

2023 Colorado State Legislative Session Report



This report provides an overview of the 2023 Colorado legislative session for members of the Colorado Rural Health Center (CRHC). The report summarizes twenty-four bills related to or impacting rural health that CRHC took a position on during the 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 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 2023 Colorado legislative session convened on January 9, 2023, and ended 120 days later on May 8, 2023. Of the 616 bills introduced, 483 bills (78%) passed.

CRHC tracked 105 bills this session, voting to take positions on twenty-four bills, each corresponding to a CRHC policy priority. CRHC supported fifteen bills, opposed two bills, and monitored seven bills. Despite the challenging session, 100% of bills with CRHC support positions passed, and 100% of bills with support positions correlated with top 5 2023 CRHC Policy Priorities: Reimbursement, Workforce, Regulatory Changes, Consumer Healthcare Costs & Coverage, and Primary Care. Throughout the session, CRHC testified seven times in committee hearings, secured numerous bill amendments, hosted 11 PLC meetings, and made over 90 state policymaker touchpoints to achieve our policy goals.

The 2023 session was marked by the growing pains of dozens of new legislators and party leaders, combined with the constraints of a reduced state budget. Of the 100 lawmakers who make up the Colorado General Assembly, 42 were new to their chamber, including 32 who had never served in the legislature. The 65-member House is where the majority of the Capitol newcomers served, with nearly half of the chamber, or 30 representatives, new to the legislature. The new faces presented a challenge in a learning curve for legislative processes and healthcare policy, but also provided an opportunity to make meaningful, fresh relationships with eager new policymakers. CRHC met this challenge head-on by hosting a training event for new and returning rural legislators to provide a presentation on the state of rural health in Colorado. The presentation equipped rural legislators with knowledge and resources helpful for navigating health policy and supporting rural communities. CRHC also cohosted a lobby day at the State Capitol with the Colorado Hospital Association for hospital and rural clinic representatives.

The 2023 state budget presented a challenge for CRHC advocacy efforts. Discretionary funding for new or expanded state programs was greatly reduced compared to the past two sessions, as the overall state budget was negatively impacted by rising interest rates, inflation, and increased risk of recession. State lawmakers had \$85 million to allocate to new initiatives after two years of unprecedented spending fueled by a strong state economy and billions in federal COVID aid. Considering the budget constraints, lawmakers largely pursued legislation with little or no fiscal impact. This not only presented a challenge for the passage of legislation investing in rural healthcare, but also presented a threat in cuts to programming, as healthcare is often a target for budget cuts in a tight budget year.

Despite these challenges, 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 several big wins, including legislation to increase the Community Health Worker and Physician Assistant workforce, increase rural hospital collaboration, and improve the Medicaid audit process for healthcare providers. We

also successfully mitigated the potentially disastrous impacts of legislation to limit facility fees, fighting for our members above all else amongst the highly contentious bill process. As a result, we were able to exempt rural healthcare facilities from the limits in the bill, and ensured a rural voice will serve on the upcoming steering committee that will determine the future of facility fee regulation in Colorado.

The work has not ended since the session 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: [Friday, August 4, 12:00-1:30pm, click to register!](#)

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

Reimbursement

[SB23-002 Medicaid Reimbursement for Community Health Services](#) provides greater sustainability for the Community Health Worker (CHW) workforce and ultimately increases their impact on patient social determinants of health. The bill authorizes Colorado Medicaid to reimburse healthcare facilities for services provided by Community Health Workers (CHWs). HCPF will seek federal approval for funding to support the benefit. HCPF will host four stakeholder meetings over the summer/fall of 2023 to develop the details of the benefit and necessary credentials for billable CHWs. Language was added with support from CRHC to ensure Rural Health Clinics can be reimbursed in the bill. CRHC also testified in committees and lobbied both chambers to support the bill.

