

# LEGISLATION THAT FAILED

## Colorado Association of Homes and Services for the Aging

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**HB1084 REVIEW OF MEDICAID PROVIDERS**

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Rep. Gagliardi & Sen. Tochtrop

For reviews or audits of providers under Medicaid: 1) Limits the period of review to the calendar year in which the review or audit is commenced and the 2 prior calendar years; 2) Requires that the initial request for records be either personally delivered to the provider or sent by certified mail; and 3) Except for cases of false representation by the provider, limits the requests for records to 15 days of service during each of the 3 calendar years that are the subject of the review or audit, but, if any review or audit reveals that 50% or more of the records require repayment by the provider after all appeals, allows the next request to be for records up to 50 additional days of service in each of the applicable years. Allows a provider to make records available in an electronic format. Provides that in contingency-based contracts for review or audit of providers, the state is not obligated to pay the contracting agent until all appeals have been concluded. Requires reports to the health and human services committees of the general assembly to include an analysis of the costs of contingency-based contracts for reviews or audits.

**Position** Active monitor

**Current Status** Postponed Indefinitely

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**HB1097 ALTERNATIVE MEDICAID PROGRAM FOR ELDERLY**

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Rep. Acree

Creates an alternative medical assistance program for the Medicaid-eligible elderly. Requires the program to provide an eligible participant, defined as a person 55 years of age or older who voluntarily participates in the program and agrees to have a fiduciary that is not part of the participant's estate, an amount equal to 70% of the medical assistance benefits that he or she would have received if the participant were enrolled in the state's traditional Medicaid program. Allows flexibility in the choice of providers and requires the state to waive all estate recovery requirements. Allows an eligible participant to use such moneys to purchase long-term care services, assisted living services, home- and community-based services, home health services, prescribed drugs, or any health or dental care service from any provider in the state. Requires an annual redetermination of the participant's eligibility for services by the department of health care policy and financing and an annual reassessment by the participant's physician of the level of care that the participant needs. Requires the department of health care policy and financing to seek federal authorization for the program. Repeals the program effective July 1, 2013 if the federal government denies the waiver and the director files written notice with the revisor of statutes.

**Position** Monitor

**Current Status** Postponed Indefinitely

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# LEGISLATION THAT FAILED

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**HB1127**      **ECONOMIC DEVELOPMENT AND INCENTIVE ACT**

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Rep. Miklosi

Allows for a credit against income tax for an investment in a business of at least \$100,000 or of capital with an equivalent value that is provided in exchange for debt or equity and that is preceded by an investment in the same business in each of the two prior tax years, with a total investment for the two years of at least \$25,000. The maximum number of years eligibility for the credit is three years. If the amount of the credit exceeds the amount of income tax due, the credit not use used as an offset against future years shall be allowed as a refund or may be carried forward but shall be first applied against the tax due for the earliest years possible. Allows a transfer to another or more than one taxpayer. Establishes procedures.

**Position**            Monitor

**Current Status**    Postponed Indefinitely

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**HB1138**      **PROPERTY INTEREST AND LIMIT ON RENT CONTROL**

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Rep. Curry & Sen. Schwartz

Clarifies the legal right for a government entity including a housing authority to enter into and enforce a contract with regard to rent. Also clarifies that a covenant, deed restriction or similar instrument constitutes an interest in a property if the instrument is duly executed and recorded and enforceable by any state agency, county or municipality directly or through a housing authority or similar agency.

**Position**            Passive support

**Current Status**    Postponed Indefinitely

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**HB1165**      **SOLE-SOURCE GOVERNMENT CONTRACT DATABASE**

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Rep. Lambert & Sen. Cadman

Implements Amendment 54, approved by voters at the 2008 general election. Requires the Dept. of Personnel to establish and maintain a database of all sole-source government contracts entered into by the state or any of its political subdivisions. Specifies that this database shall be publicly available via a website maintained by the state. Requires the database to contain a summary of the sole-source contract. Requires contract holders (a term defined to any nongovernmental party) to prepare and deliver a summary of the contract in digital form to the Dept. Specifies content of summary to include name and address of the contract holder and all other parties to the contract, a brief description of goods or services provided, terms, prices and sources of payment, and other information necessary for implementation of the database. Authorizes the Dept to charge contract holders a fee for submitting summary information and creates a cash fund for such fees. Sets timeframes for posting summary information to the database and keeping archived information available for a minimum of two years. Requires the website to provide read-only access in a searchable format, free of charge. Requires Dept of Personnel to allow the Dept of State to transfer the data for campaign finance purposes.

