



BOARD OF DIRECTORS SPECIAL MEETING

Health District of Northern Larimer County

120 Bristlecone Drive, Fort Collins

Hybrid

(See registration details on the back of the agenda.)

Tuesday, March 14, 2023

5:00 p.m.



AGENDA

BOARD OF DIRECTORS SPECIAL MEETING

March 14, 2023

5:00 pm

- 5:00 p.m. Call to Order; Introductions; Approval of Agenda..... Molly Gutilla**
- 5:05 p.m. PUBLIC COMMENT**
Note: If you choose to comment, please follow the “Guidelines for Public Comment” provided on the back of the agenda.
- 5:15 p.m. DISCUSSION & ACTIONS**
- Legislative Policy.....Alyson Williams/Lisa Ward
 - Community Health Center Funding
 - Update on Priority Bills
 - *HB23-1003: School Mental Health Assessment*
 - *HB23-1009: Secondary School Student Substance Use*
 - *HB23-1070: Mental Health Professionals Practice Requirements*
 - *HB23-1071: Licensed Psychologist Prescriptive Authority*
 - *HB23-1130: Drug Coverage for Serious Mental Illness*
 - *HB23-1209: Analyze Statewide Publicly Financed Health-Care*
 - *HB23-1215: Limits on Hospital Facility Fees*
 - *SB23-002: Medicaid Reimbursement for Community Health Services*
 - *SB23-004: Employment of School Mental Health Professionals*
 - *SB23-170: Extreme Risk Protection Order Petitions*
 - *SB23-174: Access to Certain Behavioral Health Services*
 - *SB23-179: Dental Plans Medical Loss Ratio*
- 5:40 p.m. ANNOUNCEMENTS**
- March 28, 5:00 pm – Board of Directors Regular Meeting
 - March 29, 8:00 am – Board of Directors Special Meeting
 - March 31, 8:00 am – Board of Directors Special Meeting
 - April 11, 5:00 pm – Board of Directors Special Meeting
- 5:45 p.m. EXECUTIVE SESSION**
Executive Session to determine positions relative to matters that may be subject to negotiations, develop a strategy for negotiations, and/or instruct negotiators, pursuant to C.R.S. § 24-6-402(4)(e) regarding the appointment of a new Executive Director.
- 6:30 p.m. ADJOURN FROM EXECUTIVE SESSION AND BOARD SPECIAL MEETING**

Register in advance for this webinar:

https://healthdistrict.zoom.us/webinar/register/WN_nLgryYXVRAqLPdMDqdaZcA

After registering, you will receive a confirmation email containing information about joining the webinar.

GUIDELINES FOR PUBLIC COMMENT

The Health District of Northern Larimer County Board welcomes and invites comments from the public. **Public comments or input are taken only during the time on the agenda listed as ‘Public Comment.’** If you choose to make comments about any agenda item or about any other topic not on the agenda, please use the following guidelines.

- **Before you begin your comments please:** Identify yourself – spell your name – state your address. Tell us whether you are addressing an agenda item, or another topic.
- **Limit your comments to five (5) minutes.**

■ MISSION ■

The Mission of the Health District of Northern Larimer County is to enhance the health of our community.

■ VISION ■

- District residents will live long and well.
- Our community will excel in health assessment, access, promotion and policy development.
 - Our practice of **assessment** will enable individuals and organizations to make informed decisions regarding health practices.
 - All Health District residents will have timely **access** to basic health services.
 - Our community will embrace the **promotion** of responsible, healthy lifestyles, detection of treatable disease, and the **prevention** of injury, disability and early death.
 - Citizens and leaders will be engaged in the creation and implementation of ongoing **systems and health policy development** at local, state, and national levels.
 - Like-minded communities across the country will emulate our successes.

■ STRATEGY ■

The Health District will take a leadership role to:

- Provide exceptional health services that address unmet needs and opportunities in our community,
- Systematically assess the health of our community, noting areas of highest priority for improvement,
- Facilitate community-wide planning and implementation of comprehensive programs,
- Educate the community and individuals about health issues,
- Use Health District funds and resources to leverage other funds and resources for prioritized projects, and avoid unnecessary duplication of services,
- Promote health policy and system improvements at the local, state and national level,
- Continuously evaluate its programs and services for quality, value, and impact on the health of the community,
- Share our approaches, strategies, and results, and
- Oversee and maintain the agreements between Poudre Valley Health System, University of Colorado Health and the Health District on behalf of the community.

■ VALUES ■

- Dignity and respect for all people
- Emphasis on innovation, prevention and education
- Shared responsibility and focused collaborative action to improve health
- Information-driven and evidence-based decision making
- Fiscal responsibility/stewardship
- An informed community makes better decisions concerning health

3/9/2023

STAFF: ALYSON WILLIAMS

POLICY MEMO

COMMUNITY HEALTH CENTER FUNDING

Policy Issue Summary

Community health centers are requesting one-time funding of \$14 million (with half from the state's general fund and the other through a federal match). This funding is a state investment into the Primary Care Fund, which supports Colorado's safety net clinics.

Community health centers (CHCs) are facing a funding shortfall due to a variety of policy and programmatic challenges. First, American Rescue Plan Act (ARPA) funding expires this spring and Colorado CHCs project \$57 million shortfall when this funding concludes. Second, with the public health emergency (PHE) ending, CHCs project a \$41.6 million revenue loss as patients lose Medicaid coverage. Additionally, staffing and incidental costs continue to rise significantly, federal reimbursement for COVID-19 testing, vaccination, and treatment has ended, and uncertainty looms as the current federal CHC funding program ends in September 2023 and must be renewed by Congress.

Staff Recommendation

Health District staff recommends that the Board support the increased state funding for CHC's.

About this Memo

This memo was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. 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. This memo is not a complete analysis of this policy issue. This memo is accurate to staff knowledge as of date printed. For more information about this memo or the Health District, please contact Alyson Williams, Director of Planning, Policy, Research & Evaluation, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.



2023 HDNL Priority Bill List

2023 HDNL Priority Bill List

HB23-1003

School Mental Health Assessment

Position:

Actively Monitor

Calendar

NOT ON CALENDAR

Notification:

News:

Sponsors:

D. Michaelson Jenet (D) / L. Cutter (D)

Summary:

The bill creates the sixth through twelfth grade mental health assessment program (program) administered by the department of public health and environment (department).

The bill allows any public school that serves any of grades 6 through 12 to participate in the program and requires a public school that wants to participate in the program to notify the department.

The bill requires participating schools to provide written notice to the parents of students within the first 2 weeks of the start of the school year in order to allow parents to opt their child out of participating in the mental health assessment.

The bill specifies that a student 12 years of age or older may consent to participate in the mental health assessment even if the student's parent opts out.

Mental health assessments must be conducted in participating schools by a qualified provider. The bill requires the department to select a qualified provider to administer the mental health assessment and establishes requirements that the qualified provider must meet.

The bill requires a qualified provider to notify the student's parent under certain circumstances, if the qualified provider finds that additional treatment is needed after reviewing the student's mental health assessment results.

The bill authorizes the department to promulgate rules as necessary to implement

and administer the program.

(Note: This summary applies to this bill as introduced.)

Status: 2/7/2023 House Committee on Public & Behavioral Health & Human Services Refer Amended to Appropriations

Amendments:

House Journal, February 8

5 HB23-1003 be amended as follows, and as so amended, be referred to
6 the Committee on Appropriations with favorable
7 recommendation:

8

9 Amend printed bill, page 2, line 6, strike "ASSESSMENT" and substitute
10 "SCREENING".

11

12 Page 2, line 8, strike "ASSESSMENT" and substitute "SCREENING".

13

14 Page 3, strike lines 1 and 2 and substitute "USED FOR EARLY
15 IDENTIFICATION OF A MENTAL HEALTH CONCERN, WHICH CONCERN
16 EITHER VALIDATED OR REFUTED UPON REVIEW BY A SUBJECT
17 MATTER
18 EXPERT".

18

19 Page 3, line 4, strike "LEGAL GUARDIAN, OR OTHER ADULT PERSON
20 RECOGNIZED BY THE" and substitute "OR LEGAL GUARDIAN".

21

22 Page 3, strike line 5.

23

24 Page 3, line 13, strike ""QUALIFIED PROVIDER"" and substitute
25 ""SCREENER"".

26

27 Page 3, line 17, strike "assessment" and substitute "screening".

28

29 Page 3, line 21, strike "AN AT-RISK STUDENT" and substitute "A STUDENT
30 WHO HAS A MENTAL OR EMOTIONAL HEALTH CONCERN".

