COLORADO RURAL HEALTH CENTER
The State Office of Rural Health

2024 Legislative Report

The 2024 Colorado legislative session was marked by a tight budget, partisan divide, and an impending election. During the 120-day session, policymakers tackled several critical issues, including housing, taxes, guns, and education funding. While healthcare did not take center stage this session, CRHC worked across party lines and with a broad coalition of healthcare stakeholders to influence and improve legislation and ensure the unique perspective of rural healthcare providers was heard under the gold dome.

AS A RESULT OF CRHC'S HARD WORK, WE ARE EXCITED TO SHARE LEGISLATIVE WINS AND CRITICAL RURAL HEALTH UPDATES WITH OUR MEMBERS!

DURING THE 2024 LEGISLATIVE SESSION

- **705** Bills Introduced
- **523** Bills Passed
- **124** Bills Tracked by CRHC

CRHC TOOK POSITIONS ON 28 BILLS

- **19** 19 bills **supported** by CRHC (68% of the positions taken)
- **8** 8 bills **monitored** by CRHC (29% of the positions taken)
- **1** 1 bill with an **amend** position taken by CRHC (3% of positions taken)

89% of the bills CRHC supported passed!

All bills with a CRHC position correlated to a 2024 policy priority

- Reimbursement
- Workforce
- Regulatory Burdens
- Behavioral Health
- Access to Care

WORKING FOR OUR MEMBERS

- CRHC **testified 12 times** in committee and coordinated numerous **member testimonies**.
- CRHC **Led and passed** bipartisan legislation for reimbursement and increased access to Remote Patient Monitoring (RPM).
- Built a coalition of **over 20 organizations** to champion RPM legislation.
- Hosted **11 member-driven** Policy & Legislative Committee (PLC) meetings.

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2024 CRHC Bills

The following bills passed in the 2024 legislative session with a CRHC position and are categorized by CRHC policy priority. CRHC bill positions are determined by majority vote of the CRHC Policy & Legislative Committee (PLC) and formalized by the CRHC Board of Directors.

Reimbursement

SB24-168 Remote Monitoring Services for Medicaid Members
SB24-221 Funding for Rural Health Care

Workforce

Click the bill number to navigate to bill summaries and additional information in the report.

HB24-1036 Adjusting Certain Tax Expenditures
HB24-1002 Social Work Licensure Compact
SB24-010 Dentist and Dental Hygienist Compact
SB24-018 Physician Assistant Licensure Compact
HB24-1231 State Funding for Higher Education Projects
HB24-1312 State Income Tax Credit for Careworkers
HB24-1237 Programs for the Development of Childcare Facilities
SB24-141 Out-of-State Telehealth Providers
HB24-1153 Physician Continuing Education

Regulatory Burden

HB24-1149 Prior Authorization Requirements Alternatives
SB24-116 Discounted Care for Indigent Patients
SB24-121 Licensure of Critical Access Hospitals
HB24-1010 Insurance Coverage for Provider-Administered Drugs

Behavioral Health

SB24-001 Continue Youth Mental Health Services Program
SB24-055 Agricultural & Rural Behavioral Health Care

Access to Care

SB24-034 Increase Access to School-Based Health Care
SB24-175 Improving Perinatal Health Outcomes
HB24-1459 Birth Equity

Tort Reform

HB24-1472 Raise Damage Limit Tort Actions

Reimbursement

Across the state and country, rural healthcare facilities are facing a sustainability crisis. The number of rural Colorado hospitals operating with negative profit margins is up 55% from 2023, with 24 rural hospitals operating in the red. The average profit margin for a rural hospital in the state is negative 4.55%. The reasons behind the financial instability are complex, but undoubtedly are tied to reimbursement rates. Rural healthcare facilities have higher rates of Medicare and Medicaid than urban providers, and less volume leverage with private carriers. Often these rates don't cover the cost of providing care, especially Medicaid. These underpayments compound, and since most rural providers do not cap their public payer panels, facilities struggle to remain financially solvent.

