



BOARD OF DIRECTORS SPECIAL MEETING

**Health District of Northern Larimer County
120 Bristlecone Drive, Fort Collins
Hybrid**

**Tuesday, April 11, 2023
5:00 p.m.**



AGENDA

BOARD OF DIRECTORS SPECIAL MEETING

April 11, 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.
- 5:10 p.m. DISCUSSION & ACTIONS**
- PolicyAlyson Williams/Lisa Ward
 - State Legislative Proposals
 - Update on Priority Bills
 - Proposed Behavioral Health Administrative Regions
- 5:25 p.m. PRESENTATIONS**
- Board Member Election UpdateChris Sheafor
 - Executive Director Selection ProcessMolly Gutilla/Lee Thielen
- 5:45 p.m. ANNOUNCEMENTS**
- April 13, 2023, 8:00 am – Board of Directors Special Meeting
 - April 14, 2023, 8:00 am – Board of Directors Special Meeting
 - April 17, 2023, 5:30 pm – Board of Directors Special Meeting
 - April 25, 5:00 pm – Board of Directors Regular Meeting
- 5:50 p.m. EXECUTIVE SESSION**
Executive Session for the purposes of determining positions relative to matters that may be subject to negotiations, developing strategy for negotiations, and instructing negotiators, pursuant to C.R.S. § 24-6-402(4)(e), regarding the appointment of an executive director.
- 7:00 p.m. ADJOURN EXECUTIVE SESSION AND SPECIAL MEETING**

To join the meeting

<https://healthdistrict.zoom.us/j/86345986840?pwd=NkswNFhXYzFOWkV1dmo1TzdUWGdhUT09>

Meeting ID: 863 4598 6840

Passcode: 571196

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

4/6/2023

STAFF: ALYSON WILLIAMS

POLICY MEMO

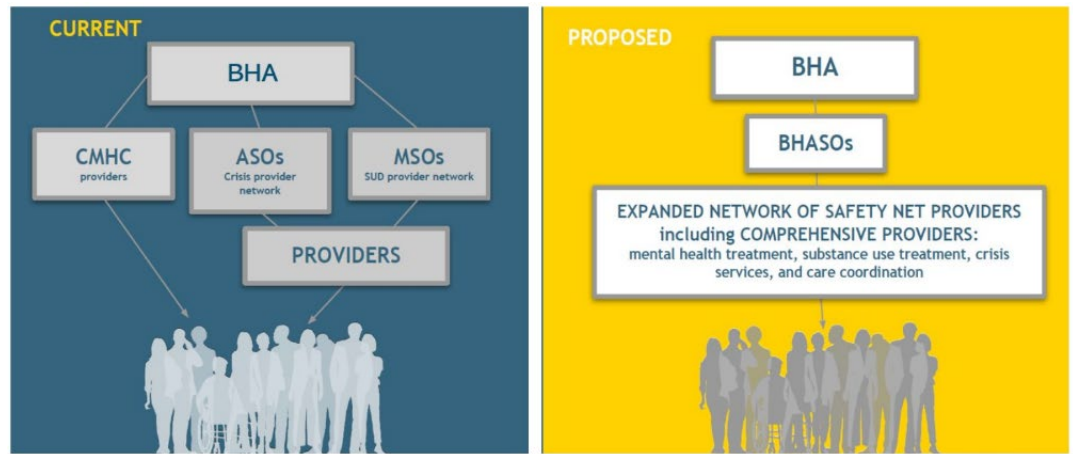
REGIONAL MAPPING FOR STATE INTERMEDIARIES:

Behavioral Health Administrative Service Organizations (BHASO) and Regional Accountable Entities (RAE)