CRHC Active Support Position

CRHC Policy Priority: Reimbursement

[HB23-1295 Audits of HCPF Payments To Providers](#) aims to improve the Medicaid Recovery Audit Contractor (RAC) audit process by requiring HCPF to implement best practices for state Medicaid RAC audits. Colorado's current RAC process is one of the most aggressive in the country, which jeopardizes Medicaid provider participation and access to care. The bill requires the Office of the State Auditor (OSA) to conduct an independent review of the HCPF Recovery Audit Contractor Program during FY 2023-24. The review must include state and federal policy recommendations on several specified concerns.

On a quarterly basis, the bill requires HCPF to report audit information on its website, conduct trainings for providers, and hold stakeholder meetings regarding audits and reviews. HCPF is required to create a Provider Advisory Group that includes physicians, hospitals and other provider groups as appointed by the ED of HCPF to review recovery audits at least quarterly.

CRHC Active Support Position

CRHC Policy Priority: Reimbursement

[HB23-1116 Contracts Between Carriers and Providers](#) eliminates fees providers pay to carriers for electronic payment methods. The bill places restrictions on carriers that process payments for health care providers. Beginning in FY 2023-24, carrier contracts must offer a method of payment that is not associated with a fee.

CRHC Moderate Support Position

CRHC Policy Priority: Reimbursement

[HB23-1228 Nursing Facility Reimbursement Rate Setting](#) changes to the Medicaid nursing facility core per diem reimbursement rates and the Medicaid nursing facility supplemental payments. The bill establishes a minimum nursing facility supplemental payment rate and requires HCPF to adjust the rate annually. The bill creates a new supplemental payment for facilities with disproportionately high Medicaid utilization, and that are geographically critical to ensuring access to care. The bill repeals this requirement, and instead requires the rate to increase as follows:

- 10% in FY 2023-24
- 3% in FY 2024-25
- 1.5% in FY 2025-26
- A rate determined by HCPF in subsequent years.

CRHC Monitor Position

CRHC Policy Priority: Reimbursement

[HB23-1215 Limits on Hospital Facility Fees](#) served as the most contentious healthcare bill of the 2023 session. In an effort to mitigate the potentially disastrous impacts of the bill on member facilities, CRHC worked proactively with bill sponsors, proponents, and other health advocacy organizations to amend the legislation. The bill prohibits certain healthcare providers from charging a facility fee that is not covered by a patient's insurance for preventative services provided in an outpatient setting. CAHs and Sole Community Hospitals are exempt from these limits. Providers are required to disclose information about facility fees to consumers and post this information in their facilities. Additionally, HCPF must form a steering committee to produce a separate, one-time report by October 1, 2024, that details the impact of facilities fees using data from the past 10 years. A representative of a CAH or independent rural hospital is

included on the committee. CRHC secured the amendments to exclude most rural hospitals from the limits in the bill, and also the inclusion of a rural hospital member on the steering committee.

CRHC Monitor Position*

CRHC Policy Priority: Reimbursement

CRHC took the Amend position on the introduced legislation and moved to a Monitor position as CRHC negotiated multiple changes.

Workforce

[SB23-083 Physician Assistant Collaboration Requirements](#) removes the statutory requirement that PAs must be supervised by a physician. PAs will be required to have an ongoing collaborative agreement with a physician or employer. The collaborative agreement will be determined by the physician or employer and will specify how new and established PAs will work with physicians and other providers on the health care team. PAs with less than 3000 hours will have more oversight. Some of the requirements include collaboration in person or via technology and a PA evaluation at six and 12 months. PAs will continue to be held to the same strict professional and ethical standards required of all professionals regulated by the state Medical Board.

CRHC Active Support Position

CRHC Policy Priority: Workforce

[HB23-1030 Prohibit Direct-hire Fee Health-care Staff Agency](#) prohibits a healthcare staffing agency from requiring fees or damages when a contracted employee is hired as a permanent employee to a healthcare facility or assisted living residence. The bill aims to minimize the financial burdens healthcare facilities face when utilizing temporary or traveling healthcare providers. As introduced, the bill applied to only nursing homes and assisted living facilities. CRHC advocated for the inclusion of all healthcare providers to ensure the legislation would not have unintended consequences for nursing and assisted living facilities.