These circumstances have created an unprecedented challenge for rural healthcare providers/facilities, and national industry forecasts have indicated rural hospital closures may significantly increase in the immediate coming years. To avoid closures and the catastrophic impacts they have on access to care and rural economies, CRHC worked over the legislative session to increase financial support for members, and champion policies that reimburse rural providers for innovative delivery models that increase patient outcomes while increasing rural healthcare facility revenue streams.

Our efforts were challenged by a limited state budget and spending aims at other high-cost priorities, including education and housing. Many healthcare bills did not make it past appropriations committees. Despite the tight budget, CRHC successfully led the passage of SB24-168 Remote Monitoring Services for Medicaid Members; more about the bill below. CRHC spearheaded the legislation, which was years in the making, securing bipartisan rural sponsorship and worked with numerous stakeholders to craft the bill. With member support, including testimony and participation in an advocacy video for the bill, CRHC ultimately secured veto-proof passage in the General Assembly. CRHC also supported SB24-221 Funding for Rural Health Care, which enhances pathways for rural track health professional training, and establishes a fund to support rural hospitals.

SB24-168 Remote Monitoring Services for Medicaid Members

CRHC Position: SUPPORT

The bill expands Medicaid reimbursement for remote patient monitoring (RPM) services to outpatient clinical settings and establishes a one-time grant for practices serving a rural or underserved population to obtain RPM equipment. The bill also expands eligibility for Medicaid coverage of continuous glucose monitors.

Click here for full bill details.

***Implementation of the bill, including a stakeholder process for RPM rules, reimbursement, and grant program, will occur this summer/fall 2024. Please contact the CRHC Policy Team to learn more and get involved!**

SB24-221 Funding for Rural Health Care

CRHC Position: SUPPORT

The bill fully funds the Rural Healthcare Workforce Initiative to expand the number of healthcare professionals practicing in rural or frontier counties through support for higher education institutions establishing or expanding a rural track training program. The bill also establishes the Rural Hospital Cash Fund to provide $1.7 million in payments to rural hospitals in 2024, and continuously appropriates the fund annually.
Click here for full bill details.

Workforce

Essentially, all rural and frontier counties in the state are facing health professional shortages. While the pandemic has had lasting impacts on the healthcare system across the state, rural Colorado is still experiencing severe workforce turnover and shortages. Even before the pandemic, rural communities faced challenges in recruiting an adequate workforce, facing an aging healthcare workforce and population and the challenges presented by constantly changing state and federal healthcare reforms. As a result, these communities experience reduced access to primary care services and exhibit poorer health outcomes, and facilities struggle to maintain a robust, healthy workforce.

Governor Polis and the legislature have prioritized building and supporting the healthcare workforce since the pandemic, notably a 2022 $61 million healthcare workforce package funded largely by federal COVID relief funds. As the federal dollars have been spent down, so has funding and prioritization of subsequent healthcare workforce investments. As a result, workforce bills with little to no fiscal impact were successful, and high-cost bills failed or were scaled back.

CRHC's workforce policy priories this session included increasing the workforce pipeline, addressing housing and childcare shortages, increasing utilization of advanced practice providers, and supporting efforts to address workplace violence in healthcare settings. We were largely successful with the passage of legislation to increase incentives for preceptors, workforce compacts and funding for health professional education. There were also some wins to increase housing and childcare access, which significantly impact workforce, and we expect to see more on these issues in future years.

Notable efforts to address workforce violence in healthcare settings were less successful, with a well-intentioned bill introduced, but ultimately failing due to a lack of consensus among the healthcare community. As the issue persists, CRHC will continue to work with partners on policy solutions that will increase the security of the rural healthcare workforce and help us better understand the underlying causes of this complex issue.