31

32 Page 5, line 7, strike "AND".

33

34 Page 5, line 9, strike "SECTION." and substitute "SECTION;".

35

36 Page 5, after line 9 insert:

37

38 "(c) UTILIZE AN EVIDENCE-BASED SCREENING TOOL TO CONDUCT
39 THE MENTAL HEALTH SCREENING;

40 (d) BE MADE AVAILABLE IN A STUDENT'S NATIVE LANGUAGE; AND

41 (e) BE REPRODUCIBLE IN A DIGITAL FORMAT AND IN ANY OTHER

42 FORMAT NECESSARY TO BE ACCESSIBLE TO ALL STUDENTS.".

43

44 Page 5, line 14, strike "ASSESSMENTS" and substitute "SCREENINGS".

45

46 Page 5, line 24, strike "AND".

47

48 Page 5, after line 24 insert:

49

50 "(e) BE TRAUMA-INFORMED; AND".

51

52 Reletter succeeding paragraph accordingly.

53

54

1 Page 6, line 2, strike "SERVICES." and substitute "SERVICES WITHIN
2 TWENTY-FOUR HOURS AFTER A STUDENT COMPLETES THE MENTAL
3 HEALTH
4 SCREENING."

4

5 Page 6, line 7, after "STUDENT'S" insert "PARENTS AND".

6

7 Page 6, line 9, strike "POLICY." and substitute "POLICY AND MUST
8 IMMEDIATELY NOTIFY THE SCHOOL DISTRICT'S SECTION 504
9 COORDINATOR
10 AND SPECIAL EDUCATION DIRECTOR. THIS INFORMATION MUST NOT
11 BE
12 USED TO PREVENT A STUDENT FROM CONTINUING TO ATTEND
13 SCHOOL;
14 EXCEPT THAT A SCHOOL SHALL ADHERE TO SECTION 504 AND
15 DISCIPLINARY PROTECTIONS PURSUANT TO THE FEDERAL
16 "INDIVIDUALS
17 WITH DISABILITIES EDUCATION ACT", 20 U.S.C. SEC. 1400, AS
18 AMENDED,
19 SUCH AS REQUIRING THAT THE STUDENT PARTICIPATE IN A THREAT
20 OR RISK
21 ASSESSMENT BEFORE RETURNING TO SCHOOL."

16

17 Page 6, strike lines 10 through 19 and substitute:

18

19 "(b) IF, AFTER REVIEWING THE MENTAL HEALTH SCREENING
20 RESULTS, THE SCREENER BELIEVES A STUDENT HAS A MENTAL
21 HEALTH
22 CONCERN, INCLUDING, BUT NOT LIMITED TO, THOSE STATED IN
23 SUBSECTION
24 (10)(a) OF THIS SECTION, AND IS IN NEED OF ADDITIONAL MENTAL
25 HEALTH
26 SERVICES, THE SCREENER SHALL NOTIFY THE STUDENT'S PARENT
27 WITHIN
28 FORTY-EIGHT HOURS AFTER THE STUDENT COMPLETES THE
29 MENTAL
30 HEALTH SCREENING AND PROVIDE THE STUDENT'S PARENT WITH
31 INFORMATION ON RESOURCES AND SERVICES PROVIDED THROUGH
32 IMATTER, INCLUDING HOW TO APPLY FOR SERVICES THROUGH
33 IMATTER,
34 AND INFORMATION ABOUT THE RIGHTS OF STUDENTS WITH
35 DISABILITIES
36 PURSUANT TO SECTION 504 OF THE FEDERAL "REHABILITATION ACT
37 OF
38 1973", 29 U.S.C. SEC. 794, AS AMENDED; AND THE FEDERAL
39 "INDIVIDUALS
40 WITH DISABILITIES EDUCATION ACT", 20 U.S.C. SEC. 1400, AS
41 AMENDED,
42 IF:".

33

34 Page 6, strike lines 23 through 27.

35

36 Page 7, strike line 1 and substitute:

37

38 "(c) IF, AFTER REVIEWING THE MENTAL HEALTH SCREENING
39 RESULTS, THE SCREENER BELIEVES A STUDENT HAS A MENTAL
HEALTH
40 CONCERN, INCLUDING, BUT NOT LIMITED TO, THOSE STATED IN
SUBSECTION
41 (10)(a) OF THIS SECTION, AND IS IN NEED OF ADDITIONAL MENTAL
HEALTH
42 SERVICES, THE SCREENER SHALL REFER THE STUDENT TO IMATTER
FOR
43 MENTAL HEALTH SERVICES WITHIN FORTY-EIGHT HOURS AFTER
THE
44 STUDENT COMPLETES THE MENTAL HEALTH SCREENING IF THE
STUDENT IS
45 TWELVE YEARS OF AGE OR OLDER AND DOES NOT CONSENT TO THE
46 NOTIFICATION PURSUANT TO SUBSECTION (10)(b)(II) OF THIS
SECTION."

47

48 Page 7, line 7, strike "PURSUANT TO SECTION 19-3-304." and substitute
49 "TO THE STUDENT'S SCHOOL."

50

51 Page 7, line 12, strike "ASSESSMENTS." and substitute "SCREENINGS."

52

53 Page 7, line 15, strike "INFORMATION".

54

55

1 Page 7, strike lines 16 through 22 and substitute "ALL PARTIES SUBJECT
2 TO THE REQUIREMENTS OF THIS SECTION SHALL COMPLY WITH ALL
3 APPLICABLE REQUIREMENTS OF THE FEDERAL "AMERICANS WITH
4 DISABILITIES ACT OF 1990", 42 U.S.C. SEC. 12101, ET SEQ., AS
AMENDED;

5 SECTION 504 OF THE FEDERAL "REHABILITATION ACT OF 1973, 29
U.S.C.

6 SEC. 794, AS AMENDED; AND TITLE VI OF THE FEDERAL "CIVIL RIGHTS
7 ACT OF 1964", AS AMENDED."

8

9 Page 7, after line 25 insert:

10

11 "(14) WITHIN SIX MONTHS AFTER CONDUCTING A MENTAL HEALTH
12 SCREENING AT A SCHOOL, THE SCREENER SHALL MAKE
DISAGGREGATED

13 DATA CONCERNING THE RESULTS OF THE MENTAL HEALTH
SCREENING

14 AVAILABLE TO THE SCHOOL."

15

16 Page 7, strike lines 26 and 27.

17

18 Page 8, strike lines 1 through 9 and substitute:

19

20 "SECTION 2. In Colorado Revised Statutes, 27-60-109, amend
21 (1)(b) and (2)(a); repeal (5.5)(c) and (6); and add (5.5)(d) and as follows:

22 27-60-109. Youth mental health services program - established
23 - report - rules - definitions. (1) As used in this section, unless the
24 context otherwise requires:

25 (b) "Program" means the temporary youth mental health services
26 program established in this section.

27 (2) (a) There is established in the behavioral health administration
28 the temporary youth mental health services program to facilitate access
29 to mental health services, including substance use disorder services, for

30 youth to respond to mental health needs identified in an initial mental
31 health screening through the portal, including those needs that may have
32 resulted from the COVID-19 pandemic. The program reimburses
33 providers for up to three mental health sessions with a youth.
34 (5.5) (c) This subsection (5.5) is repealed, effective June 30, 2024.
35 (d) FOR THE 2024-25 STATE FISCAL YEAR AND EACH STATE FISCAL
36 YEAR THEREAFTER, THE GENERAL ASSEMBLY SHALL APPROPRIATE
MONEY
37 TO THE STATE DEPARTMENT FOR THE PURPOSE OF THIS SECTION.
THE
38 STATE DEPARTMENT MAY SEEK, ACCEPT, AND EXPEND GIFTS,
GRANTS, OR
39 DONATIONS FROM ANY PUBLIC OR PRIVATE RESOURCE FOR THE
PURPOSE
40 OF THIS SECTION.
41 (6) This section is repealed, effective June 30, 2024.
42 SECTION 3. In Colorado Revised Statutes, 27-50-105, amend
43 (1)(g) as follows:
44 27-50-105. Administration of behavioral health programs -
45 state plan - sole mental health authority. (1) The BHA shall administer
46 and provide the following behavioral health programs and services:
47 (g) The temporary youth mental health services program created
48 pursuant to section 27-60-109;"
49
50 Renumber succeeding section accordingly.
51
52 Strike "ASSESSMENT" and substitute "SCREENING" on: Page 2, line 15;
53 Page 3, lines 8, 10, 15, and 19; Page 4, lines 5, 7, 9, 10, 13, 20, and 23;
54 Page 5, lines 1, 3, 5, 10, 21, 23, and 27; Page 6, line 3; and Page 7, lines
55 2 and 25.
1 Strike "QUALIFIED PROVIDER" and substitute "SCREENER" on: Page 4, line
2 8; Page 5, lines 8, 11, 13, and 16; Page 6, lines 1, 4, 7, 11, and 14; and
3 Page 7, lines 3, 5 and 6, 9, 11, and 13.
4
5 Page 1, line 102, strike "ASSESSMENT" and substitute "SCREENING".
6
7

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

HB23-1009**Secondary School Student Substance Use**

Position:**Support****Calendar**

Friday, March 10 2023

Notification:State Library Appropriations
8:30 a.m. Room Old
(1) in house calendar.**News:****Sponsors:**

M. Lindsay (D) / D. Moreno (D)

Summary:**Colorado Youth Advisory Council Committee.** The bill creates the secondary school student substance use committee (committee) in the department of education (department) to develop a practice, or identify or modify an existing practice, for

drugs

Sponsors:

J. Amabile (D) | M. Bradfield (R) / C. Simpson (R) | S. Fenberg (D)

Summary:

The bill ~~adds 2 members to the state board of psychologist examiners (board) and requires 2 of the 9 1 of the 7 members of the state board of psychologist examiners (board) to be a prescribing psychologists psychologist .~~

The bill allows a licensed psychologist to prescribe and administer psychotropic medications if the licensed psychologist holds ~~a conditional prescription certificate or a~~ prescription certificate issued by the board.