CRHC Moderate Support Position

CRHC Policy Priority: Workforce

[HB23-1246 Support In-demand Career Workforce](#) builds upon healthcare workforce efforts created via legislation last session. The Care Forward Colorado Program was created in 2022 with the goal of increasing the healthcare workforce in Colorado by providing tuition and fees for certain health professionals. This bill leverages remaining federal COVID relief funds to extend the program to nursing, early childhood, education, law enforcement, firefighting,

forestry, and construction. Eligible institutions include community colleges, technical colleges, local district colleges, area technical colleges, and Colorado Mesa University. The bill also allocates \$5 million to the Department of Higher Education to establish two new short-term degree nursing programs at community and technical colleges.

CRHC Moderate Support Position

CRHC Policy Priority: Workforce

[HB23-1071 Licensed Psychologist Prescriptive Authority](#) allows licensed psychologists to obtain certification to prescribe psychotropic medications. The bill outlines the criteria and process for obtaining a prescription certificate. Once granted, the psychologist may only administer and prescribe psychotropic medication under the supervision of a licensed physician or advanced practice registered nurse, must maintain a collaborative relationship with the patient's health provider, and must meet certain practicum and continuing education requirements. A prescribing psychologist must disclose that they are not a physician licensed to practice medicine and obtain consent from the patient.

CRHC Monitor Position

CRHC Policy Priority: Workforce

Regulatory Changes

[SB23-298 Allow Public Hospital Collaboration Agreements](#) facilitates and encourages collaboration between eligible rural hospitals. The bill will allow rural hospitals to create joint ventures with one another to purchase medical supplies, general supplies, medical equipment, and similar items by exempting them from select antitrust requirements. The bill specifies this exemption does not extend to actions that have the effect of setting reimbursement rates, dividing services among hospitals, or reducing the wages of hospital staff. To qualify, hospitals must submit proposals to HCPF and to the Department of Insurance (DOI) if the proposed agreement involves negotiating with health insurance payers.

CRHC Active Support Position

CRHC Policy Priority: Regulatory Changes

[SB23-068 Operations of County Public Hospitals](#) provides flexibility for counties to support hospitals with general fund appropriations and removes the requirement that boards approve all debt issued by a hospital. This bill clarifies that any debt incurred by the hospital is an obligation of the county hospital, not the county commissioners. Additionally, the bill expands the authority of county commissioners to use their general fund for hospital improvements and

operations and allows the board of county commissioners in counties with populations of less than 3,000 to expand a public hospital board of trustees from five to seven members.

CRHC Active Support Position

CRHC Policy Priority: Regulatory Changes

[HB23-1051 Support for Rural Telecommunications Providers](#) extends funding from the High-Cost Support Mechanism (HCSM) to rural telecommunications providers until September 2024. The HCSM provides high-cost support funding to telecommunications and broadband service providers that provide service in high-cost areas of the state. Created in 1990 to compensate telecommunications service providers serving in high-cost areas. These providers, mostly serving in high-cost rural areas, were provided revenue support from the CHCSM to maintain affordable rates in their service areas. Absent this support, local telephone rates and charges would have needed to increase significantly. The CHCSM is funded through a surcharge to customers, currently set at 2.6% of intrastate retail revenues. The bill continues support funding from the HCSM to 11 rural telecommunications providers in Colorado until September 1, 2024, which aligns with the DORA 2023 sunset review of the HCSM and the final determination of the HCSM by the General Assembly in 2024.

CRHC Passive Support Position

CRHC Policy Priority: Regulatory Changes

[HB23-1243 Hospital Community Benefit](#) makes changes to the hospital community benefit and imposes certain requirements on the public presentation of each hospital's community implementation plan. The bill does **not** add any additional [hospitals who must currently report to HCPE](#) on their community benefit impact. However, the bill makes some changes to the required reporting for eligible hospitals, including:

- Invite the general public to attend the reporting hospital's annual meeting by posting the invitation on the reporting hospital's website and social media accounts and distributing the invitation through the reporting hospital's electronic newsletter or e-mail lists, or in any other way that the reporting hospital regularly communicates with the community it serves, at least 30 days before the meeting is scheduled to take place.
- Present to the community during each annual presentation the reporting hospital's community benefit activities from the previous year.
- Solicit feedback from the community during each annual presentation of its proposed community benefit implementation plan for the following year.
- Submit a report that details who attended the public meeting, the topics discussed at the meeting, and any decisions made as a result of the discussion.