HB24-1036 Adjusting Certain Tax Expenditures

CRHC Position: SUPPORT

The bill expands the Rural & Frontier Healthcare Preceptor Tax Credit by increasing the maximum credit amount from $1,000 to $2,000 and increasing the number of allowable credits from one to three per year, which ultimately increases the incentive from $1,000 to a maximum of $6,000 per taxpayer per year.

Click here for full bill details.

HB24-1002 Social Work Licensure Compact

CRHC Position: SUPPORT

The bill enacts the Social Work Licensure Compact, which allows social workers to apply for a license to practice in all member states of the compact. The compact takes effect when seven states have enacted the compact. Click here to see the progress map of the compact.

Click here for full bill details.

SB24-010 Dentist and Dental Hygienist Compact

CRHC Position: SUPPORT

The bill enters Colorado into the Dentist and Dental Hygienist Compact, which allows licensed dentists and dental hygienists in a participating state to obtain a license and practice in another participating state, including via telehealth. The compact takes effect when seven member states have enacted the compact into law. Click here to see the progress map of the compact.

Click here for full bill details.

SB24-018 Physician Assistant Licensure Compact

CRHC Position: SUPPORT

The bill enters Colorado into the Physician Assistant Licensure Compact, which allows licensed physician assistants in a participating state to obtain a license and practice in another participating state, including via telehealth. The compact takes effect when seven member states have enacted the compact into law. Click here to see the progress map of the compact.

Click here for full bill details.

HB24-1231 State Funding for Higher Education Projects

CRHC Position: SUPPORT

The bill funds capital construction projects related to healthcare education, including construction of the College of Osteopathic Medicine at the University of Northern Colorado, construction of the Health Institute Tower at Metropolitan State University of Denver, construction of the Veterinary Health Education Complex at Colorado State University, and renovation of the Valley Campus Main Building at Trinidad State College.

Click here for full bill details.

HB24-1312 State Income Tax Credit for Careworkers

CRHC Position: SUPPORT

For tax years 2025 through 2028, the bill creates a $1,200 state income tax credit for Colorado residents meeting certain income criteria and is also is a licensee, operator, or employee of an early childhood program or licensed family childcare home accredited by Colorado Shines, is an informal family, friend, or neighbor childcare worker that provided care to young children, or is a non-CNA direct care worker who provided home or community-based services (HCBS), nursing facility or home care facility.

Click here for full bill details.

HB24-1237 Programs for the Development of Child Care Facilities

CRHC Position: SUPPORT

The bill creates 3 programs in DOLA for the development of childcare facilities, including:

- **Child Care Facility Development Toolkit and Technical Assistance Program** to provide technical assistance to childcare providers, developers, employers, local governments, public schools, and higher education institutions for the development of childcare facilities.
- **Child Care Facility Development Planning Grant Program** to provide grants to local governments to make regulatory updates or improvements in processes that will support the development of childcare facilities.
- **Child Care Facility Development Capital Grant Program** to provide grants to local governments, public-private partnerships, public schools, and higher education institutions to construct or modify a childcare facility.

Click here for full bill details.

SB24-141 Out-of-State Telehealth Providers

CRHC Position: MONITOR

The bill permits out-of-state healthcare providers to deliver telehealth services in Colorado upon registration with DORA. The bill authorizes DORA to make rules for program administration and take disciplinary action against a registered provider.

Click here for full bill details.

HB24-1153 Physician Continuing Education

CRHC Position: AMEND → MONITOR

The bill requires licensed physicians to complete continuing medical education (CME) before renewing, reinstating, or reactivating a license and authorizes the Colorado Medical Board to make rules, determine CME subject matter, audit licensees, and grant exemptions.

Click here for full bill details.