A licensed psychologist may apply to the board for a ~~conditional~~ prescription certificate and must include in the application satisfactory evidence that the applicant: ~~has met specific educational, supervisory, and clinical requirements. The board is required to issue a conditional prescription certificate to the licensed psychologist if the board determines the applicant has met the requirements. The licensed psychologist with a conditional prescription certificate may only administer and prescribe psychotropic medications under the supervision of a licensed physician or advanced practice registered nurse and must maintain a collaborative relationship with the patient's health-care provider.~~

~~A licensed psychologist who holds a conditional prescription certificate for 2 years and who meets the specified requirements may apply for and receive a prescription certificate (prescribing psychologist). A licensed psychologist with a prescription certificate may prescribe psychotropic medication to a person if the licensed psychologist:~~

- ★ *Has completed a doctoral program in psychology;*
- ★ *Has completed a master of science in a clinical psychopharmacological program with specified areas of core instruction;*
- ★ *Has passed the psychopharmacology examination for psychologists;*
- ★ *Has completed a supervised and relevant clinical experience approved by the board;*
- ★ *Has successfully undergone a process of independent peer review ;*
- ★ *Holds a current license in good standing;*
- ★ *Maintains the required malpractice insurance; and*
- ★ *Annually completes at least ~~20~~ 40 hours of continuing education every 2 years .*

The bill requires a prescribing psychologist to maintain a collaborative relationship with the health-care provider who oversees the client's general medical care.

The board is authorized to promulgate rules to:

- ★ ~~Implement procedures for obtaining a conditional prescription certificate and a~~ prescription certificate; and
- ★ Establish grounds for denial, suspension, and revocation of the certificates.

The Colorado medical board is required to review complaints regarding violations of the bill and make recommendations to the board regarding disciplinary action.

The bill requires a prescribing psychologist to disclose to each patient that the psychologist is not a licensed physician.

The bill requires a prescribing psychologist ~~and a licensed psychologist with a conditional prescription certificate~~ to file with the board all individual federal drug enforcement administration registrations and numbers. The board and the Colorado

medical board are required to maintain current records of every psychologist with prescriptive authority, including registrations and numbers.

The department of regulatory agencies (department) is required to annually collect information regarding prescribing psychologists and ~~licensed psychologists with conditional prescription certificates~~, to compile the information, and to share the information with the office in the department responsible for conducting sunset reviews for inclusion in each scheduled sunset review concerning the regulation of mental health professionals.

(Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.)

(Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)

Status: 3/1/2023 Signed by the Speaker of the House

Amendments:

House Journal, February 8

9 Amendment No.1, by Representative Amabile:

10

11 Amend printed bill, page 6, lines 9 and 10, strike "A CONDITIONAL
12 PRESCRIPTION CERTIFICATE OR".

13

14 Page 6, line 12, strike "Conditional prescription" and substitute
15 "Prescription".

16

17 Page 6, line 13, strike "CONDITIONAL".

18

19 Page 6, strike line 18 and substitute "AN APPROVED".

20

21 Page 6, lines 24 and 25, strike "APPROVED BY THE BOARD AND" and
22 substitute "ANY EDUCATION AS SET FORTH IN RULES PROMULGATED
23 BY

24 THE BOARD WITH APPROVAL OF".

25

26 Page 7, line 14, strike "ONE YEAR" and substitute "TWELVE MONTHS".

27

28 Page 7, line 15, strike "TWO YEARS," and substitute "TWENTY-FOUR
29 MONTHS,".

30

31 Page 7, strike lines 18 through 23 and substitute:

32

33 "(A) A ONE-TO-ONE, IN-PERSON SUPERVISED PRACTICUM, OF AT
34 LEAST SEVEN HUNDRED FIFTY HOURS TREATING AT LEAST ONE
35 HUNDRED

36 FIFTY CLIENTS WITH".

37

38 Page 8, after line 1 insert:

39

40 "(B) INCLUDED IN THE THE SEVENTY HUNDRES FIFTY HOURS
41 REQUIRED IN SUBSECTION (2)(a)(IV)(B) OF THIS SECTION AT LEAST
42 AN

43 EIGHTY-HOUR PRACTICUM IN OBSERVATIONAL CLINICAL
44 ASSESSMENT AND

45 PATHOPHYSIOLOGY UNDER THE SUPERVISION OF AN
46 INDEPENDENTLY

42 LICENSED PRESCRIBING PHYSICIAN; AND
43 (C) IF THE LICENSED PSYCHOLOGIST IS WORKING WITH PEDIATRIC
44 OR GERIATRIC PATIENTS, AT LEAST TWO HUNDRED FIFTY OF THE
45 SEVEN
46 HUNDRED FIFTY HOURS REQUIRED IN SUBSECTION (2)(a)(IV)(B) OF
47 THIS
48 SECTION UNDER THE SUPERVISION OF ONE OR MORE INDEPENDENT
49 LICENSED PRESCRIBING CLINICIANS WHO WORK WITH PEDIATRIC
OR
48 GERIATRIC PATIENTS, WHICHEVER IS APPLICABLE, IF THE LICENSED
49 PSYCHOLOGIST IS WORKING WITH PEDIATRIC OR GERIATRIC
PATIENTS;".

50

51 Page 8, strike lines 2 through 27.

52

53 Page 9, strike lines 1 through 20 and substitute:

54

55

1 "(V) HAS SUCCESSFULLY UNDERGONE A PROCESS OF INDEPENDENT
2 PEER REVIEW AS SET FORTH IN RULE OF THE BOARD AND APPROVED
BY THE
3 COLORADO MEDICAL BOARD;".

4

5 Renumber succeeding subsections accordingly.

6

7 Page 9, line 21, strike "(III)" and substitute "(VI)".

8

9 Page 9, line 27 strike "(IV)" and substitute "(VII)".

10

11 Page 10, line 4, strike "(3)(a)" and substitute "(2)(a)".

12

13 Page 10, line 10, strike "(3)(a)(III)" and substitute "(2)(a)(VI)".

14

15 Page 11, lines 5 and 6, strike "A CONDITIONAL PRESCRIPTION
CERTIFICATE

16 AND".

17

18 Page 11, strike line 10 and substitute "REVOCATION OF A".

19

20 Page 11, strike lines 15 and 16 and substitute "PSYCHOLOGIST MAY:".

21

22 Page 14, lines 23 and 24, strike "OR LICENSED PSYCHOLOGIST WITH A
23 CONDITIONAL PRESCRIPTION CERTIFICATE".

24

25 Page 15, strike lines 9 through 20 and substitute "PRESCRIBING
26 PSYCHOLOGIST SHALL COMPLY WITH APPLICABLE STATE AND
FEDERAL

27 LAWS.".

28

29 Renumber succeeding subsections accordingly.

30

31 Page 15, lines 22 and 23 strike "AND LICENSED PSYCHOLOGIST WITH A
32 CONDITIONAL PRESCRIPTION CERTIFICATE".

33

34 Page 16, strike lines 5 through 7 and substitute:

35

36 "(I) THE NUMBER OF PRESCRIBING PSYCHOLOGISTS IN THIS
37 STATE;".