**Position**            Active Monitor

**Current Status**    Postponed Indefinitely

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# LEGISLATION THAT FAILED

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**HB1210**      **REQUIRE PAID SICK LEAVE ACCRUAL**

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Rep. McGihon & Sen. M. Carroll

Creates the "Healthy Families & Workplaces Act" to require all private employers that employ more than 5 employees in the state to provide paid sick leave to employees. Specifies accrual rate based upon size of employer and hours per week worked by employees. Allows unused paid sick leave to carry forward to the next calendar year if not used in the year it accrued. Specifies purposes for which employees may use paid sick leave, including mental or physical illness, preventive care, etc. for the employee or a family member (defined broadly), or if the employee or family member has been the victim of domestic abuse, sexual assault or stalking. Prohibits retaliation against employees who use paid sick leave in accordance with this act. Requires employers to notify employees of their rights in writing and by displaying a poster. Requires employers to retain records documenting hours work and leave accrued and used for each employee and to make such records available to Division of Labor for compliance monitoring. Authorizes the Division of Labor to implement and enforce the act. Specifies confidentiality requirements and prohibits employers from disclosing such information or requiring an employee to disclose.

**Position**      Active oppose

**Current Status**      Postponed Indefinitely

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**HB1228**      **SMALL BUSINESS COST BENEFIT ANALYSIS OF RULES**

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Rep. Stephens & Sen. Penry

Requires each state agency adopting an administrative rule to submit to the executive director of the department of regulatory agencies a cost-benefit analysis of how the rule applies to a small business in the state. Requires the agency to make the analysis publicly available. Permits the executive director to use the analysis to determine whether an additional cost-benefit analysis should be conducted by the agency. Reduces the time to complete the additional cost-benefit analysis. Requires each agency to submit a copy of each cost-benefit analysis for each rule from the prior year to specified legislative committees.

**Position**      Active Monitor

**Current Status**      Postponed Indefinitely

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# LEGISLATION THAT FAILED

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**HB1232**      **MEDICAL ORDERS FOR SCOPE OF TREATMENT**

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Rep. Roberts & Sen. Morse

Provides that a medical orders for scope of treatment form that is properly executed and signed by a person's physician, advanced practice nurse, or, if under the supervision or authority of the physician, physician's assistant shall have the same force and effect as a physician's order with respect to medical treatment of the person who is the subject of the medical orders for scope of treatment form. Permits an adult with decisional capacity or an authorized decision-maker for an adult who lacks decisional capacity to execute a medical orders for scope of treatment form. Requires the state board of health to promulgate rules establishing protocols for the use of medical orders for scope of treatment forms by emergency medical service professionals, health care providers, and health care facilities. Requires an emergency medical service professional, health care provider, or health care facility to comply with a medical orders for scope of treatment form that is apparent and immediately available. Exempts an emergency medical service professional, health care provider, or health care facility that complies with a medical orders for scope of treatment form from civil or criminal liability or regulatory sanction. Provides that a verbal order from a person's physician, advanced practice nurse, or, if under the supervision or authority of the physician, physician's assistant shall have the same force and effect as an executed medical orders for scope of treatment form so long as the verbal order is countersigned by the person's physician, advanced practice nurse, or, if under the supervision or authority of the physician, physician's assistant. Provides that neither the existence nor absence of a medical orders for scope of treatment form shall be the basis for any delay in issuing or refusing to issue an annuity or policy of life or health insurance or any increase of a premium therefore. Clarifies the effect of a medical orders for scope of treatment form on conflicting provisions of another form of advance medical directive.