- Complete a community benefit implementation plan that addresses the needs described in the reporting hospital's community health needs assessment and includes an explanation of the community served by the hospital.

Additionally, HCPF will:

- Conduct a stakeholder meeting with members of community organizations and advocates to determine best practices to ensure input from local community members is incorporated into the data used to determine community priorities as well as best practices for hospitals to collaborate with local public health agencies and community organizations to reduce redundant community needs assessments.
- Include in its annual report a summary of the estimated federal, state, and local tax exemptions received by each hospital.
- Set requirements for compliance and allow the state department to take remedial action if a hospital fails to comply with the hospital community benefit requirements. Such remedial action includes weekly fines for each violation.

The bill requires a reporting hospital to expend the amount fined on community benefit investment priorities described in the reporting hospital's current community benefit implementation plan. The reporting hospital must include information on how the money from fines was expended in the reporting hospital's annual report submitted to the state department.

CRHC Monitor Position*

CRHC Policy Priority: Regulatory Changes

CRHC took the Oppose position on the introduced legislation and moved to a Monitor position as CRHC negotiated multiple changes.

[HB23-1226 Hospital Transparency and Reporting Requirements](#) adds information to be disclosed by hospitals for the hospital expenditure report and allows HCPF to enforce data collection procedures through fines. In its [2023 Hospital Expenditure Report](#), HCPF recommended that the legislature consider establishing corrective action and financial penalties for hospital noncompliance with reporting requirements. This bill builds upon previous hospital transparency legislation by adding new requirements for hospitals to provide HCPF, including:

- Additional reporting elements for the purposes of a yearly transparency report.
- Quarterly financial reporting that includes an income statement and balance sheet:
 - Annual summary of the hospital's transfers of cash, equity, investments, and other assets.
 - Hospital-specific statement of cash flow as well as gross revenue and net profit.

- Changes to specific major service lines.
- A narrative report of major planned and completed projects and capital investments greater than \$25 million.
- Information on current affiliations and a report on physician practice acquisitions.
- Salary and total compensation data of the top five highest paid administrative positions of each nonprofit hospital.
- Details of significant other revenue that would otherwise be reported in the Medicare Cost Report.
- By July 1, 2024, and only one time, hospitals must submit to HCPF:
 - A summary of the hospital's transfers of cash, equity, investments, or other assets to and from related parties for fiscal years 2014-15 through 2019-20.
 - Information on affiliations and a report on physician practice acquisitions for fiscal years 2014-15 through 2019-20.
 - Details on significant other revenue that would otherwise be reported in the Medicare Cost Report for fiscal years 2019-20 through 2022-23.

Non-compliant hospitals may be fined up to \$5,000 per week, and \$20,000 per week for non-compliant systems. HCPF can also create a mandatory pay-for-reporting compliance measure within the Hospital Transformation Program (HTP).

CRHC Active Oppose Position

CRHC Policy Priority: Regulatory Changes

[SB23-252 Medical Price Transparency](#) requires hospitals to publicly post the hospital's Medicare reimbursement rates, if applicable, by Oct. 1, 2023. The bill was originally more expansive, aiming to force hospitals to disclose their standard charges for hundreds of items and services, but it was stripped down amid hospital opposition. The bill also gives HCPF additional authority to enforce hospital compliance with the federal hospital price transparency rules. HCPF will design the disclosure template, monitor hospitals for compliance, and take corrective action as needed. If HCPF determines a hospital is out of compliance, the department may provide written notice as well as technical assistance to the hospital to help the hospital become compliant. By Feb. 1, 2024, HCPF must create and maintain a publicly available list to be updated annually of hospitals that perform poorly on the department's performance assessment.

