database for employees.

The bill requires each staffing agency to report quarterly to the department concerning the average amount charged for services to health-care facilities and the average amount paid for those services. By December 31, 2023, CDPHE shall submit a report to the Governor and General Assembly concerning the department's recommendations for caps or other limitations on service rates and amounts charged to health-care facilities.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Monitor & Revisit	Workforce	Attended committee hearings and stakeholder meetings.	PASSED Effective August 10, 2022

**HB22-1002 Fifth Year High School Concurrent Enrollment** would have modified the Accelerating Students through Concurrent Enrollment (ASCENT) program, which allows selected students to enroll in postsecondary courses and be included in a local education provider's pupil enrollment during the year following the student's fourth year of high school. The bill would have removed the limit on the number of students who can participate and reduced the number of credit hours of postsecondary work ASCENT students are required to complete prior to the student's twelfth grade year from 12 to 6. The bill had initial House support, but was stalled in committee due to budget constraints.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Neutral Monitor	Workforce	Attended committee hearings.	FAILED

**HB22-1401 Hospital Nurse Staffing Standards** was the only bill CRHC opposed this session in an effort to thwart mandated nurse staffing ratios. Before introduction, the bill was heavily negotiated between the healthcare community, party leadership and the Governor's Office. Ultimately, the bill did pass, but luckily without the strict, legislatively mandated nurse staffing ratios for hospitals.

The bill requires all hospitals to establish a nurse staffing committee, which must include members of the direct-care nursing staff. The committee must develop and oversee a master nurse staffing plan for the hospital, describe the process for receiving, tracking, and resolving complaints and receiving feedback on the staffing plan from all impacted staff. Hospitals are required to submit the staffing plan regularly to CDPHE for evaluation.

If the hospital's ability to meet staffed-bed capacity falls below 80% of the required baseline in a specified period, the hospital is required to notify the department and submit a plan to meet that requirement. The bill requires the department to notify a hospital if the hospital's number of staffed beds exceeds 80% of a hospital's total licensed beds and fine the hospital \$10k/day if the hospital does not take corrective action.

Each hospital is required to update its emergency plan at least annually and as often as necessary, as circumstances warrant. Rural hospitals are exempt from requirements that their staffing plans include processes for increasing bed capacity up to 125% in certain circumstances.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Active Opposition	Workforce	Attended committee hearings. Shared organizational opposition. Coordinated member testimony.	PASSED Effective August 10, 2022

## Rural Healthcare Sustainability

[HB22-1013](#) **Microgrids for Community Resilience Grant Program** creates a \$3.4 million grant program within DOLA to provide funds for cooperative electric associations and municipally owned utilities to purchase microgrid resources for eligible rural communities located within their service territories. The bill aims to mitigate the impacts of natural disasters impacting electric grids that may provide vital electricity for rural healthcare facilities.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Moderate Support	HIT, Technology Infrastructure & Broadband	Attended committee hearings. Shared organizational support.	PASSED Effective August 10, 2022

## Reimbursement (Medicare, Medicaid, Private)

[HB22-1268 Medicaid Mental Health Reimbursement Rates Report](#) requires an audit of Medicaid reimbursement rates for independent mental health and substance abuse treatment providers and the publication of a cost report for community mental health centers. The bill was fueled by media reports of inequitable and/or inaccurate reimbursement rates at community mental health centers.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Moderate Support	Reimbursement	Met with bill sponsor. Attended committee hearings. Shared organizational support.	PASSED Effective June 3, 2022

## Primary Care Access & Delivery

[HB22-1302 Health-care Practice Transformation](#) creates a “SIM 2.0” program, allocating \$31.75 million to HCPF for grants to develop outpatient health care infrastructure, increase access to health care, invest in early behavioral health-related interventions, address the behavioral health workforce, and develop and implement alternative payment models.

