2010 Colorado Legislation Related to Health Care - Nov. 2010 LWVBC Units

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		LWVCO Position	State $ Req'd for SFY 10/11
	SENATE BILLS THAT WERE APPROVED Title of Bill - Description		
SB 10-002	***Denial of Benefits by Health Coverage Plans Increasing Recoveries to the Medicaid Program, Providing Additional Assistance to Eligible for Certain Benefits*** * Requires Medicaid applicants/recipients to disclose any 3rd party insurance * Requires any funds recovered from 3rd parties to fund Children on Waiting List Fund		$0
S 10-014	***Changes to the Demonstration Programs for Systems of Care Family Advocates*** * Makes technical and definition changes to clarify role of family advocates and to add family system navigators to juvenile justice family advocacy demonstration program	S	$0
SB 10-020	***Measures to Address the Financial Viability of the CoverColorado Program Creation*** * Authorized CoverColorado Board of Directors to establish 1 or more fee schedules for compensating health care providers for services to CoverColorado recipients * Prohibits health care providers from billing program members for costs in excess of the applicable fee on a schedule * Authorizes board to limit enrollment in case of insufficient funds	S	$0
SB 10-056	***Developing Standardized Immunization Information to Provide to Parents*** * Requires Dept. of Public Health & Environment to develop standard form regarding childhood immunization by 3/1/11. * Form must include list of required & recommended immunizations and the age at which each immunization should be given.	S	$0
SB 10-115	***Authority of Licensed Health Care Facilities to Re-dispense Unused Medications*** * Allows a licensed health care facility to return unused medication, medical devices, or medical supplies to a pharmacist in the facility or a prescription drug outlet upon receiving permission from a patient or their relative. Any items returned may be re-dispensed to another patient or donated to a practitioner with prescription authority or non-profit entity serving disaster victims.		$0
SB 10-117	***Medicaid Coverage for Over-the-Counter Medications*** * Adds over-the-counter medications to the list of services provided under Medicaid, and allows pharmacists to prescribe and be reimbursed for such medication. **Page 1**		Decrease?
	SENATE BILLS THAT WERE APPROVED Title of Bill - Description	LWVCO Position	State $ Req'd for SFY 10/11
SB 10-129	***Care Coordination Services for Children with Autism*** * gives the Dept. of Health Care Policy & Financing additional options in contracting for care coordination for children served under the Home- and Community-Based Services waiver program for children with autism		$0
SB 10-153	***Behavioral Health Transformations*** * Creates Behavioral Health Transformation Council (advisory council to Governor & cabinet) * Sets the duties of the council for strategic planning, developing outcome measures, aligning services, annual reporting, and other tasks.	S	$0
SB 10-167	***Increased Efficiency in the Administration of the "Colorado Medical Assistance Act", and in connection therewith Creating the "Colorado Medicaid False Claims Act" Requiring a Post-enactment Evaluation*** * Creates efficiencies in the Department of Health Care Policy and Financing by creating the Colorado Medicaid False Claims Act requiring the department to: - Appoint an internal auditor and to ensure that duplicate benefits are not being paid by other states to clients enrolled in DHCPF programs; -Implement an automated, pre-payment review system to reduce medical services coding errors in Medicaid claims, report annually on its implementation/identified errors - Purchase private health insurance coverage through the Health Insurance Buy-In Program for up to 2,000 eligible clients to create cost savings for the state	S	$345,368
SB 10-169	***Authority for Moneys in Hospital Provider Fee Cash Fund Generated by Enhanced Federal Match through 2010-2011 Fiscal Year to Be Used to Offset General Fund Expenditures in Medicaid Program*** * Allows funds in Hospital Provider Fee Cash Fund to offset General Fund appropriations to Medicaid program in SFY 09/10 and SFY 10/11. The amount of the General Fund offset is equal to the increased federal funds for Medicaid received under the American Reinvestment		$4,929,388
	SENATE BILLS THAT WERE NOT APPROVED Title of Bill - Description		
SB 10-160	***Development of an Alternative Medicaid Assistance Program for the Elderly*** * Creates the Alternative Medical Assistance Program for the Elderly in the Dept. of Health Care Policy & Financing, subject to receiving federal authorization * Allows a Medicaid eligible person, age 55 or older, to accept an amount equivalent to 70% of the medical assistance benefits the person would have received in the traditional Medicaid & Recovery Act (ARRA) generated from the provider fee created by HB09-1293. **Page 2**		n/a
	SENATE BILLS THAT WERE NOT APPROVED Title of Bill - Description	LWVCO Position	State $ Req'd for SFY 10/11
	* Specifies that first $41.4 million of these funds in SFY 09/10 must be transferred to Health Care Expansion Fund to replace moneys used by HB10-1320 to offset General Fund appropriations to Medicaid. Any additional funds above this amount must be used to offset General Fund appropriations to Medicaid program.		
	HOUSE BILLS THAT WERE APPROVED Title of Bill - Description		
HB 10-1004	***Standardized Health Insurance Information Provided to Consumers*** * Requires the Commissioner of Insurance to adopt rules to standardize formats for policy forms and explanation of benefit forms that are provided by health insurance carriers to consumers applied to health benefit plans, limited benefit health insurance & dental plans issued or delivered on or after 7/1/12.	S	$0