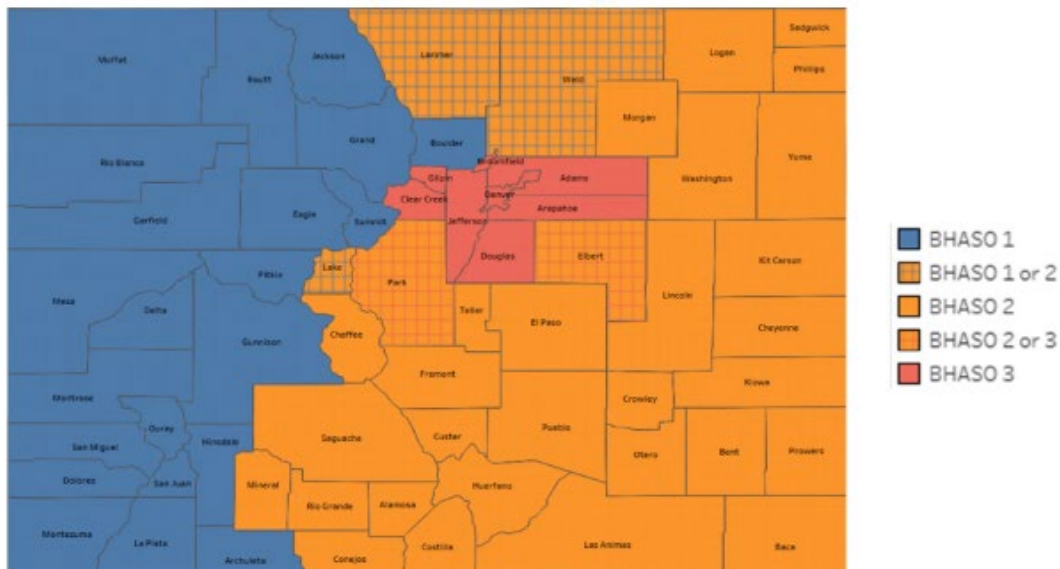
Policy Issue

BHASO Background

The Behavioral Health Administration (BHA) was officially established in 2022 under HB22-1278. That legislation requires the BHA to establish regionally based Behavioral Administrative Service Organizations (BHASOs) by July 1, 2024. The BHASOs will consolidate the existing Administrative Service Organizations (ASOs)¹, Managed Service Organizations (MSOs)², and community mental health center funding intending to meet the goal of expanding regional access to mental health care, substance use care, crisis services, care coordination, and other safety net services.³



The BHA is currently developing and proposing a three-region map, with a BHASO providing and coordinating the above outlined services within each region. Below depicts a map recently proposed during a stakeholder meeting by the BHA.



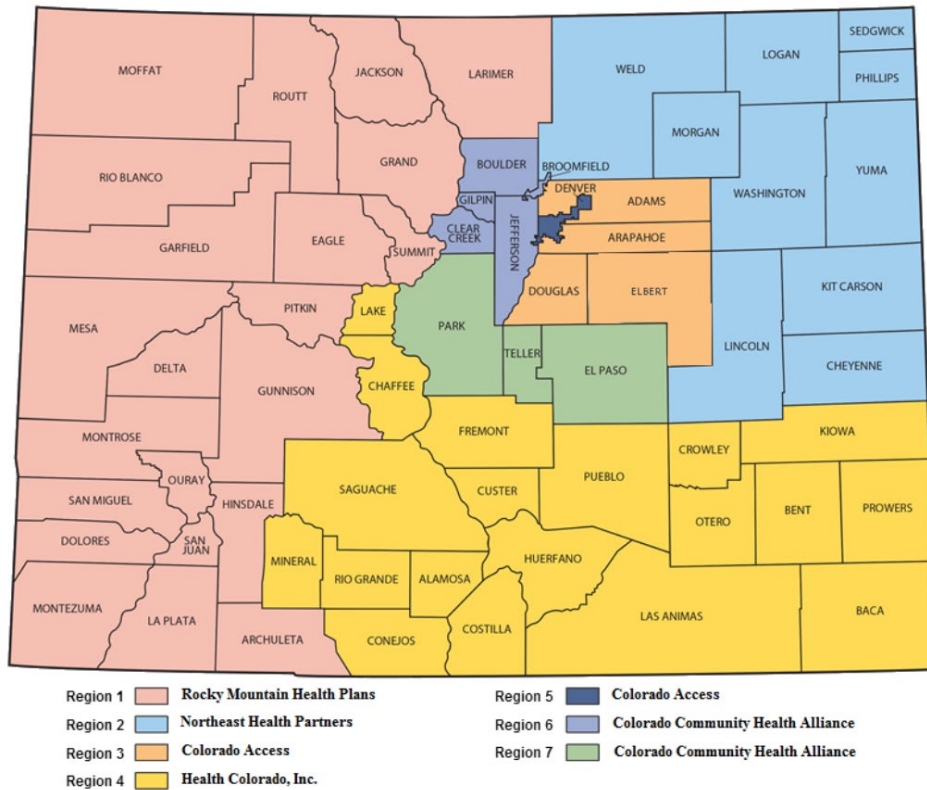
¹ ASOs currently manage crisis services provided within the state.

