

Legislative Report

Oral Health Awareness Colorado

HB1012 HEALTH INSURANCE INCENTIVES FOR WELLNESS & PREVENTION PROGRAMS

Sponsors Reps. Rice and Stephens & Sens. Mitchell and Newell

Allows insurance carriers that provide individual and group health insurance plans in Colorado, to offer incentives for participation in wellness and prevention programs, including Patient Centered Medical Homes. Carriers are given flexibility in determining the types of programs offered as long as: 1) program participation is not a condition of coverage; 2) participation in the program is voluntary; 3) participants are not required to achieve a specific outcome to receive the incentive; and the incentive is not used as a marketing device for the insurance plan. Requires carriers provide "adequate measures" to ensure confidential health information and compliance with HIPAA standards. Requires uniform application of rewards or incentives based on participation in wellness and prevention programs and not based on the size of group participating.

Current Status Signed by Governor

Position Monitor

HB1020 EXPEDITED MEDICAL PROGRAM REENROLLMENT

Sponsors Rep. Acree & Sen. Spence

Directs the department of health care policy and financing to establish a process for reenrollment in Medicaid and the children's basic health plan both over the phone and the internet. Allows the department to create a pilot program that will serve a limited amount of recipients and enrollees. This will be intended to serve as a transition until the system has the capability to serve recipients and enrollees statewide.

Current Status Delivered to Governor

Position Support

HB1073 ELECTRONIC PERSCRIPTIONS IN MEDICAL ASSISTANCE PROGRAM

Sponsors Rep. Massey & Sens. Boyd and Kopp

Health Care Task Force. Directs the department of health care policy and financing to study and report to the health and human services committees of the general assembly on the ability and feasibility of using electronic prescriptions including whether; 1) federal law allows incentives for e-prescribing, 2) if the state would realize a cost-savings, 3) if additional legislation is necessary to start e-prescribing, and 4) recommendations for patient-protection measures to ensure that any e-prescribing does not negatively impact a recipient's health or access to prescription drugs. Repeals the statute authorizing the study July 1, 2010.

Current Status Delivered to Governor

Position Monitor

HB1088 CERTIFY NONPROFITS AS LOCAL PUBLIC PROCUREMENT UNIT

Sponsors Rep. Balmer & Sen. Newell

Allows the executive director of the department of personnel to certify a public benefit nonprofit entity as a local public procurement unit. Conditions such certification on the public benefit nonprofit entity using any procured supplies, services, or construction in the furtherance of its stated nonprofit purpose. Defines "public benefit nonprofit entity" as an organization that receives funds from federal, state, or local governmental sources and is exempt from federal taxation under section 501 (c) (3) of the federal internal revenue code.

Current Status Signed by Governor

Position Monitor

HB1103 PRESUMPTIVE ELIGIBILITY FOR LONG TERM CARE

Sponsors Rep. Riesberg & Sen. Newell

Authorizes the department of health care policy and financing to seek federal approval so that a person in need of long-term care who declares all of the information necessary to determine eligibility under Medicaid shall be presumptively eligible for benefits by declaration. Allows the department in the seeking of the waiver to have sufficient spending authority to implement the program. In addition, if the waiver constricts or the spending authority is not sufficient, allows the department to implement the program as a pilot. Provides counties be ineligible for recovery from the state department for both error rates and medical costs if a recipient was found not eligible after being presumed eligible.

Current Status Signed by Governor

Position Monitor

HB1128 **ACADEMIC LICENSE DENTISTS**

Sponsors Rep. Priola & Sen. Hodge

Creates an academic license for dentists who are employed by an accredited school or college of dentistry in the state. Allows a dentist with an academic license to practice dentistry only while engaged in the performance of his or her official duties as an employee of the school or college of dentistry and only in connection with programs affiliated or endorsed by the school or college. Prohibits the dentist with an academic license from practicing dentistry outside of his or her academic responsibilities. Submits an academic dentist to the jurisdiction of the state board of dental examiners.