Hospital-owned or hospital-affiliated practices not part of a hospital system with less than 10% total profit must provide a 25% match for the awarded amount, and those with 10% or more total profit must provide a 50%. Thanks to an amendment secured by CRHC, CAHs must only provide a 10% match for awarded funds.

Grant applications must demonstrate a commitment to models and programs that measurably increase access to behavioral health screening, referral, treatment, and recovery care, implement or expand evidence-based models for integration, leverage multidisciplinary treatment teams, serve publicly funded clients, maintain a plan for how to address a client with emergency needs, maintain a plan for how technology will be leveraged for whole-person care, which may include plans for data security, electronic health records reforms, and telehealth implementation or expansion

Grant recipients are required to spend or obligate funding no later than December 31, 2024, and expend funding by December 31, 2026.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Active Support	Primary Care Access & Delivery	Testified twice in Committees. Lobbied both chambers. Secured amendment to reduce CAH matching requirement to 10%.	PASSED Effective May 18, 2022

**[SB22-027 Prescription Drug Monitoring Program](#)** implements performance audit recommendations for the Prescription Drug Monitoring Program (PDMP). Changes include requiring each Colorado licensed prescriber holding and a current DEA registration to maintain a PDMP user account and requiring a prescriber to query the PDMP prior to prescribing any opioid or benzodiazepine. Prior law required a PDMP query for only second fills of opioids or benzodiazepines.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Passive Support	Primary Care Access & Delivery	Attended committee hearings.	PASSED Effective May 27, 2022

**[HB22-1267 Culturally Relevant Training Health Professionals](#)** creates a \$1 million grant program in CDPHE to develop culturally responsive training to healthcare professionals. Grant recipients will develop training resources that teaches providers how to provide effective, equitable, understandable, safe, quality, and respectful care that is responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. DORA is required to provide information about the training to health care professionals at the time of issuance or renewal of a license, certificate, or registration.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Neutral Monitor	Primary Care Access & Delivery	Attended committee hearings.	PASSED Effective August 10, 2022

**[HB22-1325 Primary Care Alternative Payment Models](#)** directs the DOI and a collaborative group of primary care experts to create, implement, and evaluate standards the use of valued-based payments in the commercial health insurance system. The DOI must establish aligned quality measure set to be used by all carriers, establish an aligned approach to value-based payment across private payers and public payers and that incorporates the established alternative payment model parameters. Additionally, the DOI develop a set of core competencies around whole-person care delivery that must be met by primary care providers to receive value-based payments provided from a carrier. The quality measures and core

competencies must be annually revised with feedback from the Primary Care Payment Reform Collaborative.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Monitor & Revisit	Primary Care Access & Delivery	Met with bill sponsor and stakeholders. Attended committee hearings. Reviewed and provided feedback on amendments, namely those to ensure nationally recognized quality measures would be prioritized.	PASSED Effective August 10, 2022

## COVID Response

[SB22-111 Infection Prevention Grants to Nursing Facilities](#) would have expanded eligibility for the Nursing Home Innovation Grant Program to include projects focused on infection prevention and control, including educational support, workforce support, and physical enhancements. Additionally, the bill would have required the creation of an abbreviated application process, approval timeline, and reporting mechanism for these projects.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Monitor & Revisit	Primary Care Access & Delivery	Attended committee hearings.	FAILED

## Insurance Coverage & Access

[SB22-081 Health Exchange Education Campaign Health-care Services](#) allocates \$10 million over two years to Connect Health Colorado for the creation and implementation a public education campaign to inform consumers about healthcare coverage options. The campaign will provide education focused on attaining and retaining coverage, as well as eligibility and costs, including efforts to improve health literacy, assist individuals who lose minimum coverage, reduce the number of eligible individuals without coverage and reach individuals who are no longer eligible for benefits under Medicaid or CHP.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Neutral Monitor	Insurance Coverage Access	Attended committee hearings.	PASSED Effective