² MSOs currently manage and monitor substance use disorder treatment services for adults and adolescents who are uninsured or underinsured.

³ BHA (Jan. 2022). *Provider Convening*. Retrieved from <https://drive.google.com/file/d/1Pn4SbvMcQuZl5lQCgHkAL-C52dMHHUN5/view>

RAE Background

In 2018, Health First Colorado, the state’s Medicaid program, launched Phase Two of the Accountable Care Collaborative (ACC 2.0) its ongoing shift in how care is delivered and financed. Under the current ACC 2.0 structure there are seven current RAE regions, as illustrated below.⁴



The current contracts with RAEs end on June 30, 2025, and the Department of Health Care Policy & Financing (HCPF) is beginning the process of preparing for ACC 3.0.⁵

BHASO & RAE Alignment

As these state intermediaries will have overlap and are likely to contract with similar providers for different behavioral health services, the BHA and HCPF have announced that they are committed to making a joint decision about what the map of these regions will look like. In a recent stakeholder meeting, HCPF outlined the guiding principles the inform their collaboration:

- Ensure populations were large enough to effectively manage risk.
- Include two or more population centers.
- Support and promote existing member utilization patterns and existing care infrastructure.
- Minimize disruption to providers and Medicaid members.
- Support the value of community-based care.
- Alignment of regional boundaries.

⁴ HCPF (n.d.) ACC Phase II. Retrieved from <https://hcpf.colorado.gov/accphase2>

⁵ HCPF (n.d.) ACC Phase III. Retrieved from <https://hcpf.colorado.gov/accphase3>

Reason for Involvement by the Health District of Northern Larimer County

The creation of regions for each of these intermediaries, BHASOs and RAEs, will affect the provision, access, and quality of both behavioral and physical health for likely the next five years.

Staff Recommendation

Staff recommends the Board support proposals that include Larimer and Weld being kept together in the eastern region in regional mapping activities by HCPF and the BHA.

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.

Dear Meghan,

It is in the spirit of collaboration and our joint desire to improve Colorado's behavioral health system and its collaboration with physical health that the Board of Directors of the Health District of Northern Larimer County expresses their concerns regarding the proposed Behavioral Health Administrative Service Organization (BHASO) structure and regions.

As the BHA and HCPF are proposing new regions for BHASOs and Regional Accountable Entities (RAEs), these maps have the power to disrupt or encourage community partnerships and influence client access to care. We understand that the future ACC 3.0 RAE map intends to align with the BHASO regions. Therefore, we hope that you keep the needs of all Coloradans in mind when drawing the BHASO map as it impacts 177,000 lives, while the RAE map impacts 1.7 million lives, thereby representing significantly more established partnerships.

Areas of Concern

- We are most concerned with separating Larimer and Weld Counties from the rest of the Eastern Plains Counties or possibly from one another.
- Our communities that have natural collaborations based on resources and client care patterns. Limited and quantitative data-focused approaches to defining regions and allocating funding does not consider the nuances of our Colorado geography, the daily directions that people travel to work and access care, and the continuums of care that have been established to effectively use limited resources across the regions. We urge you not to repeat the challenges created when Larimer County was divided from the northeast area of the state in ACC 2.0.
- Northern Colorado is an economically and functionally integrated region composed of Larimer, Weld, and northeast counties. Larimer and Weld are historically and geographically linked as the northern anchors of front-range growth, development, and innovation that include healthcare and behavioral health. Keeping these counties together represents key infrastructure in the naturally occurring regional health care delivery system. No such patient-centric or delivery system relationships exist between Larimer County, Weld County, and the Western Slope.
- Larimer, Weld, and the northeast counties are one of the most naturally aligned and competitive health care regions in the State. Patients and providers have expressed their desire to formally align Larimer with Weld and the northeast counties in the same patient-centric ACC regional health delivery system.
- Population size and integrity matters. The two most populated counties in northern Colorado with the greatest number of interconnected resources should remain intact to best support northeast counties in the same region. We want to leverage our natural size and regional relationships to innovate locally with payment and delivery system reform. Breaking up our regional population to support the Western Slope makes this much more difficult to do.