CRHC Active Oppose Position

CRHC Policy Priority: Regulatory Changes

[HB23-1077 Informed Consent to Intimate Patient Examinations](#) requires health professionals, students, and trainees to obtain informed consent from sedated or unconscious patients before

performing intimate examinations, unless it is medically necessary for the life or well-being of the patient. In addition to patient consent, students or trainees may only perform intimate examinations if it is related to the planned procedure to be performed, the patient has recognized them as part of the care team, and they are under direct supervision. The bill outlines the process for obtaining patient consent and subjects non-compliant professionals and healthcare facilities to disciplinary action or sanctions by CDPHE. Healthcare facilities can develop their own consent forms or use the form developed by CDPHE. The bill also specifies that limitations on liability damages do not apply to violations by health professionals.

CRHC Monitor Position

CRHC Policy Priority: Regulatory Changes

Consumer Healthcare Costs & Coverage

[HB23-1201 Prescription Drug Benefits Contract Term Requirements](#) aims to save employers money on employee benefit costs by reducing their prescription drug costs. The bill limits the amount that carriers or pharmacy benefit managers (PBMs) may charge beneficiaries of employer-sponsored plans for prescription drugs to no more than the amount paid by the plan to contracted pharmacies. The bill applies to select contracts issued or renewed on or after January 1, 2025.

CRHC Moderate Support Position

CRHC Policy Priority: Consumer Healthcare Costs & Coverage

[HB23-1002 Epinephrine Auto-injectors](#) caps the amount an insurance carrier may require a covered person to pay for an epinephrine auto-injector at \$60 and creates an epinephrine auto-injector affordability program in the Department of Regulatory Agencies to provide low-cost epinephrine auto-injectors to eligible individuals in the state. Manufacturers of epinephrine auto-injectors must make injectors available to individuals in the program and are required to either reimburse pharmacies for the amount that the pharmacy paid the manufacturer for the number of injectors dispensed through the program or send pharmacies a replacement supply of injectors. Manufacturers are required to develop a process for a pharmacy to submit a reimbursement claim.

CRHC Moderate Support Position

CRHC Policy Priority: Consumer Healthcare Costs & Coverage

[HB23-1300 Continuous Eligibility Medical Coverage](#) requires HCPF to conduct a study to determine the feasibility of extending continuous eligibility medical coverage for eligible

children and adults. HCPF is required to submit a report detailing its findings and recommendations from the feasibility study to the Governor and relevant committees by January 1, 2026. Using the report and no later than April 1, 2024, HCPF is required to seek federal authorization to extend continuous eligibility coverage for children under 3 years of age and adults who have been released from a Colorado department of corrections facility, regardless of a change in income.

CRHC Moderate Support Position

CRHC Policy Priority: Consumer Healthcare Costs & Coverage

[HB23-1303 Protect Against Insurers' Impairment and Insolvency](#) add HMOs as member insurers in the Colorado Guaranty Association and change the priority schedule of payments for an insurer in rehabilitation or liquidation. Guaranty Associations provide limited claim payment protection when an insurer goes insolvent. The DOI is concerned with the number of insurance carriers that have become insolvent in Colorado, and that it may set off a possible string of insurer failures and jeopardizing payments to providers. The bill is intended to ensure that carriers are covered through the Guaranty Association to help reduce the risk of additional insurers collapsing by prioritizing risk adjustment payments.

CRHC Moderate Support Position

CRHC Policy Priority: Consumer Healthcare Costs & Coverage

Primary Care Access & Delivery

[HB23-1088 Veterans Mental Health Session Reimbursement Program](#) creates a program in the Department of Military and Veterans Affairs to reimburse mental healthcare providers for up to 26 sessions with veterans residing in veterans' community living centers who have exhausted their federal veterans administration mental health benefits. Eligible providers include licensed psychologists, social workers, licensed clinical social workers, marriage and family therapists, professional counselors, licensed addiction counselors, certified addiction specialists and advanced practice registered nurses with psychiatric training. The visits may be provided in-person or via telehealth, and the Behavioral Health Administration (BHA) will publish a list of participating providers online.