**Position**      Active support

**Current Status**      Postponed Indefinitely

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**HB1273**      **HEALTH CARE FOR COLORADO**

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Rep. Kefalas & Sen. Foster

Creates the Colorado health care authority as a body corporate and political subdivision of the state. Identifies members of the committee to be appointed by legislative leadership and the Governor. Establishes the mission of the authority, which is to create a health care system in Colorado that is the administrator and payer for health care services. Requires the authority to create a system to recommend to the General Assembly that provides comprehensive medical benefits to Coloradans. Requires the appointment of a board of directors to create and develop the health care systems. In creating and developing the system, requires the board to consider specific requirements and analyses. Specifies comprehensive medical benefits to be included in the system. Establishes a fund consisting of any general fund moneys appropriated. Requires the Executive Director of the authority to seek all necessary waivers, exemptions, and agreements from the federal government to ensure consistent levels of funding if the system is implemented by bill of the General Assembly. Prohibits the implementation of the creation and development of the system if the board does not raise sufficient gifts, grants, and donations by July 1, 2011, to fund its activities. Prohibits the implementation of the system until all necessary waivers, exemptions, and agreements are in place; the board certifies that the board has received sufficient funding; and the General Assembly acts by bill to implement the system.

**Position**      Monitor

**Current Status**      Lost

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# LEGISLATION THAT FAILED

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**HB1278 CARE FOR VULNERABLE POPULATIONS**

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Rep. Frangas & Sen. Sandoval

Sections 1 and 2. Subject to available appropriations, authorizes the department of health care policy and financing (department) to increase the federal poverty level for persons eligible for the children's basic health plan to the maximum permitted by federal law. Sections 3 through 9. Subject to the receipt of sufficient gifts, grants, or donations, directs the department to establish a state navigator position to assist Medicare clients in identifying and evaluating available programs. Makes conforming amendments. Section 10. To the extent authorized by a new federal law, expands eligibility for Medicaid to persons who are involuntarily unemployed. Section 11. Provides that an administrative law judge shall award a recipient his or her reasonable attorney fees if he or she is substantially successful in an appeal. Sections 12 and 13. In developing memorandums of understanding for agencies providing services to families and children, encourages the input of family members and family organizations. Defines family members and family organizations. Section 14. Authorizes the department of public health and environment to seek and accept moneys and grants to prevent chronic diseases and to increase immunizations. Section 15. Subject to the receipt of sufficient gifts, grants, and donations, authorizes the commissioner of insurance to appoint one or more physician's advocates to make recommendations to the division of insurance when an insurance carrier denies a treatment as not being medically necessary. Grants immunity to physician's advocates who make the recommendations. Sections 16 through 21. Requires home care placement agencies to be licensed by the department of public health and environment. Authorizes the state board of health to establish minimum standards for home care placement agencies. Penalizes home care placement agencies for failure to comply with the licensing requirements or standards.

**Position** Active Monitor

**Current Status** Postponed Indefinitely

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**HB1344 INFLATION MED MALPRACTICE DAMAGES**

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Rep. Scanlan & Sen. Boyd

Lists medical malpractice insurance as "type I" insurance. Requires the insurance commissioner to place on file for public inspection any rate filing by a medical malpractice insurer and allows a person, acting in good faith, to require a hearing on any rate increase in excess of 5% by a medical malpractice insurer. Allows the commissioner of insurance to establish minimum qualifications for persons participating in the hearing, including, but not limited to, familiarity with Colorado insurance law and acceptance of a duty to represent the interests of Colorado insurance consumers. For purposes of calculating a medical malpractice insurer's profits, specifically includes within investment income any investment income on surplus that is reasonably allocable to Colorado insurance. Adjusts for inflation, annually, the damages limitation for noneconomic loss or injury in medical malpractice lawsuits. Requires the secretary of state to calculate and certify the annual adjusted damages limitation. (Amended in House Judiciary to eliminate inflationary adjustments).

**Position** Passive oppose

**Current Status** Lost

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**HB1355 ELIMINATE VENDING MACHINE SALES TAX EXEMPTION**

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Reps. Pommer and Ferrandino & Sen. Tapia

Beginning July 1, 2009, eliminates the state sales and use tax exemption for purchases of food through vending machines. Maintains the sales and use tax exemption for purchases of food through vending machines for counties, statutory towns and cities, and special districts that currently allow the exemption.

