2015 COLORADO LEGISLATIVE SESSION
Seventieth General Assembly
First Regular Session

Overview
Over the course of 120 days, 682 bills were introduced and 367 passed. The Health District of Northern Larimer County categorized 92 pieces of legislation as Priorities 1, 2, or 3. Of these 92 bills, 41 failed and 51 passed. The Board of Directors took positions on 15 of these bills, following analysis and discussion. Health District staff shared these positions with legislators from our local delegation and with other legislators on relevant committees, when appropriate.

This report provides an overview of legislation in the main priority areas for the Health District, emphasizing the legislation prioritized higher and the bills that passed. For a complete listing of tracked legislation by priority, see the legislative matrix attached to this report. For a discussion of the prioritization system used by the Health District Policy Strategy Team, see Health District Board Policy 99-7.

Mental Health and Substance Abuse
In recent years, there has been a strong focus on mental health and substance abuse issues and many new programs were created or other programs strengthened: from relatively large new streams of funding to changing the statewide crisis management system. The 2015 legislative session was marked by less dramatic legislation and relatively stable funding (which is a great improvement over many other past years).

SB15-015 – Mental Health Parity for Autism Spectrum Disorders – Priority 1, Support – An important victory for autism disorder treatment, this legislation by Senator Kefalas repealed a provision in state law that prevented insurance coverage parity for autism spectrum disorders.

HB15-1032 – Licensed Mental Health Professionals Treat Minors – Priority 1, Support – With this bill, minors (aged 15-17) will have access to many more providers of behavioral health treatment. This bill is an example of a small change to law that will have a large impact on people around the state.

SB15-053 – Dispense Supply of Emergency Drugs for Overdose Victims – Priority 1, Support – Timely access to opiate antagonists during an overdose saves lives, especially important during this current epidemic of opiate use and overdose. Now, these drugs can be stocked by law enforcement, emergency responders, and harm reduction organizations and distributed to family and friends of those at risk of overdose. The next challenge is to raise awareness of this law and encourage more agencies and organizations to stock the medicine.

SB15-214 – Interim Committee on Safe Schools and Youth in Crisis – Priority 1, Support (with considerations) – After many recent incidents of violence in schools, this committee will look at the root causes of school violence and propose legislation to improve school safety. An important component of this committee’s work will be identifying how to work with youth in crisis. Unlike in the introduced legislation, the final bill includes a committee member with experience with youth mental health issues to aid in that conversation.
HB15-1368 – Cross-system Response Pilot Intellectual and Developmental Disabilities – Priority 2 – This pilot program will address a population that has been a struggle for our behavioral health system to effectively treat. The pilot will provide intervention, stabilization, and follow-up services to individuals with both an intellectual or developmental disability and mental health issues. These patients are frequent utilizers of the behavioral health system and this new pilot program will evaluate the cost-effectiveness of coordinated wrap-around services and make recommendations for future improvements to the behavioral health system.

Also passed related to mental health and substance abuse:
- HB15-1043 – Felony Offense for Repeat DUI – Priority 2
- HB15-1067 – Required Continuing Professional Development for Psychologists – Priority 2
- HB15-1214 – Abuse Deterrent Opioid Analgesic Drugs – Priority 2 – This law will study the effectiveness of new abuse deterrent pharmaceuticals and make recommendations on future law.

Failed bills related to mental health and substance abuse:
- HB15-1087 – Medical Detoxification Center Pilot Program – Priority 1
- HB15-1082 – Time Limit on Mental Health Disciplinary Actions – Priority 2
- HB15-1351 – Limitation on Mental Health Disciplinary Actions – Priority 2

Public Health
Several bills with potentially large impacts on public health failed to pass this year, due to a variety of competing interests. The failure of the LARC legislation was the largest disappointment for public health, but that process offered an important opportunity for statewide coalitions to work together on strategy and plan for the future. A number of bills with a perhaps smaller impact on public health were successful and will be positive improvements to the health of the state.