CRHC Active Support Position

CRHC Policy Priority: Primary Care Access & Delivery

[HB23-162 Increase Access to Pharmacy Services](#) authorizes supervising pharmacists to delegate certain testing and technical tasks to pharmacy technicians. It also modifies the supervision requirements for pharmacists overseeing pharmacy technicians or pharmacy interns by

requiring that when three or more pharmacy technicians are on-duty, the majority must be fully certified by the board, and expanding the supervision ratio for pharmacies that are not public facing or located in hospitals. The bill also allows pharmacies or pharmacists enrolled in the Vaccines for Children Program to receive reimbursement for vaccinating children under 19 years old through Medicaid.

CRHC Moderate Support Position

CRHC Policy Priority: Primary Care Access & Delivery

[SB23-174 Access to Certain Behavioral Health Services](#) requires HCPF to provide certain behavioral health services for Medicaid recipients who are under 21 years of age without requiring a diagnosis. The lack of a diagnosis is intended to lower the barriers to accessing mental health services and ensure that Coloradans under 21 can explore mental health services without the permanence of a diagnosis. The limited services include family, group and individual therapy, and services related to prevention, promotion, education, or outreach evaluation, intake, case management, and treatment planning. HCPF will begin to provide the services no later than July 1, 2024.

CRHC Monitor Position

CRHC Policy Priority: Primary Care Access & Delivery

Implementation timeline-below is a timeline for implementation of all bills that passed with a CRHC position. For easier viewing, please use the Zoom feature in your PDF viewer.

	2023												2024												2025	2026
	July	August	September	October	November	December	January	February	March	April	May	June	July	August	September	October	November	December								
Reimbursement																										
SB23-002 Medicaid Reimbursement for Community Health Services				Stakeholder process to develop CHW role										HCPF must submit State Plan Amendment for federal funds to support the CHW benefit by 7/1/24.							Report due to General Assembly regarding implementation of the CHW Medicaid benefit 1/31/26					
HB23-1295 Audits of HCPF Payments To Providers				Beginning FY23-24, the Office of State Auditor will conduct a review of HCPF's RAC program, including policy recommendations.															State Auditor report due to General Assembly 7/1/25							
HB23-1116 Contracts Between Carriers and Providers				Beginning FY23-24, carriers must offer contracts with at least one payment method not associated with a fee.																						
HB23-1228 Nursing Facility Reimbursement Rate Setting				Beginning FY23-24, nursing facilities will receive a 10% rate increase												FY24-25, nursing facilities will receive a 3% increase			FY25-26, 1.5% increase							
HB23-1215 Limits on Hospital Facility Fees	July 1, 2024: Hospitals must comply with billing disclosure and change of ownership transparency requirements	Prior to the report due date, the facility fee steering committee will meet, including a member representing a CAH and/or rural hospital		By October 1, 2024, HCPF must from a steering committee to produce a separate, one-time report, that details the impact of facilities fees using data from the past 10 years.																						
Workforce																										
SB23-083 Physician Assistant Collaboration Requirements				In FY 2023-24 only, DORA will conduct rulemaking, outreach, and education to physician assistants, physicians, and podiatrists.																						
HB23-1030 Prohibit Direct-hire Fee Health-care Staff Agency		Starting August 1, 2023, staffing agencies are prohibited from requiring fees or damages when a contracted employee is hired as a permanent employee to a healthcare facility.																								
HB23-1246 Support In-demand Career Workforce				In FY2023-24 through 2025-26, the School Nurse Grant Program and Short Term Nursing Credentials programs shall be created and funded by the appropriations in the bill.																						
HB23-1071 Licensed Psychologist Prescriptive Authority				Starting FY2023-24, eligible who have completed the required education may receive a license to prescribe non-psychotropic medication																						
Regulatory																										
SB23-298 Allow Public Hospital Collaboration Agreements		Starting August 7, 2024, eligible hospitals may enter into collaborative agreements for authorized activities, pending approval from HCPF and the Attorney General.																								
SB23-068 Operations of County Public Hospitals		Starting August 7, 2024, eligible public hospitals may be granted greater s flexibility for their respective county to support the hospital with general fund appropriations, and the requirement that boards approve all debt issued by the hospital will be removed.																								
HB23-1051 Support for Rural Telecommunications Providers	Support for 12 rural telecommunications providers will be extended until September 1, 2024.																									
HB23-1243 Hospital Community Benefit			No later than September 1, 2024, HCPF will begin stakeholder engagement prior to rulemaking.						By April 1, 2024, the new community benefit rules will become available for reporting hospitals to ensure		No earlier than July 1, 2024, the new reporting rules will go into effect for the corresponding reporting															
HB23-1226 Hospital Transparency and Reporting Requirements		Aug. 7, 2023: HCPF gains the authority to start collecting the additional reporting elements for the annual report as well as the quarterly reporting. HCPF will undertake rulemaking this summer to develop regulations around how hospitals will submit this information.										July 1, 2024: Bills sent to patients must follow industry standard billing practices. July 1, 2024: One-time report on past financial data due to HCPF.														
SB23-252 Medical Price Transparency				Oct. 1, 2023: Hospitals must publicly post the hospital's Medicare reimbursement rates				Feb. 1, 2024: HCPF will create and maintain a publicly available list of hospitals that are found to be non-compliant with federal hospital price transparency rules.																		
HB23-1077 Informed Consent to Intimate Patient Examinations							Starting January 1, 2024 health professionals, students, and trainees will need to obtain informed consent from sedated or unconscious patients before performing intimate examinations																			