August 10,  
2022

**[HB22-1269](#) Health-care Sharing Plan Reporting Requirements** requires the Commissioner of Insurance in the DOI to oversee entities offering health care sharing plans or arrangements that serve Colorado residents. The entity is required to submit certified information to the Commissioner about the plans or arrangements, including information about the number and location of enrolled individuals, payments or reimbursements to and from the entity, and copies of any consumer-facing and marketing materials. If the required information is not submitted or incomplete, the Commissioner is required to provide notification and time to remedy the deficiency and may subsequently levy a fine of \$5,000/day or issue a cease-and-desist order as necessary.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Neutral Monitor	Insurance Coverage Access	Attended committee hearings.	PASSED Effective August 10, 2022

**[HB22-1284](#) Health Insurance Surprise Billing Protections** aligns Colorado law with the federal No Surprises Act. The bill creates a framework for an independent review of services provided by an out-of-network provider that may be covered at an in-network rate. The bill requires the Commissioner to convene a work group to effectively facilitate the implementation of the payment of claims for services provided by an out-of-network provider at an in-network facility, and for services related to a medical emergency, and allows the commissioner to enter into a contract with a third party to facilitate the activities of the work group. With feedback from the work group, the bill allows an out-of-network provider and an out-of-network facility to charge a covered individual a balance bill for certain health care services if the out-of-network provider complies with specific notice requirements and obtains the covered individual's signed consent.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Monitor & Revisit	Insurance Coverage Access	Attended committee hearings.	PASSED Effective August 10, 2022

## Regulatory Impediments

[SB22-078](#) **Prior Authorization Exemption Health-care Provider** would have required insurance carriers offer a provider with at least an 95% percent approval rate of prior authorization approvals, an exemption from prior authorization requirements for the year. The bill unfortunately and unexpectedly expired on the calendar in last days of session. Political disagreements between the Governor’s Office and healthcare associations made the bill a bargaining chip. Early conversations with healthcare associations and advocacy groups indicate the bill will be back in the 2023 session.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Active Support	Regulatory Impediments	Engaged with bill sponsors and supporters through initial policy development. Signed on to fact sheets and letters of support. Lobbied both chambers. Testified in committee hearings.	FAILED

[SB22-125](#) **Allow Rural Public Health-care Entity Cooperation** would have authorized county public hospitals and health service districts, all of which are in rural areas of the state, to engage in activities that might be characterized as anticompetitive or that might result in a monopoly or displace competition. The activities that a county public hospital or health service district may engage in include, at a minimum, would have included joint ventures, joint purchasing agreements, joint negotiations with physicians, hospitals, and payers, leases, and agreements that involve delivery system network creation.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Active Support	Regulatory Impediments	Attended committee hearings. Shared organizational support.	FAILED

[HB22-1285](#) **Prohibit Collection Hospital Not Disclosing Prices** is another bill aimed at aligning Colorado state law with federal requirements. The bill prohibits hospitals

from pursuing collection actions if out of compliance with federal price transparency rules. Collection actions includes sending to debt collector, filing suit against a patient, reporting to collections agency. Additionally, the bill allows individual patients to file lawsuits and provides for significant penalties if a claim against a hospital is successful. The introduced bill went further than necessary, opening the door for frivolous lawsuits. Luckily, the bill was amended to ensure that a private right of action seeking relief from debts owed to the hospital is only available to patients harmed by noncompliance.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Monitor & Revisit	Regulatory Impediments	Attended committee hearings. Testified in committees. Engaged with stakeholders.	PASSED Effective August 10, 2022

**HB22-1167 Temporary Proxy Medical Decision Makers** would have allowed physicians and healthcare facilities to assign temporary proxy decision-makers for patients who are unable to provide consent about receiving or refusing medical treatment. Current law allows a proxy decision-maker to be assigned for medical treatment decisions of an individual who lacks capacity to provide informed consent about receiving or refusing medical treatment. If interested individuals are unable to come to a consensus about who should make medical treatment decisions on behalf of the patient, they may seek guardianship through the courts.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Monitor & Revisit	Regulatory Impediments	Attended committee hearings.	FAILED

