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Legislative
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MEMORANDUM

July 8, 2009

TO: Members of the 2009 Health Care Task Force

FROM: Elizabeth Burger, Senior Analyst, (303) 866-66272

SUBJECT: Activities of the Health Care Task Force from 2005 to 2008

This memorandum summarizes the activities of the Health Care Task Force during the 2005 through 2008 interims. Originally established in 1999, the Health Care Task Force provided a means for legislators to obtain the information necessary to develop and respond to legislative changes affecting the health care system in Colorado. The Health Care Task Force repealed on July 1, 2004, but was reauthorized beginning with the 2005 interim. Pursuant to Section 10-16-221, C.R.S., the Health Care Task Force is charged with studying provider reimbursement issues, network adequacy, and other health care issues affecting health insurance in this state. The task force consists of 10 members appointed by House and Senate leadership. The task force must meet at least four times each year and continues until July 10, 2010.

2005 Health Care Task Force Activities

During the 2005 interim, the Health Care Task Force examined four primary issues including:

- pharmacy benefit managers;
- issues impacting hospitals in Colorado;
- telemedicine in home health care and in correctional care; and
- health care work force shortages in Colorado and nationally.

Table 1 on page 2 summarizes the three bills the task force recommended based on these discussions.

Pharmacy benefit managers. The task force reviewed the current utilization of pharmacy benefit managers (PBMs) and discussed associated state regulation. PBMs contract with health plans to manage the plans' prescription drug coverage. They receive payment for their services, perform some management functions such as claims adjudication, and may retain a portion of negotiated rebates secured from drug manufacturers. The task force did not take any action to change the regulation of PBMs in Colorado as a result of the review.

Hospitals and health care work force shortages. The task force considered several issues related to hospital care in Colorado including Medicaid and Medicare reimbursement levels and cost-shifting, the status of the state's trauma care system, statistical information about hospital-acquired infections, and the role and function of specialty hospitals and surgical centers. In addition, the task force dedicated an entire meeting to concerns regarding a shortage of nurses in the state. As a result of these deliberations, the task force recommended House Bill 06-1045 that requires hospitals to report hospital-acquired infection rates for certain medical procedures beginning in 2008. That bill was signed into law.

Telemedicine. The task force heard testimony from home care providers and health care providers about different applications of telemedicine. Telemedicine is the use of telecommunication and information technologies to exchange health information and to provide health care services across geographic, time, social, and cultural barriers. In Colorado, advocates indicated that telemedicine has been applied to home health care and has helped reduce emergency room visits, hospitalizations, and increase patient satisfaction with their care. Denver Health contracts with several state and municipal correctional facilities to provide health services to inmates. As a result of these discussions, the task force recommended Senate Bill 06-004 which requires the Colorado Department of Corrections to consider the use of telemedicine in providing medical care to prison inmates. The bill was signed into law. The committee also recommended Senate Bill 06-043, which would have required the Department of Health Care Policy and Financing (DHCPF) to seek federal authorization for reimbursement of home health care services provided by the Colorado Medicaid program that use telemedicine. The bill was postponed indefinitely.

**Table 1
Legislation Proposed by the 2005 Health Care Task Force**

Bill No / Short Title / Sponsors / Status	Bill Summary
Signed into Law	
HB 06-1045 Hospital Infection Rate Reporting <i>Rep. McCluskey</i> <i>Sen. Keller</i> Signed into law	The bill requires a hospital to collect data on hospital-acquired infection rates for specified clinical procedures and regularly report the data to the National Healthcare Safety Network beginning July 31, 2007. The bill also creates an advisory committee of health care professionals to assist the department in the development of all aspects of the information to be collected and requires the Department of Public Health and Environment to submit an annual report summarizing and analyzing the data from the health facilities to the Health and Human Services committees.
SB 06-004 Telemedicine in Department of Corrections <i>Sen. Mitchell</i> <i>Rep. Butcher</i> Signed into law	The bill requires the Department of Corrections to study and report on the state's options for using telemedicine to provide medical services to state inmates on or before February 1, 2007.