38
39 Page 16, strike lines 9 and 10 and substitute "PSYCHOLOGIST;".
40
41 Page 16, line 11, strike "AND LICENSED".
42
43 Page 16, strike line 12 and substitute "WHO".
44
45 Page 16, line 16, strike "PSYCHOLOGIST" and substitute "PSYCHOLOGIST;
46 AND".
47
48 Page 16, strike lines 17 and 18.
49
50 Page 16, strike lines 20 and 21 and substitute "PSYCHOLOGIST".
51
52 Amendment No. 2, by Representative Amabile:
53
54 Amend the Amabile floor amendment (HB1071_L.004), page 1, strike
55 line 18 and substitute:
56
1 ""(B) INCLUDED IN THE SEVEN HUNDRED FIFTY HOURS".
2
3 Amendment No. 3, by Representative Bradfield:
4
5 Amend printed bill, page 5, line 13, strike "(2) introductory portion and".
6
7 Page 5, line 15, strike "seven NINE" and substitute "seven".
8
9 Page 5, line 17, strike "Four SIX" and substitute "Four".
10
11 Page 5, strike line 19 and substitute "AND ONE OF WHOM IS A
12 PRESCRIBING
13 PSYCHOLOGIST; except that, if,".
14
14 Page 10, strike lines 11 and 12 and substitute:
15
16 "(III) COMPLETES AT LEAST FORTY HOURS OF CONTINUING
17 EDUCATION EVERY TWO YEARS IN THE AREAS OF PHARMACOLOGY
18 AND".
19
19 Page 14, strike line 27.
20
21 Page 15, strike lines 1 through 6 and substitute:
22
23 "(7) Complaints. THE COLORADO MEDICAL BOARD SHALL REVIEW
24 COMPLAINTS IN THE NORMAL COURSE OF BUSINESS AND MAKE
25 RECOMMENDATIONS TO THE BOARD REGARDING VIOLATIONS OF
26 THIS
27 SECTION AND DISCIPLINARY ACTION TO BE TAKEN BY THE BOARD,
28 IF
29 APPLICABLE.".
30
31 Amendment No. 4, by Representative Bradfield:
32
31 Amend printed bill, page 15, after line 20 insert:
33
33 "(10) Disclosure. A PRESCRIBING PSYCHOLOGIST SHALL DISCLOSE
34 TO EACH PATIENT TO WHOM THE PSYCHOLOGIST PRESCRIBES A
35 PSYCHOTROPIC MEDICATION THAT THE PSYCHOLOGIST IS NOT A

PHYSICIAN
36 LICENSED TO PRACTICE MEDICINE. THE DISCLOSURE MUST BE IN
WRITING,
37 SIGNED BY THE PATIENT, AND KEPT IN THE PATIENT'S RECORD ON
FILE
38 WITH THE PSYCHOLOGIST."

39

40 Amendment No. 5, by Representative Bradley:

41

42 Amend printed bill, page 15, after line 20, insert:

43

44 "(10) A PRESCRIBING PSYCHOLOGIST SHALL NOT PRESCRIBE ANY
45 DRUG TO A PERSON UNDER EIGHTEEN YEARS OF AGE WITHOUT
INFORMED

46 CONSENT FROM THE PARENT OR GUARDIAN OF SUCH PERSON."

47

48 Renumber succeeding subsections accordingly.

Senate Journal, February 17

Amend reengrossed bill, page 3, strike lines 6 through 10 and substitute "part
3 "INDEPENDENTLY LICENSED PRESCRIBING PHYSICIAN" MEANS A
PHYSICIAN

LICENSED PURSUANT TO ARTICLE 240 OF THIS TITLE 12 WHO
SUPERVISES

LICENSED PSYCHOLOGISTS PARTICIPATING IN PRACTICUMS
DESCRIBED IN

SECTION 12-245-309 (2)(a)(IV)."

Page 3, strike lines 20 through 24 and substitute ""LICENSED PSYCHOLOGIST"
MEANS A PERSON LICENSED PURSUANT TO THIS PART 3."

Page 3, line 26, strike ""LICENSED".

Page 3, strike line 27.

Page 4, strike line 1 and substitute ""NARCOTIC DRUG" HAS THE SAME
MEANING
AS SET FORTH IN".

Page 4, line 3, strike "(8)" and substitute "(7)".

Renumber succeeding subsections accordingly.

Page 4, line 6, strike "BOARD" and substitute "BOARD, WITH APPROVAL OF
THE
COLORADO MEDICAL BOARD,".

Page 5, strike lines 5 through 9.

Renumber succeeding subsection accordingly.

Page 7, line 6, strike "AND".

Page 7, strike line 7 and substitute:

"(G) CLINICAL PHARMACOTHERAPEUTICS; AND
(H) BASIC SCIENCES, INCLUDING GENERAL BIOLOGY, MICROBIOLOGY,
CELL AND MOLECULAR BIOLOGY, HUMAN ANATOMY, HUMAN
PHYSIOLOGY,

BIOCHEMISTRY, AND GENETICS, AS PART OF OR PRIOR TO ENROLLMENT IN A MASTER OF SCIENCE DEGREE PROGRAM IN CLINICAL PSYCHOPHARMACOLOGY."

Page 7, line 26, strike "(2)(a)(IV)(B) OF THIS SECTION" and substitute "(2)(a)(IV)(A) OF THIS SECTION,".

Page 8, lines 3 and 4, strike "PEDIATRIC OR GERIATRIC PATIENTS," and substitute "PATIENTS UNDER EIGHTEEN YEARS OF AGE OR OVER SIXTY-FIVE YEARS OF AGE,".

Page 8, line 5, strike "(2)(a)(IV)(B)" and substitute "(2)(a)(IV)(A)".

Page 8, lines 7 and 8, strike "PEDIATRIC OR GERIATRIC PATIENTS," and substitute "PATIENTS UNDER EIGHTEEN YEARS OF AGE OR OVER SIXTY-FIVE YEARS OF AGE,".

Page 8, line 9, strike "PEDIATRIC OR GERIATRIC PATIENTS;" and substitute "SUCH PATIENTS;"

Page 10, line 14, strike "CLIENT" and substitute "PATIENT".

Page 10, lines 14 and 15, strike "OR THE LICENSED PSYCHOLOGIST WITH A CONDITIONAL PRESCRIPTION CERTIFICATE".

Page 10, lines 16 and 17, strike "HEALTH-CARE PROVIDER WHO OVERSEES THE CLIENT'S" and substitute "PHYSICIAN WHO OVERSEES THE PATIENT'S".

Page 10, line 19, strike "CLIENT'S" and substitute "PATIENT'S".

Page 10, line 20, strike "CLIENT'S" and substitute "PATIENT'S".

Page 10, line 24, strike "CLIENT OR THE CLIENT'S" and substitute "PATIENT OR THE PATIENT'S".

Page 10, strike line 26 and substitute "PATIENT'S PRIMARY TREATING PHYSICIAN, AS REQUIRED BY".

Page 11, line 1, strike "CLIENT OR THE CLIENT'S" and substitute "PATIENT OR THE PATIENT'S".

Page 11, line 2, strike "CLIENT'S" and substitute "PATIENT'S".

Page 11, line 3, strike "HEALTH-CARE PROVIDER," and substitute "PHYSICIAN WHO OVERSEES THE PATIENT,".

Page 11, line 6, strike "CLIENT" and substitute "PATIENT".

Page 11, line 8, strike "HEALTH-CARE PROVIDER;" and substitute

"PHYSICIAN;".

Page 11, line 9, strike "CLIENT" and substitute "PATIENT".

Page 11, strike line 11 and substitute "WITH A PHYSICIAN.".

Page 11, strike lines 12 through 16 and substitute:

"(III) BEFORE PRESCRIBING OR ADMINISTERING A PSYCHOTROPIC MEDICATION TO A PATIENT, A PRESCRIBING PSYCHOLOGIST SHALL COMMUNICATE TO THE PATIENT'S PRIMARY TREATING PHYSICIAN THE INTENT TO PRESCRIBE OR ADMINISTER THE MEDICATION AND MUST RECEIVE ELECTRONIC WRITTEN AGREEMENT FROM THE PHYSICIAN THAT THE PRESCRIPTION FOR OR ADMINISTERING OF THE MEDICATION IS APPROPRIATE.".

Page 11, line 17, strike "CLIENT" and substitute "PATIENT".

Page 11, line 18, strike "PROVIDER," and substitute "PROVIDER WHO IS A LICENSED PHYSICIAN,".

Page 11, line 20, strike "CLIENT TO A HEALTH-CARE PROVIDER" and substitute "PATIENT TO A LICENSED PHYSICIAN".

Page 11, line 22, strike "HEALTH-CARE PROVIDER'S" and substitute "LICENSED PHYSICIAN'S".

Page 11, line 23, strike "HEALTH-CARE PROVIDER" and substitute "LICENSED PHYSICIAN".

Page 11, strike line 25 and substitute "PATIENT.".

Page 11, strike line 27.

Page 12, strike line 1 and substitute "THE PRIMARY TREATING PHYSICIAN TO WHOM THE PSYCHOLOGIST REFERS THE PATIENT PURSUANT TO".