Regulatory Burden

CRHC members face many contradictory and constantly changing state and federal regulations that complicate healthcare administration in rural areas. Rural healthcare facilities struggle to keep their doors open with current funding and staffing, which leaves few resources to address and comply with constantly changing quality and payment programs. Additionally, rural hospitals are willing to participate in the collection and submission of data to highlight the quality of care being provided at their facilities. However, members face challenges to participating in these programs, including workforce shortages for both providers and administrative staff, lack of information technology resources, limited resources available for quality improvement, and serving a more vulnerable population. The complex patchwork of requirements, which often conflict with or duplicate one another, comes from all levels of government as well as insurance companies. This "death by a thousand regulatory cuts" contributes significantly to the sustainability issues currently facing rural health providers and as a result, has remained a top policy priority for CRHC members.

This session, CRHC addressed regulatory burden by supporting policies to improve the prior authorization process, improve implementation of the Hospital Discounted Care (HDC) program, and streamline administrative burden for Critical Access Hospitals (CAHs). Members faced challenges with the implementation of the HDC program, citing the confusing and over-burdensome program requirements, especially rural clinics with limited resources. Improvements to the program served as a top policy priority and CRHC leveraged member feedback to help pass SB24-116 Discounted Care for Indigent Patients. Notably, CRHC developed language in the bill to exempt rural clinics that have a sliding fee scale based on federal guidance for low income patients from the requirements of the program.

CRHC also supported prior authorization reform, as members estimated prior authorizations taking anywhere from 40-80 hours per week, and many facilities requiring 1 to 2 full time employees chasing down prior authorizations from payers. In addition to the administrative burden, denials and delays cause patients to disengage from their treatment plan and exacerbates their conditions. HB24-1149 Prior Authorization Requirements Alternatives addresses these issues and was overwhelmingly supported by the legislature with 66 bipartisan co-sponsors.

HB24-1149 Prior Authorization Requirements Alternatives

CRHC Position: **SUPPORT**

The bill establishes prior authorization requirements for healthcare services and prescription drug benefits covered by state-regulated health benefit plans. Specifically, the bill extends the duration of an approved prior authorization from 180 days to a calendar year, requires carriers and pharmacy benefit managers (PBMs) to adopt a program that eliminates or substantially modifies the prior authorization administrative process, provide relevant alternative services or treatments that may be covered upon denial of a prior authorization, and publicly disclose information on prior authorization requirements and restrictions.

Click here for full bill details.

SB24-116 Discounted Care for Indigent Patients

CRHC Position: SUPPORT

The bill allows hospitals to make presumptive eligibility determinations for patients that may qualify for Medicaid. The bill also makes several improvements to the Hospital Discounted Care (HDC) program and excludes primary care clinics located in a rural or frontier county that offer a sliding-fee scale from participating in the HDC program.
Click here for full bill details.

SB24-121 Licensure of Critical Access Hospitals

CRHC Position: SUPPORT

The bill directs CDPHE to develop and administer a state license for Critical Access Hospitals (CAHs) to streamline administrative burden when constructing or modifying a CAH.
Click here for full bill details.

HB24-1010 Insurance Coverage for Provider-Administered Drugs

CRHC Position: MONITOR

For patients requiring a provider-administered prescription drug that is covered by a health insurer, the bill prohibits the insurance carriers from requiring the drugs be dispensed only by specific network pharmacies, limiting coverage or imposing additional fees or copays for the drugs for use of a preferred participating provider, or requiring that providers bill certain drugs under the pharmacy benefit rather than the medical benefit. The bill also requires that the reimbursement rate for covered provider-administered drugs be at the carrier's in-network rate for participating providers.
Click here for full bill details.

Behavioral Health

There are significant disparities between urban and rural mental health outcomes in Colorado. Rural Coloradans experience higher rates of depression and suicide than people who live in urban areas, but less likely to access mental health care services. Mental health access and outcomes for rural youth has been a significant and ongoing challenge, with lingering impacts of the pandemic still present. Rural youth are twice as likely than urban youth to attempt suicide.