**Table 1
Legislation Proposed by the 2005 Health Care Task Force (Cont.)**

Bill No / Short Title / Sponsors / Status	Bill Summary
Postponed Indefinitely	
SB 06-043 Telemedicine in Home Health Care <i>Sen. Tochtrop</i> <i>Rep. Todd</i> Postponed indefinitely in Senate Health and Human Services	The bill would have required the Department of Health Care Policy and Financing to seek federal authorization for the reimbursement and provision of home health care services via telemedicine.

2006 Health Care Task Force Activities

The 2006 Health Care Task Force discussed the following issues:

- health care access, including the availability of adequate health care in rural areas;
- workforce shortage issues;
- telemedicine;
- prescription drugs; and
- trauma care.

Table 2 on page 5 summarizes the eight bills the task force recommended as a result of its discussions.

Health care access. The task force considered topics related to access to health insurance and public health programs for children and adults. The task force heard presentations related to the role of schools in promoting child wellness and the current status of Medicaid and the Children's Basic Health Plan (CHP+). The task force also discussed CoverColorado, Colorado's health plan for persons who cannot purchase health insurance in the private market due to a pre-existing medical condition.

Representatives of the private insurance market discussed the products available to individuals and small businesses and the costs of those products. The task force was urged to consider additional market reforms including increased tiering of family premiums; allowing carriers more flexibility when setting rates; finding methods to reduce insurance mandates and avoiding new mandates; finding methods to allow some benefits, such as maternity coverage, to be self-insured; and some reinsurance mechanisms. Finally, the DHCPF updated the task force on the Colorado Indigent Care Program, which reimburses hospitals for providing care to uninsured and indigent persons, and the Old Age Pension Health and Medical Care Program, which provides medical care for recipients of Old Age Pension grants.

As a result of discussions concerning the access of children and adults to health care, the task force recommended House Bill 07-1016, which had several components designed to increase access to health care for children and adults. The bill was postponed indefinitely. In addition, the task force recommended Senate Bill 07-002, which extended Medicaid eligibility for children who age out of the foster care system. That bill was signed into law. The task force considered, but did not recommend, another bill which increased funding for the Old Age Pension Health and Medical Care Program.

Rural health. The task force heard testimony from rural health care providers, insurance industry representatives, and health care educators concerned with the status of the health care communities in Colorado's rural areas. As a result of these discussions, the task force recommended House Bill 07-1022, which addressed several concerns raised regarding rural health care in the state including workforce shortages, access to necessary tests and treatment, and mental health services. That bill was signed into law.

Health care workforce shortages. The task force heard from a variety of health care workers, including nurses, physicians, and representatives from Denver Health, who discussed workforce shortages in nursing, radiology, and medical technology across Colorado. The task force learned that significant shortages exist in the health care industry in all parts of the state, especially in nursing. The shortages were attributed to a lack of masters-level nurses to teach, an aging population, and a large number of providers reaching retirement. As a result of discussions, the task force recommended House Bill 07-1023, which would have required insurers to reimburse advance practice nurses and physicians equally in rural portions of the state, and Senate Bill 07-010, which required hospitals to create and implement a nurse staffing plan. Both of these bills were postponed indefinitely.

Telemedicine. The task force explored the issue of telemedicine and heard presentations that illustrated various ways patients use telemedicine devices to obtain daily vital readings at home rather than by going to a hospital or utilizing services of a visiting nurse. The presentations also discussed cost savings associated with using telemedicine services. As a result of the telemedicine discussions, the task force recommended House Bill 07-1043, which would have required the DHCPF to seek federal authorization for the reimbursement of home health care services and home- and community-based services by home care providers through the use of telemedicine. This bill was the same as Senate Bill 06-043 from the 2005 Health Care Task Force. As in the 2006 legislative session, House Bill 07-1043 was postponed indefinitely.