**HB22-1199 Visitation Requirements Health-care Facilities** would have required health care facilities to permit visitors under the least restrictive state or local regulations, and allowed CDPHE to enforce the requirements. Additionally, any healthcare facility found to be in violation of these regulations may have been levied a civil penalty of at least \$500.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Monitor & Revisit	Regulatory Impediments	Attended committee hearings.	FAILED



**[HB22-1198](#) Medical Expense Sharing Program Requirements** was another initiative addressing medical service cost-sharing arrangement. A more conservative approach to regulating the businesses, the bill would have granted oversight authority to the Attorney General and required the entities to issue notifications to enrollees stating the program is not insurance and they may be responsible for their medical bills. Additionally, the enforcement would have to take place in a manner that least burdens the religious exercise of any religious organization operating a program, or an individual member of the program.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Neutral Monitor	Insurance Coverage Access	Attended committee hearings.	FAILED

## **Behavioral Health & Substance Use**

**[HB22-1256](#) Modifications to Civil Involuntary Commitment** makes numerous changes to Colorado’s involuntary commitment law. The bill transfers duties relating to the care and treatment of persons with mental health disorders from the Office of Behavioral Health to the Behavioral Health Administration (BHA) in Colorado Department of Human Services (CDHS). The bill also makes numerous changes to the state’s involuntary commitment system, including:

- Changes to the Transportation Hold and Initial M-1 hold process
  - Current law lacks clarity to determine when the 72-hour hold begins. The bill clarifies that the clock starts when the hold is placed.
  - The bill allows intervening professionals invoking a hold to request assistance from peace officers, emergency medical services providers, secure transportation providers, and behavioral health crisis response teams for assistance in taking into custody and transporting persons to designated facilities or emergency medical services facilities.
  - The bill also expands the list of individuals who may place someone on an involuntary hold and mental health professionals who may remove the hold to include PAs, APNs, Registered Nurses, LCSWs, MFTs, LPCs or any addiction counselor.
- Changes to discharge and follow-up care

- The bill requires the facility to provide the person with detailed discharge instructions, discuss the statewide care coordination infrastructure to facilitate a follow-up appointment within 7 calendar days, attempt to follow up at least 48 hours after discharge and encourage the person to designate a family member, friend, or lay person to participate in the person's discharge planning.
- Addresses longer-term outcomes
  - Requires the BHA to gather and report on information related to M-1 holds
  - Creating a pathway for short-term treatment with the creation of a court petition, which will allow and individual to be appointed legal counsel prior to certification and eliminate the need for costly temporary ER stays.
  - Under current law, people placed on a short-term certification are in custody of the provider. The bill places these individuals in the custody of the Behavioral Health Administration, which will provide greater continuity of care and may relieve the receiving healthcare facility from some liability and follow-up.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Monitor & Revisit	Regulatory Impediments	Attended committee hearings. Attended Stakeholder meetings.	PASSED Effective August 10, 2022, except Sections 2-5, which take effect July 1, 2023, and certain portions of Sections 1, 3, and 4, which take effect on July 1, 2024

**[HB22-1064](#) Prohibit Flavored Tobacco Regulate Synthetic Nicotine** would have prohibited the sale of flavored nicotine products, including cigarettes, tobacco products and vapes, in the state of Colorado. The bill was hard fought throughout the session, receiving ample pushback from the business community. Many amendments were made to the legislation to exempt certain products, including cigars, pipe tobacco and shisha, but ultimately the bill was quietly killed in committee on the last day of session. Failing the bill provided leverage for Democrats who were up against the clock in the final hours of session.

CRHC Position	Policy Priority	Lobbying & Advocacy Activities	Final Status
Moderate Support	Regulatory Impediments	Attended committee hearings. Attended stakeholder meetings. Shared organizational support.	FAILED