(failed) HB15-1194 - Authorize General Fund Dollars For LARC Services – Priority 1, Strongly Support – The grant-funded program to provide long acting reversible contraception to low income women has been a demonstrated success in improving the health of low-income women and their families while reducing high risk births, abortions, and use of many other programs.

(failed) HB15-1257 – Eliminate Penalty To Increase Compliance Cigarette Sale – Priority 1, Support – This bill sought to open the door to local discussions about licensing cigarettes sales in an effort to police illegal sales to minors. The bill failed after heavy lobbying by cigarette retailers that it would reduce sales and cause job losses.

(failed) SB15-077 – Parent’s Bill of Rights – Priority 1, Strongly Oppose – The “Parent’s Bill of Rights” would have been a disaster for the health of youth across the state by significantly hurting our education system and interfering with minor’s access to healthcare. This bill passed the Senate but was stopped in the House.

HB15-1232 – Emergency Use Of Epinephrine Auto-injectors – Priority 1, Support – With the passage of this, restaurants and other facilities will be allowed to stock epinephrine, a life-saving medication used to stop anaphylaxis.

HB15-1226 – Retail Food Establishment Fees – Priority 3 – A priority of local public health officials from around the state, the introduced version of this bill would have removed the fee charged for restaurant licenses from statute and instead allowed the state board of health to set the fee by statute. As passed, the
bill will create a stakeholder process to set the fees every few years, which still will be a great improvement after years of the fees remaining the same.

**SB15-247 – Tobacco Settlement Funded Drug Assistance Program** – Priority 1 – Now, tobacco settlement dollars in this program will be used for more than just HIV/AIDS pharmaceuticals. The funding will allow harm reduction organizations to use the funds for screening, testing, and preventative efforts.

**HB15-1039 - Prescription Give-back For Institutions** – Priority 1 – Previously, donated unused medications could only be used for disaster relief efforts. With this law’s change, these medications can be used in a variety of other situations, not including resale for profit.

Also passed related to public health/safety:
- HB15-1207 - Allow Driving With One Earphone
- SB15-109 - Mandatory Abuse Report For Adult With A Disability
- SB15-116 - Needle-stick Prevention

Failed related to public health/safety:
- HB15-1080 - School Participation In Breakfast After The Bell
- HB15-1111 - Maternal Mortality Prevention Act
- SB15-054 - Free Or Reduced-cost Lunch Five Days All Schools

**Health Care delivery**

With different parties in the majority in each house of the General Assembly, few large proposals to change the delivery of health care were discussed. However, this session saw many “tweaks” that will have a significant impact. Connect for Health Colorado was targeted by a number of bills, but survived intact with some additional oversight.

**HB15-1029 - Health Care Delivery Via Telemedicine Statewide** – Priority 1, Support – This bill will radically change the availability of telemedicine services throughout the state. Now, insurance carriers will have to cover telemedicine services, which offer some of the most revolutionary changes in our health systems, improving cost and quality of care.

**SB15-197 - Advanced Practice Nurse Prescriptive Authority** – Priority 1, neutral (positive with conditions) – Many years in the making, this bill reduced the number of training hours required for APRNs to get full prescriptive authority, which will make these mid-level providers more able to work in a variety of areas and fields.

**Health Exchange** – A number of bills were introduced to repeal the Colorado health exchange (Connect for Health), but the split house majorities preventing these from passing. However, the exchange will face increased oversight through the newly renamed Health Insurance Exchange Oversight Committee and through the state auditor.
- SB15-019 - Health Exchange Audit
- SB15-256 - CO Health Insurance Exchange Oversight Committee
- (failed) HB15-1066 - Repeal Health Benefit Exchange – Priority 1, Strongly Oppose
- (failed) SB15-052 - Health Benefit Exchange Review Committee Approval
HB15-1309 - Protective Restorations By Dental Hygienists – One of several scope of practice changes, now dental hygienists will be able to provide temporary fillings under the supervision of dentists. With hygienists practicing independently in a number of rural areas, this change could be a great boon to the oral health of their patients in need of greater levels of care.

Medicaid Rates – For years HCPF has desired a more regular review of Medicaid provider rates and the Joint Budget Committee has sought a process with more stakeholder involvement. A new process has been created by SB15-228 that will offer many stakeholders a place at the table in rate reviews that will take place regularly.