Prescription drugs. The task force heard testimony about medication management and programs other states are using to reduce the cost of prescription drugs. AARP discussed a Wyoming program that allows patients to discuss the medication they take with a pharmacist who will check the availability of a lower-cost or generic alternative and identify drug interactions and over-medication information. As a result of the discussions concerning prescription drugs, the task force recommended House Bill 07-1021, concerning a prescription drug consumer information and technical assistance program. This bill was signed into law. In addition, the committee recommended Senate Bill 07-009, which would have transferred the maintenance of the electronic prescription drug monitoring program from the Department of Regulatory Agencies, where it is

under the authority of the Colorado Board of Pharmacy, to the Executive Director of the Department of Public Health and Environment. Senate Bill 07-009 was postponed indefinitely.

Trauma care. The task force heard testimony from trauma care providers as well as representatives of the auto insurance industry reflecting ongoing concerns with adequate funding of Colorado's trauma care system. In recent years, trauma care providers have struggled with reimbursement delays since payment for services is not disbursed until the at-fault party is identified. Reimbursement rates are now the same as those for regular medical services. Further, individuals with insufficient or no health insurance are unable to pay for emergency services and providers increasingly perceive a shift of costs to Medicaid. The task force considered, but did not recommend, legislation that would have imposed an emergency medical services surcharge on vehicles traveling to or from Denver International Airport on a toll highway to fund emergency medical and trauma care services.

**Table 2
Legislation Proposed by the 2006 Health Care Task Force**

Bill No / Short Title / Sponsors / Status	Bill Summary
Signed Into Law	
HB 07-1021 Medication Management <i>Rep. Frangas</i> <i>Sen. Keller</i> Signed into law	The bill creates the Prescription Drug Information and Technical Assistance Program. Under the program, the Department of Health Care Policy and Financing will provide incentive payments to pharmacists and physicians who consult with Medicaid clients about how to avoid dangerous drug interactions, improve outcomes, and save money.
HB 07-1022 Rural Health Care Needs <i>Rep. Butcher</i> <i>Sen. Sandoval</i> Signed into law	The bill allows the Pueblo County Commissioners to partner with a non-profit agency to create a local health care access pilot program. The pilot program will develop a model aimed at providing access to health care for individuals in Pueblo who are employed and who do not have access to health care. The bill also incorporates several grant funding programs for rural health care that will allow better recruitment of primary health care providers, purchase of medical equipment in rural communities, and a subsidy for family mental health providers in rural communities.
SB 07-002 Medicaid Eligibility Foster Care <i>Sen. Sandoval</i> <i>Rep. Stafford</i> Signed into law	Currently, most foster children lose Medicaid eligibility on their 18th birthday or when they graduate from high school. The bill expands Medicaid eligibility to young adults who are under 21 years of age and who were in the foster care system immediately prior to their 18th birthday or emancipation.

Table 2
Legislation Proposed by the 2006 Health Care Task Force (Cont.)