Current Status Signed by Governor

Position Support

HB1293 **COLORADO HEALTHCARE AFFORDABILITY ACT**

Sponsors Reps. Reisberg and Ferrandino & Sens. Keller and Boyd

Creates the Health Care Affordability Act of 2009. The Department of Health Care Policy and Financing (HCPF) is authorized to collect hospital provider fees for the purpose of obtaining federal financial participation for the state's medical assistance programs. Fees are set by the State Medical Services Board based on federal regulations and are for the following: 1) to increase Medicaid and CICIP reimbursements to hospitals); 2) to increase the number of people covered by medical assistance programs; and 3) to pay for administrative costs related to the fee and program expansions. Payments to hospitals are subject to the receipt of federal authorization, state payments to hospitals will increase through 1) maximizing provider payments based on federal regulations, 2) increasing payments under the Colorado Indigent Care Program (CICP) to 100 percent of cost, and 3) paying a new quality incentive payment. Expanding Medical Assistance Programs will occur if sufficient fees and federal funding are available. Allows HCPF to expand medical assistance programs as follows: 1) increasing the income eligibility limit for the Children's Basic Health Plan (CBHP) from 205 up to 250 percent of the federal poverty level (FPL) for both children and pregnant women (implementation Spring 2010); 2) increasing the income eligibility limit for Medicaid for parents from 60 up to 100 percent FPL (Implementation Spring 2010); 3) providing for 12-month continuous eligibility for children in Medicaid (Implementation Spring 2012); 4) creating a new Medicaid buy-in program for disabled adults and children with income up to 450 percent FPL (Implementation Summer 2011); and 5) creating a new Medicaid eligibility category for childless adults with income up to 100 percent FPL (Implementation Winter 2012). Requires payments to hospitals be fully funded before any eligibility expansion. Authorizes the Medical Services Board to set rules related to the fee and expansion programs, but rules to reduce medical benefits or eligibility must be approved by the Joint Budget Committee. Creates a 12-member Hospital Provider Fee Oversight and Advisory Board established to provide recommendations to the HCPF and the Medical Services Board regarding the implementation of the fee and the expansion of programs. Requires the advisory board to report to the General Assembly. Requires five years after the bill becomes law, legislative service agencies of the General Assembly must conduct a review of the implementation of the act, and provide a written report.

Current Status Signed by Governor

Position Support

HB1342 ELIMINATE CIGARETTE SALES TAX EXEMPTION

Sponsors Reps. Benefield and Kagan & Sens. Boyd and Williams

Beginning July 1, 2009, eliminates the state sales and use tax exemption for cigarettes. Maintains the sales and use tax exemption for cigarettes for counties, statutory towns and cities, and special districts.

Current Status Delivered to Governor

Position Active Support

HB1353 MEDICAL BENEFITS FOR LEGAL IMMIGRANTS

Sponsors Rep. Miklosi & Sen. Foster

Subject to sufficient appropriations and the receipt of federal financial participation, authorizes the department of health care policy and financing to provide benefits under medicaid and the children's basic health plan to pregnant women and children who are legal immigrants prior to the 5-year waiting period following their date of entry into the United States.

Current Status Delivered to Governor

Position Active Support

SB129 DUTIES PERFORMED BY DENTAL HYGIENISTS

Sponsors Sen. Tochtrop & Rep. Gagliardi

Adds duties to the list of what constitutes the practice of unsupervised and supervised dental hygiene. Allows dental hygienists to perform a "dental hygiene diagnosis" which is defined as the identification of an existing oral health problem that a dental hygienist is qualified and licensed to treat. A dentist is required to confirm any dental hygiene diagnosis that requires treatment that is outside the scope of dental hygiene practice. Adds the following to the practice of unsupervised dental hygiene: root planing; preparation of study casts; radiographic and X-ray survey for the purpose of assessing and diagnosing dental hygiene-related conditions and identifying dental abnormalities for immediate referral to a dentist; and administration of fluoride, fluoride varnish, and antimicrobial solutions for mouth rinsing. Requires an unsupervised dental hygienist to obtain a patient's signature acknowledging receipt of a statement indicating that any diagnosis or assessment is for the purpose of determining necessary dental hygiene services only and that it is recommended by the American Dental Association that a thorough dental exam be performed by a dentist twice each year. Adds the administration of fluoride, fluoride varnish and microbial solutions to the practice of supervised dental hygiene. Allows a supervised dental hygienist to administer local anesthetic under the indirect supervision of a licensed dentist (rather than direct supervision). Requires a practicing dental hygienists to have professional liability insurance of not less than \$50,000/claim and not less than \$300,000 as aggregate limit for all claims during a calendar year.