The naturally occurring, patient-centric, provider-aligned, technology supported, and data-driven system of population-based care in Northern Colorado represents a region spanning Larimer, Weld, and the northeast counties. These factors create the fundamental foundation for determining a successful BHASO and RAE region.

Our Request

We strongly recommend aligning Larimer and Weld with the northeastern counties in a region that supports the naturally occurring client access patterns and existing robust partnerships.

Thank you for your consideration. We welcome an opportunity to co-create a behavioral health system that meets the needs of the whole community.

Best,



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:**[Colorado legislature lends focus to youths' mental health](#)**Sponsors:**

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

Summary:

The bill creates the sixth through twelfth grade mental health ~~assessment~~ *screening* 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 *and meets certain requirements* 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~~ *screening*.

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

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

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

The bill authorizes the department to promulgate rules as necessary to implement and administer the program.

A student who is home-schooled but who participates in extracurricular activities or athletic programs at a participating school is exempt from the mental health screening.

(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: 3/22/2023 Introduced In Senate - Assigned to Health & Human Services

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

HB23-1009

Secondary School Student Substance Use

Position: **Support**

Calendar Notification: Thursday, April 6 2023
SENATE APPROPRIATIONS COMMITTEE
8:00 AM LSB-B
(15) in senate 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 secondary schools to implement that identifies students who need substance use treatment, offers a brief intervention, and refers the student to substance use treatment resources.

The department is required to publicly publish a report of the committee's findings and submit the report to the superintendent of every school district and chief administrator of every institute charter school that is a secondary school.

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

Status: 4/6/2023 Senate Committee on Appropriations Refer Unamended to Senate Committee of the Whole

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

HB23-1023

Special District Construction Contracts

Position: **Support**

Calendar Notification: NOT ON CALENDAR

News:

Sponsors: W. Lindstedt (D) | D. Wilson (R) / D. Roberts (D) | B. Gardner (R)

Summary:

Public notice for bids on special district construction contracts is currently required when the contract cost is \$60,000 or more. The bill increases the notice threshold to \$120,000 or more, and requires the amount to be adjusted for inflation every 5 years.

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

Status: 3/17/2023 Governor Signed

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

HB23-1070 Mental Health Professionals Practice Requirements

Position: **Actively Monitor**

Calendar Notification: NOT ON CALENDAR

News:

Sponsors: N. Ricks (D) / J. Buckner (D)

Summary: Effective January 1, 2024, the bill:

- ★ Reduces the individual and marriage and family therapy practice requirement for licensure as a marriage and family therapist from at least 2 years of post-master's or one year of postdoctoral practice to at least one year of post-master's or one year of postdoctoral practice; and
 - ★ Reduces the post-degree clinical supervised practice period required for an applicant for licensure as a licensed professional counselor from at least 2 years of post-master's practice or one year of postdoctoral supervised clinical practice to at least one year of post-master's or post-doctoral supervised clinical practice.
- (Note: This summary applies to this bill as introduced.)*

Status: 2/28/2023 House Committee on Health & Insurance Postpone Indefinitely

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

HB23-1071 Licensed Psychologist Prescriptive Authority

Position: **Actively Monitor**

Calendar Notification: NOT ON CALENDAR

News:

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: 3/3/2023 Governor Signed

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

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

Position: **Actively Monitor**

Calendar Notification: Thursday, April 13 2023
SENATE HEALTH & HUMAN SERVICES COMMITTEE
1:30 PM SCR 357
(1) in senate calendar.

News:

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

Summary: *Effective January 1, 2025, **section 1** of the bill, 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.

The bill appropriates \$53,117 to the department of health care policy and financing from the general fund for use by the executive director's office to implement the bill, and recognizes that the department anticipates receiving an equal amount of federal funds to implement the bill.