Bill No / Short Title / Sponsors / Status	Bill Summary
Postponed Indefinitely	
<p>HB 07-1016</p> <p>Access to Health Care</p> <p><i>Rep. Frangas</i> <i>Sen. Keller</i></p> <p>Postponed indefinitely in House Health and Human Services</p>	<p>The bill would have increased access to health insurance, Medicaid, and the Children's Basic Health Plan (CHP+) by:</p> <ul style="list-style-type: none"> • expanding eligibility in CoverColorado to include members of Multiple Employer Welfare Agreements; • requiring school districts to check health coverage of students and to provide enrollment materials for Medicaid or CHP+; • expanding eligibility for CHP+ to allow families with higher income levels to obtain coverage; and • requiring the Colorado Department of Health Care Policy and financing to seek federal approval for CHP+ coverage for human papilloma virus vaccine for teenaged girls and to provide dental benefits as part of the CHP+ prenatal program.
<p>HB 07-1023</p> <p>Advance Practice Nursing Enhancement</p> <p><i>Rep. Stafford</i> <i>Sen. Tochtrop</i></p> <p>Deemed postponed indefinitely in Senate Health and Human Services</p>	<p>The bill would have prohibited, in rural counties of the state, insurance carriers from discriminating between physicians and advance practice nurses when establishing network membership or reimbursement rates. Insurers would also have been required to evaluate an application from an advanced practice nurse for status as a participating provider. The bill would also have allowed advance practice nurses to certify a patient as disabled for purposes of parking privileges.</p>
<p>HB 07-1043</p> <p>Telemedicine in Home Health Care</p> <p><i>Rep. Todd</i> <i>Sen. Tochtrop</i></p> <p>Postponed indefinitely in House Health and Human Services</p>	<p>The bill would have required the Department of Health Care Policy and Financing to seek federal authorization for the reimbursement and provision of home health care services through the use of telemedicine.</p>
<p>SB 07-009</p> <p>Electronic Controlled Prescription Drugs</p> <p><i>Sen. Tochtrop</i> <i>Rep. Butcher</i></p> <p>Postponed indefinitely in Senate Health and Human Services</p>	<p>The bill would have transferred the maintenance of the Electronic Prescription Drug Monitoring Program from the Department of Regulatory Agencies to the Department of Public Health and Environment once the program is operable.</p>

Table 2
Legislation Proposed by the 2006 Health Care Task Force (Cont.)

Bill No / Short Title / Sponsors / Status	Bill Summary
Postponed Indefinitely (Cont.)	
SB 07-010 Hospital Nurse Staffing Levels <i>Sen. Tochtrop</i> <i>Rep. Frangas</i> Postponed indefinitely in Senate Health and Human Services	The bill would have required hospitals to develop and implement a staffing plan for nursing services by August 15, 2007. The plan was to be developed in collaboration with a staffing committee with one-half the members being registered nurses who provide direct patient care. Hospitals would have filed their staffing plans and annual updates with the Department of Public Health and Environment. The bill would have required hospitals to maintain daily records of the number of patients in each care unit at the end of each shift; the number of admissions, discharges, transfers, and observation patients in each care unit during each shift; and the skill mix of those providing direct patient care during each shift.

2007 Health Care Task Force Activities

The 2007 Health Care Task Force discussed the following issues:

- trauma care;
- emergency preparedness;
- the Blue Ribbon Commission for Health Care Reform;
- health information technology; and
- other health care issues, including health disparities, provider shortages, cost drivers, and Medicaid pharmaceutical reimbursement.

Table 3 on page 9 summarizes the five bills the task force recommended as a result of its discussions.

Trauma care. Representatives from the Emergency Medical and Trauma Service and Health Facilities Division within the Department of Public Health and Environment and the Colorado State Fire Chiefs' Association discussed their respective roles in the trauma care system. Trauma care providers addressed the impact from the change in 2003 from a no-fault to a tort auto insurance system on trauma care facilities and paramedic services. The committee discussed options for improving reimbursement for providers through various methods, including an increase in vehicle registration fees to fund a trauma care reimbursement program, and requiring medical payments coverage as part of an auto insurance policy. As a result of these discussions, the committee proposed House Bill 08-1009 and Senate Bill 08-011. House Bill 08-1009 required insurance companies to include emergency medical coverage of at least \$15,000 on all motor vehicle policies beginning January 1, 2009. It was postponed indefinitely. Senate Bill 08-011 requires insurance companies to include medical payments coverage of at least \$5,000 on motor vehicle policies as of January 1, 2009. It was signed into law.

Emergency preparedness. The task force heard from the Department of Public Health and Environment, Denver Health, and the University of Colorado Hospital about Colorado's preparedness for a catastrophic health-related event, such as a pandemic flu outbreak or bio-terrorist attack. Among the items discussed were individual plans for addressing such an event; strategies for educating the public during an outbreak; quarantine planning; and methods for vaccine prioritization.