Page 12, line 2, strike "(6)(c)(IV)" and substitute "(5)(c)(IV)".

Page 12, strike line 10.

Page 12, line 11, strike "PROVIDER" and substitute "PRIMARY TREATING PHYSICIAN".

Page 12, line 12, strike "(6)(c)(IV)" and substitute "(5)(c)(IV)" and strike "CLIENT" and substitute "PATIENT".

Page 12, line 14, strike "CLIENT'S" and substitute "PATIENT'S".

Page 12, strike lines 15 and 16 and substitute "THE PATIENT IS BEING TREATED BY THE PRIMARY TREATING PHYSICIAN;".

Page 12, strike lines 19 and 20, and substitute "PRIMARY TREATING PHYSICIAN

TO WHOM THE PSYCHOLOGIST REFERS THE PATIENT PURSUANT TO".

Page 12, line 21, strike "(6)(c)(IV)" and substitute "(5)(c)(IV)".

Page 12, line 22, strike "CLIENT" and substitute "PATIENT".

Page 12, strike line 27.

Page 13, line 1, strike "PROVIDER" and substitute "PRIMARY TREATING PHYSICIAN" and strike "CLIENT" and substitute "PATIENT".

Page 13, line 3, strike "CLIENT'S" and substitute "PATIENT'S".

Page 13, strike lines 4 through 11 and substitute "THE MEDICAL TREATMENT BEING PROVIDED BY THE PHYSICIAN.".

Page 13, line 13, strike "CLIENT" and substitute "PATIENT".

Page 14, line 2, strike "MEDICINE." and substitute "MEDICINE, AND WILL BE SHARING INFORMATION REGARDING THE DELIVERY OF PRESCRIBING SERVICES TO THE PATIENT'S PRIMARY TREATING HEALTH-CARE PROVIDER AS REQUIRED BY LAW.".

Strike "OR A LICENSED PSYCHOLOGIST WITH A CONDITIONAL PRESCRIPTION CERTIFICATE" on: Page 10, lines 22 and 23.

Strike "OR LICENSED PSYCHOLOGIST WITH A CONDITIONAL PRESCRIPTION CERTIFICATE" on: Page 11, lines 3 and 4, and 18 and 19; and Page 12, lines 3 and 4, 8 and 9, 17 and 18, and 25 and 26.

Senate Journal, February 22

Amend reengrossed bill, page 7, line 12, strike "CLINICIANS" and substitute "PHYSICIANS".

Page 7, line 21, strike "CLINICIANS" and substitute "PHYSICIANS".

Page 8, line 6, strike "INDEPENDENT" and substitute "INDEPENDENTLY".

Page 8, line 7, strike "CLINICIANS" and substitute "PHYSICIANS".
Amendment No. 3(L.018), by Senator Fenberg.

Amend reengrossed bill, page 2, after line 1 insert:

"SECTION 1. In Colorado Revised Statutes, 12-30-109, amend (1)(b), (4)(e), and (4)(f); and add (4)(g) as follows:

12-30-109. Prescriptions - limitations - definition - rules.

(1) (b) Prior to prescribing any opioid or benzodiazepine prescription pursuant to this section, a prescriber must comply with section 12-280-404 (4). Failure to comply with section 12-280-404 (4) constitutes unprofessional conduct or grounds for discipline, as applicable, under section 12-220-201, 12-240-121, 12-245-224, 12-255-120, 12-275-120, 12-290-108, or 12-315-112, as applicable to the particular prescriber, only if the prescriber repeatedly fails to comply.

(4) As used in this section, "prescriber" means:

(e) A podiatrist licensed pursuant to article 290 of this title 12; or

(f) A veterinarian licensed pursuant to part 1 of article 315 of this title 12; or
(g) A LICENSED PSYCHOLOGIST WITH PRESCRIPTIVE AUTHORITY PURSUANT TO SECTION 12-245-309."

Renumber succeeding sections accordingly.

Amendment No. 4(L.019), by Senator Fenberg.

Amend printed bill, page 2, after line 1 insert:

"SECTION 1. In Colorado Revised Statutes, 12-245-224, add (3) as follows:

12-245-224. Prohibited activities - related provisions - definition.

(3) (a) THE BOARD SHALL DESIGN AND SEND A QUESTIONNAIRE TO ALL LICENSED PSYCHOLOGISTS WITH PRESCRIPTIVE AUTHORITY WHO APPLY FOR

LICENSE RENEWAL. EACH APPLICANT FOR LICENSE RENEWAL SHALL COMPLETE

THE BOARD-DESIGNED QUESTIONNAIRE. THE PURPOSE OF THE QUESTIONNAIRE

IS TO DETERMINE WHETHER A LICENSEE HAS ACTED IN VIOLATION OF THIS PART

2 OR HAS BEEN DISCIPLINED FOR ANY ACTION THAT MIGHT BE CONSIDERED A

VIOLATION OF THIS PART 2 OR THAT MIGHT MAKE THE LICENSEE UNFIT TO

PRACTICE PSYCHOLOGY WITH REASONABLE CARE AND SAFETY. THE BOARD

SHALL INCLUDE ON THE QUESTIONNAIRE A QUESTION REGARDING WHETHER THE

LICENSEE HAS COMPLIED WITH SECTION 12-30-111 AND IS IN COMPLIANCE WITH

SECTION 12-280-403 (2)(a). IF AN APPLICANT FAILS TO ANSWER THE QUESTIONNAIRE ACCURATELY, THE FAILURE CONSTITUTES GROUNDS FOR

DISCIPLINE UNDER THIS SECTION. THE BOARD MAY INCLUDE THE COST OF

DEVELOPING AND REVIEWING THE QUESTIONNAIRE IN THE FEE PAID PURSUANT

TO SECTION 12-245-205 OF THIS SECTION. THE BOARD MAY DENY AN APPLICATION FOR LICENSE RENEWAL THAT DOES NOT ACCOMPANY AN ACCURATELY COMPLETED QUESTIONNAIRE.

(b) ON AND AFTER JULY 1, 2024, AS A CONDITION OF RENEWAL OF A LICENSE, EACH LICENSEE SHALL ATTEST THAT THE LICENSEE IS IN COMPLIANCE

WITH SECTION 12-280-403 (2)(a) AND THAT THE LICENSEE IS AWARE OF THE

PENALTIES FOR NONCOMPLIANCE WITH THAT SECTION."

Renumber succeeding sections accordingly.

As amended, ordered revised and placed on the calendar for third reading and final passage.

Fiscal Notes:

[Fiscal Note](#)

HB23-1130**Drug Coverage For Serious Mental Illness**

Position: **Actively Monitor**
Calendar Notification: Friday, March 10 2023
State Library Appropriations
8:30 a.m. Room Old
(8) in house calendar.

News:

Sponsors: D. Michaelson Jenet (D) / R. Rodriguez (D)

Summary:

With respect to step-therapy protocols (protocols) for health insurance, the bill defines "serious mental illness" and prohibits the protocols from requiring a person to try more than one prescription drug prior to receiving coverage for the drug recommended by the person's health-care provider. If certain conditions are met and attested to by the person's health-care provider, the carrier, private utilization review organization, or pharmacy benefit manager must cover the drug recommended by the person's health-care provider.

The bill defines "serious mental illness" for purposes of the "Colorado Medical Assistance Act" in the same manner as the term is defined for commercial health insurance. The bill requires the medical services board to require a review for coverage of a new drug approved by the federal food and drug administration for a serious mental illness within 90 days after the drug is approved.

(Note: This summary applies to this bill as introduced.)

Status: 2/21/2023 House Committee on Health & Insurance Refer Amended to Appropriations

Amendments:**House Journal, February 21**

1 Amend printed bill, page 2, line 19, after "A" insert "COVERED".

2

3 Page 2, line 21, strike "IF" and substitute "IF, UNDER A HEALTH BENEFIT
4 PLAN,".

5

6 Page 4, strike lines 12 through 20 and substitute:

7

8 "SECTION 4. Act subject to petition - effective date. Section

9 1 of this act takes effect January 1, 2025, and the remainder of this act

10 takes effect at 12:01 a.m. on the day following the expiration of the

11 ninety-day period after final adjournment of the general assembly; except

12 that, if a referendum petition is filed pursuant to section 1 (3) of article V

13 of the state constitution against this act or an item, section, or part of this

14 act within such period, then the act, item, section, or part will not take

15 effect unless approved by the people at the general election to be held in

16 November 2024 and, in such case, will take effect on the date of the

17 official declaration of the vote thereon by the governor; except that

18 section 1 of this act takes effect January 1, 2025."