HB 10-1005	***Home Health Care through Telemedicine pursuant to the "Colorado Medical Assistance Act"*** * Makes the following changes to the provision of home health telemedicine services established in SB070196 - telemedicine services are eligible for Medicaid reimbursement; - reimbursement rates are no longer required to be budget-neutral; - reductions in travel costs by home health care and home-and community-based service providers are no longer required to be considered when setting reimbursement rates		$47,348
HB 10-1008	***Prohibition against Consideration of Gender in Setting Rates for Individual Health Insurance Policies*** * Prohibits insurance companies from using gender as a factor in determining the rate for an individual health individual health coverage plan effective 1/1/11.	S	$0
HB 10-1029	***Agreements for the Purchase of Medical Goods*** * Directs the Department of Health Care Policy and Financing to work with non-profit organizations to create a vendor list for durable medical equipment and supplies		$0
HB 10-1032	***Behavioral Health Crisis Response Services*** * Requires Dept. of Human Services to review state's current behavioral health crisis response system and to formulate a plan to address lack of a coordinated crisis response system * Requires the department to complete the review, formulate the plan, and prepare the report within existing appropriations, design plan to be implemented with existing appropriations; and submit a report to the General Assembly on or before 1/30/13. **Page 3**	S	$0
	HOUSE BILLS THAT WERE APPROVED Title of Bill - Description	LWVCO Position	State $ Req'd for SFY 10/11
HB 10-1033	***Provision of Services through Medicaid that Are Related to Substance Abuse*** * Adds screening, brief intervention, and referral for treatment for substance abuse to list of optional services covered by Medicaid		$334,227
HB 10-1043	***Outdated References to the Federal Aid to Families with Dependent Children (AFDC)*** * Eliminates all references to former federal AFDC program counting method to replace method used used under AFDC program pursuant to rules that were in effect 7/16/96. The method shall be no more restrictive than rules in effect on 7/16/96, and no less restrictive that method used to determine eligibility for other covered groups.		$0
HB 10-1138	***Program to Repay Educational Loans of Health Care Professionals*** * Changes name of State Health Care Professional Loan Repayment Program to Colorado Health Services Corps which provides loan repayment assistance to primary care doctors who serve in federally designated health professional shortage areas * Makes the following changes to the loan repayment program: - removes the $35,000 annual limit on loan repayment for an eligible health care prof. - allows program to make regular payments on person's loan or provide advance lump sum payment - exempts the selection of health care professionals for the program from the competitive bidding requirements of state procurement law;	S	$0
HB 10-1166	***Use of Plain Language in Insurance Policies*** * Requires that coverage documents for insurance policies and plans issued or renewed on or after 1/1/12 be written at or below a 10th-grade reading level. For policies and plans longer than 3 pages or 3,000 words, text must be written in 10 point or larger type and contain an index or table of contents. Policies/plans included are: - private passenger automobile insurance; - dental plans; and - long-term care plans	S	$0
HB 10-1202	***Health Benefit Treatment for Chemotherapy Treatment*** * Requires a health benefit plan that provides coverage for cancer chemotherapy treatment to cover orally administered anticancer medication at cost not to exceed coinsurance % or relative copayment amount as is **Page 4**		$0
	HOUSE BILLS THAT WERE APPROVED Title of Bill - Description	LWVCO Position	State $ Req'd for SFY 10/11
	applied to intravenously administered or injected anticancer medication * Prohibits carrier from increasing patient out-of-pocket costs for intravenously administered or injected chemotherapy to comply with the bill.		
HB 10-1213	***Elimination of Plan for Person with Developmental Disabilities and on Waiting List*** * Removes statutory requirement that community centered boards (CCB) develop & annually review Individualized Plan for persons with developmental disabilities who become eligible * Requires CCB to develop IP when person with disabilities enrolls into a program * Clarifies that a plan is not required for persons who are on a waiting list for services.		$0
HB 10-1242	***Implementation of Uniform Application Form for Individual Health Benefit Plans by Commissioner of Insurance*** * Requires Commissioner of Insurance to implement initial uniform application form for individual sickness and accident health benefit plans to be used on or after 1/1/12. * Allows insurer, upon receipt of initial application form to issue coverage, request additional information or deny coverage. * Allows denial of coverage to be used for purposes of eligibility for CoverColorado	S	$0
HB 10-1252	***Health Care Services for Breast Cancer Screening*** * Requires that insurance companies cover breast cancer screening with mammography for individuals at risk for disease or over 40 years of age effective 1/1/11 and applies to policies/contracts entered into or renewed on or after that date	S	$0