Blue Ribbon Commission for Health Care Reform. The Blue Ribbon Commission for Health Care Reform is referred to as the 208 Commission after Senate Bill 06-208 that created the commission. The commission's charge was to evaluate comprehensive health care reform in Colorado with the goal of increasing health care coverage and decreasing costs for Colorado residents, with an emphasis on the underinsured and uninsured. The task force heard testimony from the commission and the authors of the four proposals selected by the commission outlining plans for health care reform in Colorado. Each author provided information about each plan with regard to design, plan coverage, the projected number of individuals in Colorado insured under each plan, and financing details including costs to the state and potential federal funding. The task force also learned about a fifth proposal authored by the commission.

Health information technology. The task force discussed recent developments in health information technology including the use of electronic medical records and medication management. Representatives from Kaiser Permanente and Colorado Clinical Guidelines demonstrated their medical records systems. In addition, the committee discussed current programs that are being developed in an attempt to link the various electronic medical record systems together. Members of the Colorado Regional Health Information Organization (CORHIO) explained their efforts to create a statewide network for the exchange of electronic health information. Representatives of retail pharmacies talked to the task force about the benefits and the components of medication management through technology including the benefits of reviewing medication therapy with clients, maintaining personal medication records for historical reference, and upkeep of medication action plans. As a result of prior discussions of the Health Care Task Force in 2006, the Prescription Drug Information and Technical Assistance Program was established within the DHCPF to provide advice about prescription drugs to Medicaid clients. The department administers the program and provides payments to pharmacists and physicians who consult with Medicaid clients about how to avoid dangerous drug interactions, improve outcomes, and save money. House Bill 08-1062 extends the current program to include all programs that provide drug benefits and that are administered by the DHCPF. The bill was signed into law.

Other health-related issues. Throughout the interim, the task force touched on a number of other health-related issues including health disparities, provider shortages, cost drivers, and Medicaid pharmaceutical reimbursement. The task force heard from the Office of Health Disparities within the Department of Public Health and Environment about the office's responsibilities and the 2005 Racial and Ethnic Health Disparities in Colorado report. The task force also discussed nursing and physician shortages in Colorado due to increased utilization of health services; more chronic conditions, such as diabetes, asthma, and obesity; an increase in the aging population; and an increased life expectancy.

Representatives from the pharmaceutical industry expressed concerns over proposed cuts for Medicaid prescription drug reimbursement. As a result of this discussion, the task force proposed House Bill 08-1032, which concerned pharmacy reimbursement rates. The bill was vetoed by the Governor. The task force also proposed Senate Bill 08-003, which directed the DHCPF to seek a federal waiver to establish family planning services to categorically eligible individuals who are at or below an unspecified percentage of the federal poverty level. The bill was signed into law.

Table 3
Legislation Proposed by the 2007 Health Care Task Force

Bill No / Short Title / Sponsors / Status	Bill Summary
Signed Into Law	
HB 08-1062 Medication Therapy Management <i>Rep. Green</i> <i>Sen. Boyd</i> Signed into law	The bill allows the Department of Health Care Policy and Financing to expand the Prescription Drug Information and Technical Assistance Program in Medicaid to other programs administered by the department.
SB 08-003 Medicaid Family Planning Sen. Boyd Rep. Riesberg Signed into law	The bill provides flexibility in the income eligibility level for the Family Planning Pilot Program. Previously, the income eligibility level was set in statute at 150 percent of the federal poverty level, but this bill allows the level to be established in the federal waiver sought for the program. In addition, the bill requires the Department of Health Care Policy and Financing to follow federal requirements relating to client free choice regarding providers.
SB 08-011 Trauma Care Funding Sen. Morse Rep. Massey Signed into law	The bill requires insurance companies to include medical payments coverage of at least \$5,000 on motor vehicle policies beginning January 1, 2009. A policy may be issued without medical payments coverage if the policyholder rejects the coverage. If the insurance company fails to offer the coverage or to maintain documentation of the rejection, the policy is assumed to include coverage. Motorcycles, motorscooters, snowmobiles, and people who self-insure are exempted from the requirements. The medical care coverage will provide \$5,000 per person, for bodily injury resulting from a motor vehicle accident regardless of fault. The bill specifies the priority in which health care providers are to be paid benefits. Any remaining benefits are to be paid to health care providers for subsequent medical services.