Fiscal Notes:[Fiscal Note](#)

Status History: [Status History](#)

HB23-1209**Analyze Statewide Publicly Financed Health-care**

Position:**Calendar**

Tuesday, March 14 2023

Notification:

Health & Insurance
Upon Adjournment Room 0112
(1) in house calendar.

News:**Sponsors:**

A. Boesenecker (D) | K. McCormick (D) / S. Jaquez Lewis (D)

Summary:

The bill requires the Colorado school of public health to analyze model legislation for implementing a publicly financed and privately delivered universal health-care payment system for Colorado that directly compensates providers. The Colorado school of public health must submit a report detailing its findings from the analysis to the general assembly by December 1, 2023.

The bill also creates the statewide health-care analysis task force consisting of members appointed by the general assembly and the governor, as well as executive directors of specified state departments, the commissioner of insurance, and the chief executive officer of the Colorado health benefit exchange or any designees of the executive directors, the commissioner, and the chief executive officer. The task force is created for the purpose of advising the Colorado school of public health during the analysis.

(Note: This summary applies to this bill as introduced.)

Status:

2/17/2023 Introduced In House - Assigned to Health & Insurance

Amendments:**Fiscal Notes:**

[Fiscal Note](#)

Status History:

[Status History](#)

HB23-1215**Limits On Hospital Facility Fees**

Position:

Actively Monitor

Calendar

Friday, March 17 2023

Notification:

Health & Insurance
Upon Adjournment Room 0112
(2) in house calendar.

News:

[Colorado bill would ban "facility fees" from certain medical bills. Hospitals say it could end their outpatient care](#)

Sponsors:

E. Sirota (D) | A. Boesenecker (D) / K. Mullica (D) | L. Cutter (D)

Summary:

The bill defines "health-care provider" as a person that is licensed or otherwise authorized in this state to furnish a health-care service, which includes a hospital and other providers and health facilities.

The bill prohibits a health-care provider (provider) affiliated with or owned by a hospital or health system from charging a facility fee for health-care services furnished

by the provider for:

- ★ Outpatient services provided at an off-campus location or through telehealth; or
- ★ Certain outpatient, diagnostic, or imaging services identified by the medical services board as services that may be provided safely, reliably, and effectively in nonhospital settings.

The bill:

- ★ Requires a provider that charges a facility fee to provide notice to a patient that the provider charges the fee and to use a standardized bill that includes itemized charges identifying the facility fee, as well as other information;
- ★ Requires the administrator of the all-payer health claims database to prepare an annual report of the number and amount of facility fees by payer, codes with the highest total paid amounts and highest volume, and other information; and
- ★ Makes it a deceptive trade practice to charge, bill, or collect a facility fee when doing so is prohibited.

(Note: This summary applies to this bill as introduced.)

Status: 2/22/2023 Introduced In House - Assigned to Health & Insurance

Amendments:

Fiscal Notes:

Status History: [Status History](#)

SB23-002

Medicaid Reimbursement For Community Health Services

Position: **Support**

Calendar Notification: NOT ON CALENDAR

News:

Sponsors: K. Mullica (D) | C. Simpson (R) / J. McCluskie (D) | M. Bradfield (R)

Summary:

The bill authorizes the department of health care policy and financing (state department) to seek federal authorization from the centers for medicare and medicaid services to provide medicaid reimbursement for community health worker services.

The bill requires the state department to hold at least 4 public stakeholder meetings to solicit input on considerations to include in the state department's request for federal authorization.

The bill grants the state department the authority to promulgate rules necessary to facilitate reimbursement for community health worker services.

The bill requires that on or before January 31, 2026, the state department include a report on how community health workers are being utilized through medicaid in its presentation to the joint budget committee of the general assembly and in its presentation at the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing.

(Note: This summary applies to this bill as introduced.)

Status: 3/2/2023 Senate Committee on Health & Human Services Refer Amended to Appropriations

Amendments:

Senate Journal, March 3

After consideration on the merits, the Committee recommends that SB23-002 be amended as follows, and as so amended, be referred to the Committee on Appropriations with favorable recommendation.

Amend printed bill, page 2, after line 3 insert:

"(a) The American Public Health Association defines "community health worker" as a frontline public health worker who is a trusted member of, and has a close understanding of, the community that worker serves. This trusting relationship enables the worker to serve as a liaison between health and social services and improve the quality and cultural competence of service delivery. "Community health worker" is meant to be an umbrella term for individuals who may go by many names, such as health promoters, community outreach workers, promotores de salud, health navigators, and patient navigators."

Reletter succeeding paragraphs accordingly.

Page 3, line 21, after the period add "Community health worker interventions improve patient self-efficacy, quality of life, adherence to medical care, and satisfaction with care for individuals with kidney failure."

Page 3, after line 24 insert:

"(j) Community health workers include violence prevention professionals who may be employed by hospital-based violence intervention programs. These workers identify and target risk factors of violence, then link program participants with hospital and community-based resources. The rate of hospital readmission for participants who engaged in these programs was reduced by 50 percent, with an accrued savings of \$32,000, a tenfold reduction."

Reletter succeeding paragraphs accordingly.

Page 5, line 3, strike "MENTAL," and substitute "BEHAVIORAL,".

Page 5, line 4, strike "COMBAT" and substitute "ADDRESS".

Page 5, line 5, strike "COMPETENCE" and substitute "RESPONSIVENESS".

Page 5, line 6, strike "THIS TERM MAY INCLUDE HEALTH".

Page 5, strike lines 7 and 8.

Page 5, line 14, after "HEALTH NAVIGATION," insert "TRANSITIONS OF CARE SUPPORTS,".

Page 5, line 15, strike "ASSESSMENT," and substitute "ASSESSMENT FOR NONCLINICAL AND SOCIAL NEEDS,".

Page 5, line 21, after "WORKERS," insert "REPRESENTATIVES FROM A STATEWIDE GROUP REPRESENTING COMMUNITY HEALTH WORKERS,".

Page 5, line 23, strike "A REPRESENTATIVE OF A" and substitute "REPRESENTATIVES FROM".

Page 5, line 25, strike "PROGRAM FOR HEALTH NAVIGATORS," and substitute "PROGRAMS FOR HEALTH NAVIGATORS AND COMMUNITY HEALTH WORKERS,".

Page 6, strike line 10 through 12 and substitute:
"(d) A PATIENT SAFETY MONITORING RESPONSIBILITIES AND GRIEVANCE PROCESS;".

Page 6, line 19 and 20, strike "PAYMENT MODEL" and substitute "MANAGED CARE OR VALUES-BASED PAYMENT MODELS".

Page 6, line 21, strike "FUTURE THAT" and substitute "FUTURE;".

Page 6, strike lines 22 and 23.

Page 6, before line 24 insert:
"(h) NEW PROVIDER TYPES THAT COULD FACILITATE COMMUNITY HEALTH WORKER SERVICES OUTSIDE OF TRADITIONAL HEALTH-CARE SETTINGS, SUCH AS COMMUNITY-BASED ORGANIZATIONS; AND".

Reletter succeeding paragraph accordingly.

Page 7, after line 3 insert:
"(4) IN CONSIDERATION OF OPPORTUNITIES FOR FUTURE EXPANSION OF THE COMMUNITY HEALTH WORKER WORKFORCE, THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT IS ENCOURAGED TO PARTNER WITH THE STATE DEPARTMENT AND STAKEHOLDERS TO MAKE RECOMMENDATIONS FOR TRAINING AND COMPETENCY STANDARDS RELATED TO SPECIALIZATION THAT WOULD ENABLE COMMUNITY HEALTH WORKERS TO SPECIALIZE THEIR WORK WITH DIFFERENT POPULATIONS AND HEALTH CONDITIONS.".

Renumber succeeding subsections accordingly.

Page 7, line 8, strike "REPORT AND MUST BE" and substitute "REPORT. THE STATE DEPARTMENT SHALL WORK WITH STAKEHOLDERS TO DETERMINE HOW SERVICES PROVIDED BY COMMUNITY HEALTH WORKERS WILL BE CAPTURED IN FEDERALLY QUALIFIED HEALTH CENTERS' COST REPORTS.".

Page 7 strike lines 9 and 10.

Page 7, strike lines 15 through 27 and substitute "CLINIC'S COST REPORT. THE STATE DEPARTMENT SHALL WORK WITH STAKEHOLDERS TO DETERMINE HOW SERVICES PROVIDED BY COMMUNITY HEALTH WORKERS WILL BE CAPTURED IN RURAL HEALTH CENTERS' COST REPORTS.".

Page 8, strike lines 1 through 13 and substitute:

"(7) THE STATE DEPARTMENT SHALL CONSULT WITH THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT IN PROMULGATING RULES CONCERNING THE VOLUNTARY COMPETENCY-BASED COMMUNITY HEALTH WORKER REGISTRY MANAGED BY THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT AND ANY ADDITIONAL CRITERIA OR STANDARDS THAT MAY BE NECESSARY.