**Position** Monitor

**Current Status** Postponed Indefinitely

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# LEGISLATION THAT FAILED

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**HB1358**      **CREATE HEALTH CARE SYSTEM FOR COLORADO**

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Rep. Rice

Creates the Colorado health care authority (authority) as a body corporate and political subdivision of the state. Establishes the mission of the authority, which is to create a health care system (system) in Colorado that is the administrator and payer for health care services. Requires the authority to design a system to recommend to the general assembly that provides comprehensive medical benefits to all Coloradans. Requires the appointment of a board of directors (board) to create and develop the system. In creating and developing the system, requires the board to consider specific requirements and analyses. Requires the executive director of the board to seek all necessary waivers, exemptions, and agreements from the federal government to ensure consistent levels of funding if the system is implemented by bill of the general assembly. Prohibits the implementation of the creation and development of the system if the board does not raise sufficient gifts, grants, and donations by July 1, 2011, to fund its activities. Prohibits the implementation of the system until all necessary waivers, exemptions, and agreements are in place and the general assembly acts by bill to implement the system.

**Position**      Monitor

**Current Status**      Postponed Indefinitely

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**SB009**      **DENTAL SERVICE FOR MEDICAID AND CHIP CLIENTS**

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Sen. Boyd & Rep. Massey

Health Care Task Force. Adds adult dental services to optional services provided under the "Colorado Medical Assistance Act". Allows the medical services board to adopt rules specifying the particular dental services that will be provided. Adds dental services to prenatal and postpartum care for pregnant women under the "Children's Basic Health Plan Act".

**Position**      Active Monitor

**Current Status**      Postponed Indefinitely

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**SB011**      **CREATE BEHAVIORAL HEALTH COMMISSION**

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Sen. Boyd & Rep. Frangas

Health Care Task Force. Creates the 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. Requires the commission to exercise its powers and duties as if transferred by a type 1 transfer. Requires members of the commission to include representatives of each executive department involved in behavioral health care services, a representative of the judicial branch, a representative from the governor's office, and members of the community involved in behavioral health issues. Requires the commission to perform duties in order to implement a behavioral health system. Allows the commission to contract out services, develop and implement demonstration projects, and promulgate rules. Repeals the commission on July 1, 2019.

**Position**      Active Amend

**Current Status**      Postponed Indefinitely

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**SB012**      **PROFESSIONAL REVIEW OF HEALTH CARE PROVIDERS**

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Sens. Morse and Kopp & Reps Frangas and Massey

Health Care Task Force. Authorizes the creation of professional review committees to review and investigate the quality and appropriateness of patient care provided by and the professional conduct of health care providers engaged in specified health care professions.

**Position**      Active Monitor

**Current Status**      Postponed Indefinitely

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# LEGISLATION THAT FAILED

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**SB102            MEDICAL BENEFITS IF EMPLOYER INSURED**

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Sen. Brophy

Prohibits a person from being eligible for Medicaid or children's basic health plan if the person is eligible for coverage by a comparable insurance plan through an employer and the employer contributes at least 50% of the premium cost.

**Position**            Active Monitor

**Current Status**    Postponed Indefinitely

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**SB145            AUTOMATIC SUSPENSION CONDEMN PROCEEDINGS**

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Sen. Schultheis

In connection with the exercise of the power of eminent domain by the state or any political subdivision, in the absence of an imminent threat to the public health or safety, requires proceedings seeking condemnation of property to be automatically suspended until the completion of a specified period that commences with the publication of the notice of intent to take or condemn property at the outset of the proceedings. Specifies that, following the completion of the automatic suspension, the condemnation proceedings may be resumed as provided by law.

**Position**            Active Monitor

**Current Status**    Postponed Indefinitely

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**SB266            NONCITIZEN ELIGIBILITY OLD AGE PENSION**

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Sen. Tapia & Rep. Pommer

Budget Package Bill from JBC. This bill modifies eligibility for the Old Age Pension program (OAP) and does the following; 1) Resolves conflicting statutory provisions for determining the eligibility of qualified aliens and sponsor responsibility requirements for the OAP. 2) Aligns alien eligibility for the OAP with federal requirements for aliens for public benefits, 3) Directs the county departments of social services to complete a benefit redetermination for any sponsored aliens receiving the OAP during FY 2009-10, and 4) Discontinues benefits for any person found to be ineligible for the OAP.

**Position**            Monitor

**Current Status**    Postponed Indefinitely