**Table 3
Legislation Proposed by the 2007 Health Care Task Force (Cont.)**

Bill No / Short Title / Sponsors / Status	Bill Summary
Postponed Indefinitely	
HB 08-1009 Emergency Medical Care Auto Insurance <i>Rep. Massey</i> <i>Sen. Morse</i> Postponed indefinitely in House Business Affairs and Labor	The bill required insurance companies to include emergency medical coverage of at least \$15,000 on all motor vehicle policies beginning January 1, 2009. The coverage must have provided at least \$15,000 of coverage per person in any one accident for all medically necessary and accident-related emergency medical care expenses regardless of fault. Insurance companies would have paid claims from this coverage to emergency medical or trauma care providers including first responders, trauma physicians, trauma centers, and hospital emergency rooms. The bill was postponed indefinitely in the House Business Affairs and Labor Committee.
Vetoed	
HB 09-1032 Medicaid Pharmacy Payments <i>Rep. Massey</i> <i>Sen. Morse</i> Vetoed by the Governor	The bill allowed the Department of Health Care Policy and Financing to implement a state maximum allowable cost program (State MAC) in Medicaid to adjust the amounts paid to pharmacies for prescription drugs. The bill also specified that, should a State MAC be implemented, the department must maximize the federal financial participation amounts to the extent possible and notify the Joint Budget Committee of any anticipated fiscal impacts for the state and for local pharmacies.

2008 Health Care Task Force Activities

The 2008 Health Care Task Force considered the following issues:

- mental health care;
- oral health care;
- recommendations from the Venerable Populations Task Force;
- health information technology;
- health care professionals; and
- health facility reporting requirements.

Table 4 on page 12 summarizes the six bills the task force recommended as a result of its discussions.

Mental health care. The task force received an update on the status of the mental health care system in Colorado. Specifically, representatives of the Colorado Behavioral Healthcare Council briefed the task force on a variety of issues regarding mental health in Colorado, including caring for mentally ill offenders in the criminal justice system and mental health services for veterans. In response to these discussions, the task force recommended Senate Bill 09-011, which created a Behavioral Health Commission with the purpose of guiding the development of an integrated mental health care system in the state. The bill was postponed indefinitely.

Oral health care. Members of the advocacy community updated the committee on the status of oral health care benefits for clients of public health care programs. Currently, children enrolled in Medicaid and in the CHP+ have oral health care coverage, although coverage for children enrolled in CHP+ is limited to \$600 per year. Adults enrolled in the Medicaid program and pregnant woman enrolled in the CHP+ program do not have coverage for oral health care. Presenters discussed the need for oral health care for low-income individuals, noting that a lack of oral health care can cause a number of physical health problems, as well as social stigmatization and difficulty in obtaining employment. To address these concerns, the task force recommended Senate Bill 09-009, which added oral health benefits for adults in the Medicaid program and the CHP+. The bill was postponed indefinitely.

Recommendations from the Vulnerable Populations Task Force. House Joint Resolution 08-1031 created the Vulnerable Populations Task Force to meet during the 2008 legislative interim to study issues related to individuals with special health care needs. Pursuant to the resolution, the Vulnerable Populations Task Force was permitted to make legislative recommendations to the Health Care Task Force. Among the recommendations was the creation of a process by which individuals who receive treatment through the Colorado Indigent Care Program may lodge complaints. The Health Care Task Force recommended House Bill 09-1028 to implement this recommendation. The bill was postponed indefinitely.