- SB15-228 - Medicaid Provider Rate Review
- (failed) HB15-1151 - Floor For Medicaid Provider Rates

Also passed related to health care delivery:
- SB15-137 - PACE Program Flexibility For Business Entity – Priority 1, Support
- HB15-1182 - Scope Of Practice Certified Nurse Aides
- HB15-1191 - Add Dentists To Physician Designation Act
- B15-1075 - Registered Naturopathic Doctor Treating Children
- HB15-1352 - Naturopathic Doctor Formulary Changes
- HB15-1360 - Acupuncturists Practice Injection Therapy

Failed related to public health/safety:
- HB15-1147 - Require License To Practice Genetic Counseling
- HB15-1297 - Optometrist Health Insurance Contracts
- SB15-031 - Reciprocity To Practice Occupation Or Profession
- HB15-1163 - Contingent Repeal Hlth Ins Laws Aligning With ACA
- HB15-1179 - Third Party Medicaid Payment Responsibility System

Medical and Retail Marijuana
Retail sales of marijuana (non-medical) began at the beginning of 2014 and policy makers learned a great deal in that first year. The 2015 legislative session law a number of bills seeking to regulate medical and retail marijuana with the prior year’s experience in mind. Revenue from marijuana sales was another major theme, brought into focus by the interim committee on marijuana revenue that met in the summer and fall of 2014.

Medical Marijuana – In discussions of revenue from recreational (retail) sales of marijuana, the wide availability of medical marijuana was seen as a major factor in estimates of revenue being too low. Medical marijuana cards require a $15 annual fee, but with this card the buyer can avoid the approximately 25% higher prices due to taxes. Two bills passed dealing with medical marijuana. One extended the current regulatory scheme. The other limits the number of plants caregivers can grow and gives regulators more control over the processes involved in patients getting the medical marijuana cards.

- SB15-014 – Medical Marijuana – Priority 3
- SB15-260 – Sunset Medical Marijuana Programs – Priority 3

HB15-1305 – Unlawful manufacture of marijuana concentrate – Priority 1 – After a number of high-profile explosions around the state caused by the dangerous THC extraction process, legislators stepped in to ban this process in the state. The extraction of marijuana involves volatile chemicals and heat, a dangerous mix. Now, only licensed manufacturers can legally produce the marijuana concentrate.
HB15-1298 – Warn Pregnant Women of Marijuana Risks – Legislators had hoped to increase education of the potential dangers of marijuana use while pregnant. However, with many arguments about unfairness to the purveyors of marijuana products, this legislation was defeated in committee.

Also passed related to Medical and Retail Marijuana
- HB15-1267 - Use Of Medical Marijuana During Probation
- HB15-1283 - Marijuana Reference Library And Lab Testing Access
- SB15-260 - Medical Marijuana Product Testing

Failed related to Medical and Retail Marijuana
- SB15-263 - Colorado Marijuana Control Commission (Note board position)
- HB15-1007 - Local Government Retail Marijuana Taxes
- HB15-1036 - Warn Pregnant Women Med Marijuana Dangers
- HB15-1090 - County Retail Marijuana Impacts Grant Program
- SB15-040 - County Auth To Levy Retail Marijuana Sales Tax
- SB15-136 - Labeling Of Retail Marijuana Packaging

Special District and Local Government
As expected, urban renewal and tax increment financing issues came to a head this session. After the governor’s veto of legislation in 2014, the counties and cities came back with competing proposals to reform these systems. Efforts to repeal recent modifications to voting laws relating to local governments were unsuccessful.

HB15-1348 - Urban Redevelopment Fairness Act – Priority 1, Strongly Support – Urban renewal and tax increment financing may see major reform if this bill is signed. This bill is not yet signed by the governor, who vetoed a major change to TIF processes in 2014. Several municipal groups are currently lobbying for a veto on this bill. Assuming the bill is signed into law, it will provide a seat at the URA table to counties, special districts, and to school districts. The process of formalizing a TIF plan will require negotiation, collaboration, and, if needed, mediation.