HB 10-1330	***Creation of Advisory Committee to make Recommendations Regarding Creation of a Colorado All-Payer Health Claims Database for the Purpose of Transparent Public Reporting of Health Care Information*** * Requires Dept. of Health Care Policy and Financing (DHCPF) to create an advisory committee to make recommendations for creating a Colorado all-payer health claims database which will be user-friendly, public and meet certain criteria for transparency and data quality. * Directs DHCPF to appoint administrator to guide committee and seek funding from gifts, grants, and donations If sufficient revenue is received by 1/1/12, the database is required to be operational no later than 1/1/13. * Charges administrator with establishing agreements for voluntary reporting by claims payers that are not subject to mandatory reporting requirements, ensuring patient privacy and reports * Requires sunset review of the advisory committee by 7/1/13. **Page 5**	S	$0
	HOUSE BILLS THAT WERE NOT APPROVED Title of Bill - Description	LWVCO Position	State $ Req'd for SFY 10/11
HB 10-1332	***Creation of the "Medical Clean Claims Transparency & Uniformity Act".*** * Creates the Medical Clean Claims Transparency and Uniformity Act. * Establishes task force of industry & government representatives to develop standardized set of payment rules & claim edits to be used by payers and health care providers in Colorado and is required to work in tandem with a national initiative. ** Requires task force to report its recommendations to the executive director of Health Care Policy & Financing and the General Assembly by 11/30/12.	S	$0
HB 10-0170	***Continuity of Care for Patients Served by Limited Services Clinics Located in Retail Outlets*** * Sets uniform standards for limited service clinics, such as type of services that clinic may offer to patients and procedures that must be followed before administering vaccinations. Limited service clinics are defined as health clinics located in a retail outlet that provide care for minor illnesses/injuries and aren't affiliated with a primary care physician. * Requires clinics to develop procedure for referring patient to a primary care physician when patient's needs are outside of the scope of services offered by the clinic. * Required to ask a patient if he or she would like a copy of his or her medical record and provide it to the patient or forward it to his or her primary care physician	S	n/a
HB 10-1103	***Creation of the Relief Fund for Children with a Catastrophic Medical Condition*** * Creates Relief Fund for Children with Catastrophic Medical Condition. The purpose of fund is to provide financial assistance to a child who meets the following conditions: - has a chronic illness; - has medical expenses for illness that is not reimbursed by insurance or state/federal program - has expenses for this illness that exceed 10 percent of the family's gross income for families earning less than $100,000 a year and 15 percent for families earning more than $100,00 a year	S	n/a
HB 10-1179	***Measures to Expand Availability of Primary Care Services throughout State and Increase availability of primary health care services in under-served areas of state by:*** - Allowing insurers to offer 50 percent discount on medical malpractice insurance to primary care doctors serving in federally designated health professional shortage areas; - Removing the $35,000 per year cap on loan repayment awards under the State Health Care Professional Loan Repayment Program; - Requiring Department of Health Care Policy and Financing to submit report to General Assembly by 12/31/11 regarding ways to increase reimbursement rates statewide for primary care providers under Medicaid and remove any differences in reimbursement rates based on where a provider is working or located. **Page 6**	S	n/a
	HOUSE BILLS THAT WERE NOT APPROVED Title of Bill - Description	LWVCO Position	State $ Req'd for SFY 10/11
HB 10-1353	***Financial Savings through Alignment of Eligibility for Old Age Pension Program with Eligibility for Other Public Benefit Programs and Aligning Waiting Period for Old Age Pension with Waiting Period for other Public Benefit Programs, including Enforcement of Financial Responsibilities Requirements for Relative Sponsors of Non-Citizens, Crediting to General Fund of Sales and Use Tax Revenue that was previously Required to Be Credited to Supplemental OAP Health & Medical*** * Makes the following changes to the Old Age Pension (OAP) program: - Bars, with some exceptions, qualified aliens from accessing OAP program for 5 years after entering the U.S., - Reallocates portion of sales and use tax revenue from Supplemental OAP Health & Medical Care Fund to General Fund - Requires, with some exceptions, that income and resources of qualified alien's sponsor be considered when determining OAP program eligibility.		n/a
HB 10-1357	***Creation of a False Claims Act*** * Creates Colorado False Claims Act. Anyone who knowingly submits a false claim or intends to defraud state/political subdivision will be liable for up to 3 times amount of damages, costs of civil action, and a civil penalty of between $5,000 and $10,000. * Requires Attorney General to investigate violations & determine whether to bring civil actions within 3 years of learning of violation, but no more than 10 years from date of violation. * Allows private persons to bring civil action on behalf of state & share in proceeds from action or settlement of claim. * Requires Attorney General to prepare annual report on false claims for legislative committees * Requires legislative services agencies of General Assembly to conduct a post-enactment review of implementation of bill 5 years after becoming law **Page 7**		n/a

NOTES

The total sum of dollars required by the legislation that was passed by the legislature	$5,656,331
Minus the "Offsetting Revenues" (mostly federal dollars) from SB10-167 and SB10-169	$5,274,756
"New Dollars" required from State General Fund that have not been previously budgeted	$381,575

Additional sources for more information:
http://www.leg.state.co.us
http://www.colorado.gov/hcpf

Written for: LWVBC - November 2010 Unit Meetings
Written by: LWVBC - Health Care Committee