The crisis of youth mental health and the distinct challenges of behavioral health in agricultural communities were highlighted during the 2024 legislative session. The first bill introduced in the Senate, a strong signal of priority from leadership, continues indefinitely a program that provides free access to mental health resources for Colorado youth. Two bills aimed at addressing the distinct challenges of behavioral health in rural and agricultural communities were also introduced, with one passing. SB24-055 establishes a workgroup, grant program, and

BHA liaison to make a difference in mental health outcomes, signaling to rural communities the state's commitment to engaging directly with them on the issue. CRHC supported and testified on these bills to provide data and stories about the unique circumstances of mental health access and outcomes in rural Colorado.

SB24-001 Continue Youth Mental Health Services Program

CRHC Position: **SUPPORT**

This bill makes the I Matter program in the Behavioral Health Administration (BHA) a permanent program. I Matter provides up to six free therapy sessions for youth in Colorado and reimburses participating licensed therapists. The program was created in 2021 to provide access to mental health and substance use disorder services for youth, and to address needs that may have resulted from the COVID-19 pandemic.

Click here for full bill details.

SB24-055 Agricultural & Rural Behavioral Health Care

CRHC Position: **SUPPORT**

The bill directs the BHA to appoint a liaison to the Department of Agriculture (CDA) to coordinate training for behavioral health providers that serve agricultural industry workers, among other duties to support rural mental health. The bill creates a workgroup in the CDA to focus barriers and opportunities for addressing rural and agricultural behavioral health. The bill also codifies existing CDA grant programs related to rural mental health into a single grant program.

Click here for full bill details.

Access to Care

Patients with affordable, continuous access to primary care services have better health outcomes and reduce healthcare spending across payers. Unfortunately, access to care in rural Colorado is impacted by barriers related to geography, workforce, affordability, transportation, health literacy and language barriers. Thirteen counties in Colorado do not have a hospital and two counties do not have access to a hospital or rural health clinic (RHC). Even in rural communities with adequate access to health services, there are other factors that may impede healthcare access. Rural Coloradans have lower incomes than urban residents on average, and have lower rates of employer-based healthcare, preventing many rural Coloradans from affording care. Additionally, Colorado's vast and varied geography presents transportation barriers for those who must travel long distances for care, do not have access to a vehicle, or do not have the ability to take off time from work or family. CRHC's policy program supports sustainable funding, regulations that support integration, transportation options, and unique workforce solutions to address access and affordability disparities in rural Colorado.

Both sides of the aisle in Colorado's General Assembly support increased access to care for rural communities, though there are often differing policy solutions for increasing access, and increasingly limited funds to do so. In 2024, healthcare access legislation related to maternity care was highlighted. Two bills intended to increase access to perinatal care were introduced and passed, with both bills adding special consideration for rural communities. CRHC expects to see future legislation related to maternity care introduced as maternity care deserts persist in rural areas and maternal outcomes are of grave concern across the state. Additionally, legislation to increase access to school-linked healthcare passed, though grant funding to support more innovative models of school-based services was stripped from the legislation due to budget constraints. Rural Colorado communities have significantly less access to school-based care than urban areas, and though the legislation does not have any enhanced funding included, the inclusion of school-linked services in the state grant program may increase the development of the models in rural Colorado.

SB24-034 Increase Access to School-Based Health Care

CRHC Position: SUPPORT

Under current law, CDPHE operates the School-Based Health Center Grant Program to assist the establishment, expansion, and ongoing operations of school-based health centers. The bill expands the grant program to include school-linked health care service models, including telehealth services and mobile health units.

Click here for full bill details.

SB24-175 Improving Perinatal Health Outcomes

CRHC Position: MONITOR

The bill creates and modifies multiple programs concerning perinatal health, including:

Doula service coverage

- The bill requires state regulated health benefit plans to cover doula services to the same extent and with the same provider qualification requirements as required by Medicaid.

Maternal and infant health quality improvement initiatives

- The bill mandates hospitals that provide labor and deliver or neonatal care services to participate in at least one maternal or infant health quality improvement initiative and meet reporting requirements.