	2023						2024												2025	2026
	July	August	September	October	November	December	January	February	March	April	May	June	July	August	September	October	November	December		
Consumer Healthcare Costs & Coverage																				
HB23-1002 Epinephrine Auto-injectors							Beginning January 1, 2024, the Epi-Pen Affordability Program is established to provide low-cost epi-pens to eligible individuals in the state. Additionally, any insurance plans issued after January 1, 2024 must cap the out of pocket cost for a 2-pack of epi-pens at no more than \$60.													
HB23-1201 Prescription Drug Benefits Contract Term Requirements																			For any insurance plan issued on or after January 1, 2025, PBMs must charge beneficiaries for prescription drugs to no more than the amount paid by the plan or PBM to a contracted pharmacy.	
HB23-1300 Continuous Eligibility Medical Coverage																				By January 1, 2026 and upon receipt of maximum federal financial participation, HCPF will extend continuous eligibility to children under three and adults recently released from incarceration. Additionally, by 1/1/2026, HCPF must release a report studying the feasibility of extending continuous eligibility to several other vulnerable populations.
HB23-1303 Protect Against Insurers' Impairment and Insolvency	Effective through June 30, 2026, the bill changes the priority of distribution of insurance claims paid from an insurer's estate in the event of the insurer's liquidation. Specifically, class 1 distribution priority payments will include payments that an impaired or insolvent insurer owes to the risk adjustment program that are necessary to prevent another insurer from becoming impaired or insolvent. The bill also adds health maintenance organizations to the Colorado Life and Health Protection Association																			
Primary Care																				
HB23-1088 Veterans Mental Health Session Reimbursement Program				Starting in FY23-24, the DMVA will begin reimbursing mental health care providers for up to 26 mental health sessions with veterans residing in veterans' community living centers (VCLC) that have exhausted their federal VA mental health benefits															By December 31, 2024, DMVA must adopt rules for the program, determine a reimbursement rate, and deliver a report on the performance of the program to the General Assembly.	
HB23-162 Increase Access to Pharmacy Services		Effective August 7, 2024, supervising pharmacists are authorized to delegate certain testing and technical tasks to pharmacy technicians.		Starting in FY23-24, pharmacies or pharmacists enrolled in the Vaccines for Children Program to receive reimbursement for vaccinating children under 19 years old through Medicaid.																
SB23-174 Access to Certain Behavioral Health Services				Starting in FY2023-24, select mental health services to be covered without a diagnosis for Medicaid members under 21 through the managed care system and the School Health Services Program.															Each November 1 from 2025 through 2030, HCPF must report to the General Assembly on service utilization.	