(8) FOR PURPOSES OF MEDICAID REIMBURSEMENT, A COMMUNITY HEALTH WORKER SHALL:

(a) WORK UNDER THE SUPERVISION OF A CLINICIAN OR WITHIN A LICENSED OR OTHERWISE APPROVED AND MEDICAID-ENROLLED HEALTH

PROVIDER AGENCY; AND

(b) MEET THE MINIMUM QUALIFICATIONS AND CREDENTIALING REQUIREMENTS OF THE VOLUNTARY COMPETENCY-BASED COMMUNITY HEALTH

WORKER REGISTRY AS DEFINED IN SECTION 25-20.5-112.

(9) THE STATE DEPARTMENT SHALL ENSURE THAT REIMBURSEMENT POLICIES AND FEDERAL AUTHORITIES FOR EXISTING UNLICENSED HEALTH

WORKERS, SUCH AS PEER SUPPORT PROFESSIONALS, RECOVERY PROFESSIONALS,

MANAGED CARE NAVIGATION STAFF, AND OTHERS, ARE ALIGNED AND INCORPORATED WITH THE COMMUNITY HEALTH WORKER PAYMENT MODELS."

Renumber succeeding subsection accordingly.

Page 8, line 17, strike "AND" and substitute "OR".

Page 8, line 17, strike "COST" and substitute "COSTS OR".

Page 8, line 18, after "SERVICES" insert "AND CONSIDERATIONS FOR THE GENERAL ASSEMBLY TO EXPAND COMMUNITY HEALTH WORKER SERVICES IN COMMUNITY-BASED ORGANIZATIONS THAT ARE OUTSIDE OF THE TRADITIONAL HEALTH-CARE SETTING".

Page 8, after line 25, add:

"SECTION 3. In Colorado Revised Statutes, add 25-20.5-112 as follows:

25-20.5-112. Voluntary competency-based community health

worker registry - requirements - rules - definition. (1) AS USED IN THIS

SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES, "VOLUNTARY COMPETENCY-BASED COMMUNITY HEALTH WORKER REGISTRY"

MEANS THE

REGISTRY IN THE DEPARTMENT THAT LISTS INDIVIDUALS WHO HAVE COMPLETED

STATE-APPROVED TRAINING AND CREDENTIALING REQUIREMENTS BASED ON

COMPETENCY STATEMENTS THAT REPRESENT GENERALIST ENTRY-LEVEL CORE

COMPETENCIES FOR UNLICENSED COMMUNITY HEALTH WORKERS.

(2) A COMMUNITY HEALTH WORKER MUST COMPLETE A STATE-APPROVED TRAINING PROGRAM THAT MEETS CREDENTIALING REQUIREMENTS BASED ON COMPETENCY STATEMENTS THAT REPRESENT GENERALIST ENTRY-LEVEL CORE COMPETENCIES FOR UNLICENSED COMMUNITY HEALTH WORKERS, AND MUST BE LISTED ON THE DEPARTMENT'S VOLUNTARY COMPETENCY-BASED COMMUNITY HEALTH WORKER REGISTRY IN ORDER TO BE REIMBURSED THROUGH THE STATE MEDICAL ASSISTANCE PROGRAM FOR PROVIDING COMMUNITY HEALTH WORKER COVERED SERVICES TO A MEDICAID MEMBER.

(3) PARTICIPATION IN THE VOLUNTARY COMPETENCY-BASED COMMUNITY HEALTH WORKER REGISTRY IS NOT REQUIRED FOR COMMUNITY HEALTH WORKERS WHO DO NOT SEEK REIMBURSEMENT THROUGH MEDICAID.

(4) THE DEPARTMENT SHALL PROMULGATE RULES PURSUANT TO THIS ARTICLE 20.5 AS NECESSARY TO IMPLEMENT AND ADMINISTER THE VOLUNTARY COMPETENCY-BASED COMMUNITY HEALTH WORKER REGISTRY."

Renumber succeeding section accordingly.

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

SB23-004

Employment Of School Mental Health Professionals

Position: **Actively Support**

Calendar Notification: NOT ON CALENDAR

News:

Sponsors: J. Marchman | S. Jaquez Lewis (D) / D. Michaelson Jenet (D) | M. Young (D)

Summary:

Under current law, a mental health professional must be licensed by the department of education (department) in order to work in a school. The bill authorizes *a school or a school district, the state charter school institute, and a board of cooperative services that operates a school, or the division of youth services* to employ certain ~~mental health professionals~~ *school-based therapists* who are not licensed by the department but hold a Colorado license for their profession *to work in coordination with licensed special service providers coordinating mental health supports for students* . Before being employed, the ~~mental health professional~~ *school-based therapists* must satisfy other requirements for nonlicensed school employees, including a fingerprint-based criminal background check. Any ~~mental health professional~~ *school-based therapists* employed may be supervised by a mentor special services provider in the field in which the person is employed or a licensed administrator.

(Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.)

(Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)

Status: 2/21/2023 Introduced In House - Assigned to Education

Amendments:

Senate Journal, February 13

Amend printed bill, page 2, lines 4 and 5, strike "school mental health professionals" and substitute "school-based therapists".

Page 2, lines 15 and 16, strike "MENTAL HEALTH PROFESSIONALS" and substitute "SCHOOL-BASED THERAPISTS".

Page 2, line 18, strike "MENTAL HEALTH PROFESSIONALS" and substitute "SCHOOL-BASED THERAPISTS".

Page 2, line 20, strike "MENTAL HEALTH PROFESSIONALS" and substitute "SCHOOL-BASED THERAPISTS".

Page 2, line 23, and page 3, line 1, strike "MENTAL HEALTH PROFESSIONALS" and substitute "SCHOOL-BASED THERAPISTS".

Page 3, line 1, strike "CRIMINAL" and substitute "FINGERPRINT-BASED CRIMINAL HISTORY".

Page 3, line 7, strike "SCHOOL MENTAL HEALTH PROFESSIONAL" and substitute "SCHOOL-BASED THERAPIST".

Page 3, after line 19 insert:

"(b) "SCHOOL" MEANS A SCHOOL OF A SCHOOL DISTRICT, A CHARTER SCHOOL AUTHORIZED BY A SCHOOL DISTRICT PURSUANT TO PART 1 OF ARTICLE 30.5 OF THIS TITLE 22, A CHARTER SCHOOL AUTHORIZED BY THE STATE CHARTER SCHOOL INSTITUTE PURSUANT TO PART 5 OF ARTICLE 30.5 OF THIS TITLE 22, OR THE COLORADO SCHOOL FOR THE DEAF AND THE BLIND."

Reletter succeeding paragraph accordingly.

Page 3, lines 21 and 22, strike "LAW BUT DOES NOT INCLUDE A LOCAL COLLEGE DISTRICT." and substitute "LAW".

Page 3, line 23, strike "INSTITUTE AND" and substitute "INSTITUTE,".

Page 3, line 24, strike "SCHOOL." and substitute "SCHOOL, AND SCHOOLS OPERATED BY THE DIVISION OF YOUTH SERVICES.".

Page 3, line 26, after "A", insert "SCHOOL OR A".

Page 3, line 27, and page 4, line 1, strike "SCHOOL MENTAL HEALTH PROFESSIONAL." and substitute "SCHOOL-BASED THERAPIST TO WORK IN COORDINATION WITH LICENSED SPECIAL SERVICE PROVIDERS AT THE SCHOOL OR SCHOOL DISTRICT COORDINATING MENTAL HEALTH SUPPORTS FOR STUDENTS."

Page 4, lines 1 and 2, strike "SCHOOL MENTAL HEALTH PROFESSIONAL" and substitute "SCHOOL-BASED THERAPIST".

Page 4, lines 3 and 4, strike "SCHOOL MENTAL HEALTH PROFESSIONAL" and substitute "SCHOOL-BASED THERAPIST".

Page 4, line 6, after "THE", insert "SCHOOL OR A".

Page 4, line 7, strike "SCHOOL MENTAL HEALTH PROFESSIONAL" and substitute "SCHOOL-BASED THERAPIST".

Page 4, line 9, strike "MENTAL HEALTH PROFESSIONAL" and substitute "SCHOOL-BASED THERAPIST".

Page 4, after line 10 insert:
"(5) IF AN ELIGIBLE SCHOOL-BASED THERAPIST PROVIDES SERVICES TO A STUDENT RELATED TO THE STUDENT'S INDIVIDUALIZED EDUCATION PROGRAM, AS DEVELOPED PURSUANT TO PART 1 OF ARTICLE 20 OF THIS TITLE 22, THE ELIGIBLE SCHOOL-BASED THERAPIST MUST HAVE QUALIFICATIONS CONSISTENT WITH THE STUDENT'S INDIVIDUALIZED EDUCATION PROGRAM."