Perinatal Health Quality Improvement Engagement Program

- The bill requires CDPHE, in collaboration with the Perinatal Quality Collaborative (PQC), to create the Perinatal Health Quality Improvement Engagement Program to distribute grants to rural hospitals to meet the mandate, track implementation of the recommendations of the Colorado Maternal Mortality Review Committee and implement their own initiatives to improve maternal mortality and morbidity address discrepancies in care.

Click here for full bill details.

HB24-1459 Birth Equity

CRHC Position: MONITOR

Among other changes related to the treatment of pregnant people in state custody, the bill requires healthcare facilities to develop a process for receiving patients during or after labor from non-health care facilities and allows them to collect relevant information, including from family members, doulas, or a health-care provider.

Click here for full bill details.

Tort Reform

Outside legal interests raised concerns with Colorado's medical malpractice cap and put Colorado healthcare providers on the defense this session. Colorado's cap is the 5th lowest in the country and has been unchanged for 20 years. Out-of-state trial lawyers saw the state as ripe for legislation or a ballot initiative to increase or completely remove the cap. Removing the caps altogether threatened to increase costs of health care, change treatment practices, and reduce access to care, especially for low income and rural Coloradans. In an effort to get ahead of a potentially costly ballot initiative battle, a coalition of healthcare interests created Coloradans Protecting Patient Access (CPPA) to proactively increase the cap via legislation. The months-long negotiation and ultimate bargain between trial lawyers and CPPA resulted in the passage of HC24-1472 in the waning hours of session.

HB24-1472 Raise Damage Limit Tort Actions

CRHC Position: SUPPORT

The bill makes several changes to the amount of damages that may be collected in civil cases, including:

- Increasing the total amount of damages for noneconomic loss or injury in non-medical malpractice cases to $1.5 million and adjusting the cap by inflation every 2 years after starting in 2028.
- Setting a wrongful death cap for damages at $2.125 million.
- Setting the cap for noneconomic loss in and injury in wrongful death medical malpractice cases to $550,000 in 2025, $810,000 in 2026, $1.065 million in 2027, $1.320 million in 2028, $1.575 million in 2029; and adjusted for inflation in 2030 and every two years after.
- Setting the cap for damages for course of care in medical malpractice cases to the greater of $1.0 million present value patient or 125 percent of the noneconomic damages limitations effective at the time of the acts occurred present value per patient.
- Increases the cap of noneconomic loss or injury in medical malpractice cases to $415,000 in 2025, $530,000 in 2026, $645,000 in 2027, $760,000 in 2028, $875,000 in 2029, and then adjusted for inflation in 2030 and every two years after.
- Allowing siblings of a person whose death was caused by certain negligence to sue and recover damages if the deceased had no surviving spouse, heirs, or designated beneficiary.

Click here for full bill details.

2024 Unpassed bills with CRHC Positions			
Bill #	**Title**	**Summary**	**CRHC Position**
HB24-1005	Health Insurers Contract with Qualified Providers	The bill clarifies damage awards resulting from a breach of a physician employment agreement.	Support
SB24-130	Noneconomic Damages Cap Medical Malpractice Actions	The bill increases the cap on damages for medical malpractice by $40,000 annually from 2025 through 2029 until the maximum is $500,000.	Support
HB24-1287	Access to State Grant Opportunities	The bill creates a state grant database and a program to help local governments identify and apply for grants.	Support
SB24-082	Patient's Right to Provider Identification	The bill places disclosure requirements on health care providers and state health care facilities. Failure to comply is considered unprofessional conduct.	Monitor + Revisit
HB24-1218	Ground Ambulance Service Rates & Billing	The bill allows local governments to set rates for ambulance services.	Monitor + Revisit
HB24-1066	Prevent Workplace Violence in Health-Care Settings	The bill requires certain health facilities to establish a workplace violence prevention committees and prevention plans for their employees.	Amend