HB15-1092 - Special District Transparency Requirements – A minor change to special district reporting requirements, this law will make several changes to how budget resolutions and tax data are reported to the state and county and how this data is made available to the public.

Failed Special District and Local Government
- HB15-1051 - Administration Local Gov Elections
- SB15-135 - Public Bodies & Urban Renewal

Other legislation
With nearly 700 bills in the legislative session, the Health District tracked many bills that may not fit neatly into other categories. Most of these bills were priority 2 or 3 and more information can be found on the attached Legislative Matrix.

HB15-1317 - Pay For Success Contracts – Priority 2 – This new law will allow the state to enter into pay for success contracts, a similar financing mechanism to social impact bonds, for some health and social programs. The contracts are designed to utilize private funding and oversight of innovative public programs that can achieve cost savings for the state or local government. The governor’s office has been working for some time on this concept and hopes that this model will allow the state to bring in some new ideas.
However, it’s important to note with this legislation that the contracts will be funded out of a special fund that is filled by legislative appropriations, which did not occur in FY2015-16. The Fiscal note for this assumes that no RFPs will be distributed “without further legislative direction and that the resources required to execute a pay for success contract will be appropriated in a future bill.” While the authorization for the contracts was created with this new law, the funding for such a program will not be possible until the next legislative session.

(failed) HB15-1389 – Create New Hospital Provider Fee Enterprise – This late proposal would have converted the Hospital Provider Fee to a state enterprise, which would have exempted the funding from impacting the state’s TABOR spending limits. Essentially, the provider fee collects a fee from hospitals for each bed, uses those dollars to get matching federal funds, then makes payments to hospitals for serving low-income patients. Removing these dollars from the state’s TABOR-impacted budget calculations would have had a significant impact on potential tax refunds and revenue available for other state programs.

Other Passed Legislation
- HB15-1015 - Interstate Compact EMS Providers
- HB15-1023 - Day Treatment Center Age Of Children Served
- HB15-1031 - Ban Use Sale Possession Of Powdered Alcohol
- HB15-1033 - Strategic Planning Group On Aging
- HB15-1057 - The Statewide Initiative Process
- HB15-1129 - CO Disaster Prediction & Decision Support Systems
- HB15-1242 - Patient Caregiver Designation Hospital Requirement
- SB15-012 - Colorado Works Pass-through Child Support Payment
- SB15-057 - Clean Claims Task Force Reporting Requirements
- SB15-071 - Pharm Substitute Interchangeable Biological Drug
- SB15-126 - Medical Tests For All Assault Victims
- SB15-192 - Therapeutic Drug Selections For Long-term Care
- SB15-234 - 2015-16 Long Appropriations Bill
- SB15-265 - Health Insurance Hospital Liens

Other Failed Legislation
- HB15-1003 - Fund Safe Routes To School Program
- HB15-1018 - Protecting Seniors From Elder Abuse
- HB15-1065 - Regulatory Reform Act Of 2015
- HB15-1079 - Teen Pregnancy Dropout Prevention Program Funding
- HB15-1083 - Patient Contribution Rehabilitation Services
- HB15-1097 - Fetal Alcohol Spectrum Disorders Commn & Screening
- HB15-1135 - Terminally Ill Individuals End-of-life Decisions
- HB15-1141 - Hospital Provider Fee Patient Billing Statements
- HB15-1143 - Tax Incentive For Home Health Care
- HB15-1238 - Tax Credit Preceptors Health Profil Shortage Areas
- HB15-1264 - Homeless Persons’ Bill Of Rights
- SB15-074 - Transparency In Direct Pay Health Care Prices
- SB15-123 - Patient Choose Pharmacy To Fill Prescriptions
- SB15-125 - Statewide Registry For Advance Directives
- SB15-259 - Out-of-network Health Care Provider Charges
About this Summary

This summary was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. For more information about this summary or the Health District, please contact Dan Sapienza, Policy Coordinator, at (970) 224-5209, or e-mail at dsapienza@healthdistrict.org.