Page 1, lines 101 and 102, strike "SCHOOL MENTAL HEALTH PROFESSIONALS."
and substitute "SCHOOL-BASED THERAPISTS."

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

SB23-170 **Extreme Risk Protection Order Petitions**

Position: **Support**

Calendar Notification: Friday, March 10 2023
GENERAL ORDERS - SECOND READING OF BILLS
(3) in senate calendar.

News: [COLORADO LEGISLATORS WANTS TO REFORM THE STATE'S GUN LAWS](#)
[Colorado Democrats unveil their proposed expansion of the state's red flag gun law](#)
[Colorado lawmakers unveil series of bills to add more regulations around purchasing, possession of firearms](#)

Sponsors: T. Sullivan (D) | S. Fenberg (D) / J. Bacon (D) | M. Weissman (D)

Summary:

The bill repeals and reenacts the statutory article related to extreme risk protection orders.

Under current law a family or household member and a law enforcement officer or agency can petition for an extreme risk protection order. The bill expands the list of who can petition for an extreme risk protection order to include licensed medical care providers, licensed mental health-care providers, licensed educators, and district attorneys.

The bill requires the office of gun violence prevention to expend funds annually on a public education campaign regarding the availability of, and the process for requesting, an extreme risk protection order.

(Note: This summary applies to this bill as introduced.)

Status: 3/8/2023 Senate Committee on State, Veterans, & Military Affairs Refer Amended to Senate Committee of the Whole

Amendments:

Senate Journal, March 8

Amend printed bill, page 2, strike lines 15 through 24 and substitute:

"(2) "EDUCATOR" MEANS A TEACHER EMPLOYED TO INSTRUCT STUDENTS OR A SCHOOL ADMINISTRATOR IN A SCHOOL DISTRICT, PRIVATE SCHOOL,".

Page 3, after line 4 insert:

"(4) "FACULTY MEMBER" MEANS A PRESIDENT, DEAN, PROFESSOR, ADMINISTRATOR, INSTRUCTOR, OR RESEARCH WORKER AT AN INSTITUTION OF HIGHER EDUCATION.".

Renumber succeeding subsections accordingly.

Page 3, strike lines 25 through 27 and substitute:

"(7) "LAW ENFORCEMENT OFFICER" MEANS A PEACE OFFICER THAT IS:".

Page 4, strike lines 1 through 10 and substitute:

"(a) EMPLOYED BY A POLITICAL SUBDIVISION OF THE STATE AND CERTIFIED BY THE P.O.S.T BOARD PURSUANT TO SECTION 16-2.5-102;
(b) AUTHORIZED BY SECTION 16-2.5-113 WHEN ASSISTANCE IS REQUESTED BY AN INDIVIDUAL OR ENTITY PURSUANT TO SECTION 24-33.5-412;
(c) AUTHORIZED BY SECTION 16-2.5-114 AND WHO INTERACTED WITH THE RESPONDENT IN THE SCOPE OF THE LAW ENFORCEMENT OFFICER'S OFFICIAL DUTIES;
(d) EMPLOYED BY A DISTRICT ATTORNEY, DESIGNATED BY A DISTRICT ATTORNEY, AND AUTHORIZED BY SECTION 16-2.5-132 OR 16-2.5-133;
(e) EMPLOYED BY THE DEPARTMENT OF LAW, DESIGNATED BY THE ATTORNEY GENERAL, AND AUTHORIZED BY SECTION 16-2.5-128, 16-2.5-129, OR 16-2.5-130;
(f) AUTHORIZED BY SECTION 16-2.5-136, 16-2.5-137, OR 16-2.5-138;
(g) AUTHORIZED BY SECTION 16-2.5-120; OR
(h) AUTHORIZED BY SECTION 16-2.5-149.".

Page 4, line 11, strike the second "LICENSED".

Page 4, line 11, after "A" insert "SCHOOL NURSE WHO HOLDS A CURRENT NURSING LICENSE THROUGH THE DEPARTMENT OF REGULATORY AGENCIES AND WHO HAS APPLIED FOR OR HOLDS A SPECIAL SERVICES LICENSE FROM THE DEPARTMENT OF EDUCATION PURSUANT TO ARTICLE 60.5 OF TITLE 22 OR A".

Page 4, line 12, strike "PHYSICIAN'S" and substitute "PHYSICIAN".

Page 4, line 15, strike "PROVIDER." and substitute "PROVIDER, LICENSED PURSUANT TO TITLE 12.".

Page 4, line 17, before "SOCIAL" insert "LICENSED PROFESSIONAL".

Page 4, line 24, after "RESPECTIVELY;" insert "A SCHOOL COUNSELOR WHO HOLDS A SPECIAL SERVICES PROVIDER LICENSE WITH A SCHOOL COUNSELOR ENDORSEMENT ISSUED PURSUANT TO ARTICLE 60.5 OF TITLE 22 OR WHO IS OTHERWISE ENDORSED OR ACCREDITED BY A NATIONAL ASSOCIATION TO PROVIDE SCHOOL COUNSELING SERVICES;".

Page 4, line 25, strike "PSYCHOTHERAPIST" and substitute "PSYCHOTHERAPIST REGISTERED PURSUANT TO SECTION 12-245-703.".

Page 32, line 8, after the period insert "THIS ARTICLE 14.5 DOES NOT IMPOSE CRIMINAL OR CIVIL LIABILITY ON A PEACE OFFICER LAWFULLY ENFORCING AN ORDER PURSUANT TO THIS ARTICLE 14.5.

(2) A PERSON WHO FILES A MALICIOUS OR FALSE PETITION FOR A TEMPORARY EXTREME RISK PROTECTION ORDER OR AN EXTREME RISK PROTECTION ORDER MAY BE SUBJECT TO CRIMINAL PROSECUTION FOR THOSE ACTS.

(3) A FEDERALLY LICENSED FIREARMS DEALER OR LAW ENFORCEMENT AGENCY THAT STORES A FIREARM AS PERMITTED BY THIS ARTICLE 14.5 IS NOT CIVILLY LIABLE FOR ANY RESULTING DAMAGES TO THE FIREARM, AS LONG AS SUCH DAMAGE DID NOT RESULT FROM THE WILLFUL AND WRONGFUL ACT OR GROSS NEGLIGENCE OF THE PERSON OR LAW ENFORCEMENT AGENCY STORING THE FIREARM.".

Re-number succeeding subsections accordingly.

Page 36, after line 22 insert:
"SECTION 6. No appropriation. The general assembly has determined that this act can be implemented within existing appropriations, and therefore no separate appropriation of state money is necessary to carry out the purposes of this act.".

Renumber succeeding section accordingly.

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

SB23-174 **Access To Certain Behavioral Health Services**

Position:

Calendar Notification: NOT ON CALENDAR

News:

Sponsors: C. Kolker (D) | B. Gardner (R)

Summary:

The bill requires the department of health care policy and financing (state department) to provide certain behavioral health services for medicaid recipients who are under 21 years of age.

The bill requires the state department to begin to provide the services no later than July 1, 2024.

(Note: This summary applies to this bill as introduced.)

Status: 3/2/2023 Introduced In Senate - Assigned to Health & Human Services

Amendments:

Fiscal Notes:

Status History: [Status History](#)

SB23-179 **Dental Plans Medical Loss Ratio**

Position:

Calendar Notification: NOT ON CALENDAR

News:

Sponsors: D. Moreno (D) | P. Will (R) / A. Hartsook (R) | L. Daugherty (D)

Summary:

The bill requires a health insurance carrier (carrier) that issues, sells, renews, or offers a dental coverage plan to file, beginning in 2024, dental loss ratio forms with the division of insurance (division) for the preceding calendar year in which dental coverage was provided.

The division is required to post dental loss ratio information on its website or submit the information to the administrator of the all-payer health claims database (APCD). If the information is submitted to the APCD administrator, the administrator is directed to make the information available to the public.

Once the division has collected dental loss ratio information for 2 years, the commissioner of insurance (commissioner) shall promulgate rules that create a process to identify any carriers that significantly deviate from average dental loss ratios and to investigate the causes of the deviation.

Current law requires the commissioner to adopt rules requiring every carrier providing a health benefit plan to issue to covered persons to whom an identification card is issued a standardized, printed card containing plan information. The bill amends this requirement to encompass health coverage plans.

The bill also requires prepaid dental plans to file rates with the division.

(Note: This summary applies to this bill as introduced.)

Status: 3/6/2023 Introduced In Senate - Assigned to Health & Human Services

Amendments:

Fiscal Notes:

Status History: [Status History](#)