Health information technology. The task force discussed recent developments in health information technology. Members of the CORHIO explained their efforts to create a statewide network for the exchange of electronic health information, including links between an array of providers, organizations, and networks throughout the state, and eventually to other states as well. In addition, the task force received information from the Chief Medical Officer of the Denver Region of the federal Centers for Medicare and Medicaid Services regarding the use of electronic prescribing in the Medicare program. Task force members discussed extending this program to the state's Medicaid program, and recommended House Bill 09-1073 to study this possibility. The bill was signed into law.

Health care professionals. The task force received a variety of presentations pertaining to the practice of various health care professionals. Specifically, the task force was updated on the implementation of several pieces of legislation related to advanced practice nurses passed during the 2008 legislative session. The task force also heard from the Colorado Medical Society regarding methods to reduce administrative costs for physicians and the importance of physical education for children.

Currently, physicians are authorized to establish peer review committees to review incidents of inappropriate care. The activities and records of the peer review committees are not subject to discovery in a legal proceeding. The task force recommended Senate Bill 09-012, which would have allowed peer review committees to be established by other health care professionals. The bill was postponed indefinitely.

Health facility reporting requirements. The task force received an update on various reporting requirements for health care facilities. Legislation passed in 2006 required the development of a hospital report card to allow the public to compare different hospitals' clinical

outcomes for a variety of procedures. The task force received a demonstration of how the public can access the report card from the Colorado Hospital Association (CHA). CHA, who administers the report card, informed the task force that additional measures will be included in the future.

House Bill 08-1393 required the task force to study whether or not ambulatory surgical centers should report charge information to the CHA for inclusion in the hospital report card. The charge information would be included on a web site designed to provide consumers with information on average charges for common hospital procedures in different facilities. The task force discussed the issue with representatives of ambulatory surgical centers, who explained the differences in charges between hospitals and ambulatory surgical centers, and noted that the Colorado Ambulatory Surgery Center Association is working with the CHA on efforts related to cost transparency. The task force did not make any recommendations related to reporting of charges by ambulatory surgical centers.

Passed in 2006, House Bill 06-1045 requires health facilities to collect data on hospital-acquired infections and regularly report the data to the National Healthcare Safety Network. House Bill 06-1045 additionally required that individuals who collect data on hospital-acquired infections be certified in infection control. Representatives of ambulatory surgical centers explained that maintaining certification requires approximately 800 hours of on-going training and experience in infection control. Current state law exempts hospitals with 50 beds or less from the certification requirements due to the size of these facilities. The representatives of the ambulatory surgical centers informed the task force that it is not feasible for a staff member collecting data on hospital-acquired infections to maintain his or her certification while employed at small facilities, such as ambulatory surgical centers and certified dialysis treatment centers. Thus, it is difficult for such facilities to employ the appropriate personnel to comply with the requirement. In response to this testimony, the task force recommended House Bill 09-1025, which exempts ambulatory surgical centers and certified dialysis treatment centers from the current requirement that individuals who collect infection data be certified. The bill was signed into law.

**Table 4
Legislation Proposed by the 2008 Health Care Task Force**

Bill No / Short Title / Sponsors / Status	Bill Summary
Signed Into Law	
HB 09-1025 Report Hospital Infection Rates Criteria <i>Rep. Riesberg</i> <i>Sen. Boyd</i> Signed into law	Under current law, persons who collect data on hospital-acquired infection rates for hospitals with 50 or fewer beds are not required to have national certification. The bill expands the exemption to persons who collect data for ambulatory surgical centers and dialysis treatment centers. The Department of Public Health and Environment is to define alternate qualifications for those exempt from national certification.