Current Status Signed by Governor

Position Support

SB228 **INCREASE GENERAL ASSEMBLY'S FLEXIBILITY IN USING REVENUES**

Sponsors Sen. Morse & Reps. Marostica and Court

Under current law, General Fund appropriations are limited to the lesser of a 6 percent increase from the previous year's appropriation level and 5 percent of Colorado personal income. SB 09-228 sets the limit equal to 5 percent of Colorado personal income. Transfers from the General Fund to transportation, capital construction, and the General Fund statutory reserve are required by the bill as follows: 2% of general fund appropriations to transportation, 0.5% to capital construction and 0.5% to the reserve beginning in FY12-13 and continuing for 5 years, however the capital construction transfer increases to 1% in the third, fourth and fifth years of the transfers. The five-year block of transfers is subject to a trigger on personal income growth. If personal income increases by less than 5 percent in 2012, the entire five-year block of transfers is postponed until the first fiscal year in which personal income increases by at least 5 percent during the calendar year in which the fiscal year originated. If personal income growth were to fall below 5 percent during the five-year period, the transfers would continue to occur without pause. Each individual transfer is subject to a trigger based on the size of future TABOR refunds. If a TABOR refund equal to between 1 percent and 3 percent of General Fund revenue is expected to occur, transfers will be reduced by 50 percent. If the TABOR refund is equal to more than 3 percent of General Fund revenue, the transfer will not occur. Once the five-year period of transfers is complete, the General Fund statutory reserve will equal 6.5 percent of General Fund appropriations. Eliminates other statutory references and obsolete provisions related to the appropriation limit and makes conforming amendments. Eliminates the automatic transfer to the controlled maintenance trust fund that is a percentage of excess general fund revenue. Eliminates the automatic transfer of general fund surplus to the HUTF and capital construction fund. Eliminates the automatic diversion of sales and use tax revenues to the sales and use tax holding fund and instead gives General Assembly the discretion to make such transfers. Eliminates the limit on the amount the General Assembly may appropriate from the HUTF for specified state agencies.

Current Status Delivered to Governor

Position Support

SB265 **MEDICAID CHP+ PAYMENT TIMING**

Sponsors Sen. White & Rep. Pommer

Budget Package Bill from JBC. Authorizes Health Care Policy and Financing to delay the last normal provider payment cycle for the 2009-10 fiscal year until after July 1, 2010. Specifies that, after June 1, 2010, capitated payments made to various managed care entities (prepaid inpatient health plans, BHOs, PACE and managed care plans) shall be made on the first day of the month following the enrollment of the recipients in the managed care entities. Clarifies that the Medicare Modernization Act State Contribution Payment does not have to be paid before the date it is due. This bill is anticipated to reduce expenditures in FY 2009-10 by \$87.3 million total funds (including \$35.6 million General Fund).

Current Status Signed by Governor

Position Monitor

SB270 TOBACCO TAX INVESTMENT INCOME TRANSFERS

Sponsors Sen. Tapia & Rep. Marostica

Budget Package Bill from the JBC. Requires all interest and income derived from the deposit and investment of moneys from Amendment 35 funds from fiscal years 2008-09 through 2011-12 to be credited to the General Fund (approx \$3 - 5M/year). Specifically names all of the A35 funds: tobacco tax cash fund; health care expansion fund; primary care fund; tobacco education programs fund; prevention, early detection, and treatment fund; and the health disparities grant program fund.

Current Status Signed by Governor

Position Active Oppose

SB271 EMERGENCY USE TOBACCO TAX REVENUES

Sponsors Sen. Tapia & Rep. Ferrandino

Pursuant to the declaration of state fiscal emergency contained in SJR 35, expands the purposes for which tobacco tax revenues may be used to any health-related purpose and to serve populations enrolled in CHP+ and Medicaid at the programs' respective levels of enrollment as of Jan. 1, 2005. Reduces expenditures for tobacco education and prevention by \$8 million, early detection and treatment funds by \$12 million, and primary care fund by up to \$7.4 million and transfers this \$27.4 million to the medical services premium line in the Long Bill. Effective date is contingent upon SJR 35 receiving the constitutionally required 2/3 supermajority vote in each chamber.

Current Status Delivered to Governor

Position Active Oppose

SJR035 DECLARE FISCAL EMERGENCY TOBACCO TAX

Sponsors Sen. White & Rep. Marostica

Pursuant to the provisions of "Amendment 35" in the Colorado Constitution, declares a fiscal emergency for purposes of permitting tobacco tax revenues to be spent on any health-related purpose and to serve populations enrolled in the children's basic health plan and the Colorado medical assistance program at their respective levels of enrollment on January 1, 2005. Makes findings as to the state of the state and national economies and revenue shortfalls.

Current Status Signed by Governor

Position Active Oppose