Table 4
Legislation Proposed by the 2008 Health Care Task Force

Bill No / Short Title / Sponsors / Status	Bill Summary
Signed Into Law (Cont.)	
HB 09-1073 Electronic Proscriptions in Medicaid <i>Rep. Massey</i> <i>Sen. Boyd & Sen. Kopp</i> Signed into law	The bill requires the Department of Health Care Policy and Financing to contract with a nonprofit organization to study the feasibility and advisability of the use of electronic prescriptions in Medicaid. The department must submit its report to the Health and Human Services committees of the General Assembly by June 30, 2010.
Postponed Indefinitely	
HB 09-1028 Colorado Indigent Care Accountability Board <i>Rep. Frangas</i> Postponed indefinitely in House Appropriations	The bill would have created the Colorado Indigent Care Program Accountability Board (CICP Board) within the Department of Health Care Policy and Financing. The CICP Board was established to review grievances submitted by medically indigent clients who have received care through CICP. The executive director of the department was to appoint at least four members to the CICP Board, which was required to meet at least quarterly. The Medical Services Board was to adopt rules for the CICP Board including the process for reviewing grievances. The bill outlined several remedies that the CICP Board could have recommended to the department should a grievance be determined to have merit, including the following: <ul style="list-style-type: none"> • a mandatory second opinion; • the transfer of a medically indigent client to a different medical provider; • the treatment of a medically indigent client by a private medical provider; or • the use of mediation with the medical provider and the medically indigent client. If the department did not follow the recommendation of the CICP Board, the department was required to inform the client of its reasons. The CICP Board was to file a quarterly report with the department. A sunset review of the CICP Board was required prior to its repeal in 2016.
SB 09-009 Add Adult Dental to Medicaid and CHP+ <i>Sen. Boyd</i> <i>Rep. Massey</i> Postponed indefinitely in Senate Health and Human Services	The bill added adult dental services as covered benefits for Medicaid and CHP+.

Table 4
Legislation Proposed by the 2008 Health Care Task Force (Cont.)

Bill No / Short Title / Sponsors / Status	Bill Summary
Postponed Indefinitely (Cont.)	
<p>SB 09-011</p> <p>Behavioral Health Commission Creation</p> <p><i>Sen. Boyd</i> <i>Rep. Frangas</i></p> <p>Postponed indefinitely in Senate Health and Human Services</p>	<p>The bill created the 27-member Behavioral Health Commission within the Department of Human Services for the purpose of guiding the development and implementation of an integrated behavioral health system in Colorado. The commission was allowed to contract out for services, develop and implement demonstration projects, and promulgate rules. The commission was required to perform multiple tasks, including:</p> <ul style="list-style-type: none"> • developing financing and budget strategies and multi-year plans, • increasing collaboration across departments and organizations at the state and local levels, • developing strategies for meeting the state's behavioral health needs such as workforce capacity and cultural competency of care, • making legislative recommendations, and • coordinating with other commissions and organizations. <p>In 2014, the legislative service agencies of the General Assembly were required to conduct a post-enactment review of the implementation of the bill. The behavioral health commission was scheduled to sunset on July 1, 2019.</p>
<p>SB 09-012</p> <p>Peer Review Health Care Providers</p> <p><i>Sen. Morse & Sen. Kopp</i> <i>Rep. Frangas & Rep. Massey</i></p> <p>Postponed indefinitely in House Health and Human Services</p>	<p>Hospitals in Colorado are required to maintain a quality management program which is responsible for quality assurance, risk management, and peer review of health care professionals. As introduced, the bill would have allowed health care professionals not covered by a hospital-based quality management program to establish peer review programs to review and investigate the quality and appropriateness of patient care. Health care professionals that were permitted to participate in peer review activities included: podiatrists, chiropractors, dentists, dental hygienists, midwives, nurses, nursing home administrators, optometrists, occupational therapists, physical therapists, respiratory therapists, emergency medical technicians, social workers, physician assistants, nurse aides, psychiatric technicians, and psychologists.</p> <p>The bill also authorized professional review committees to be formed by organizations and entities including the medical staff of corporations, community clinics, rehabilitation centers, or community mental health centers. Associations of health care providers and individual practice associations or preferred provider organizations composed of at least 25 health care providers were also permitted to form professional review committees.</p> <p>The bill made confidential the proceedings and records of a professional review committee and ensured that participants in the professional review process were immune from liability if acting in good faith.</p>