(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: 3/16/2023 Introduced In Senate - Assigned to Health & Human Services

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

HB23-1209**Analyze Statewide Publicly Financed Health-care****Position:****Calendar**

NOT ON CALENDAR

Notification:**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:

3/14/2023 House Committee on Health & Insurance Refer Amended to Appropriations

Fiscal Notes:[Fiscal Note](#)**Status History:**[Status History](#)**HB23-1215****Limits On Hospital Facility Fees****Position:****Actively Monitor****Calendar**

NOT ON CALENDAR

Notification:**News:**[Colorado bill to limit "facility fees" scaled back after hospitals object, say it could end 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: 3/24/2023 House Committee on Health & Insurance Refer Amended to Appropriations

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

HB23-1236
Implementation Updates To Behavioral Health Administration

Position:

Calendar Notification: Thursday, April 6 2023
GENERAL ORDERS - SECOND READING OF BILLS
(8) in house calendar.

News:

Sponsors: M. Young (D) | J. Amabile (D)

Summary:

Sections 1, 5, 13, and 22 transfer administrative responsibilities from the behavioral health administration (BHA) to the department of human services (department). **Section 2, 3, 11, and 12** transfer administrative responsibilities from the office of behavioral health (OBH) to the department. **Sections 4, 10, 24, 26, and 27** transfer administrative responsibilities from OBH to the BHA. **Section 6** transfers administrative responsibilities from the department to the BHA. **Section 7** repeals OBH as an office in the department. **Section 8** requires the chief information officer of the office of information technology to invite the commissioner of the BHA to select a member to represent the BHA on the government data advisory board. **Section 9** adds the commissioner of the BHA to the health equity commission. **Section 15** states that the BHA is a health oversight agency charged with overseeing the behavioral health-care system in Colorado and discharging the BHA's duties. **Section 16** authorizes the BHA to seek, accept, and expend gifts, grants, or donations for the purpose of administering any behavioral health program and service. **Section 17** requires a behavioral health safety net provider to include services that address the necessary language and cultural barriers to serve communities of color and other underserved populations.

Current law requires the BHA to create one regional subcommittee of the advisory council for each behavioral health administrative services organization region. **Section 18** requires the BHA to create a regional subcommittee structure of the advisory council that is not limited by the behavioral health administrative services organization region.

To implement the care navigation program, **Section 19** requires the BHA to provide, directly or through contract, care navigation services and align the care navigation services with the care coordination infrastructure. **Section 20** continuously appropriates money to the 988 crisis hotline cash fund.

Current law specifies the rights of a person detained by a certified peace officer or emergency medical services provider and transported to an outpatient mental health facility or facility designated by the commissioner of the BHA. **Section 21** expands the rights to any person detained whether or not the person is transported to an outpatient mental health facility or facility designated by the commissioner of the BHA.
(*Note: This summary applies to this bill as introduced.*)

Status: 3/31/2023 House Second Reading Laid Over Daily - No Amendments

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

HB23-1243

Hospital Community Benefit

Position:

Calendar Notification: Thursday, April 6 2023
GENERAL ORDERS - SECOND READING OF BILLS
(19) in house calendar.

News:

Sponsors: J. Amabile (D) / D. Moreno (D)

Summary:

The bill makes changes to the hospital community benefit and imposes certain requirements on the public presentation of each hospital's community implementation plan. The bill requires each hospital to:

- ★ Solicit feedback from the community during each annual presentation of its proposed community benefit implementation plan for the following year;
- ★ Submit a report that details who attended the public meeting, the topics discussed at the meeting, and any decisions made as a result of the discussion;
- ★ Make the report available to the public; and
- ★ Complete a community benefit implementation plan that addresses the needs described in the reporting hospital's community health needs assessment and includes an explanation of the community served by the hospital.

The bill requires the state board to promulgate rules governing the accessibility standards for the public meetings and to implement best practices to ensure public engagement from a diverse range of populations.

The bill requires the department of health care policy and financing (state department) to:

- ★ Include in its annual report a summary of the estimated federal and state tax exemptions made by each hospital;
- ★ Establish a minimum annual community investment target based on certain calculation standards; and
- ★ Set requirements for compliance, and allows the state department to take remedial action if a hospital fails to comply with the hospital community benefit requirements.

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

Status: 4/3/2023 House Second Reading Laid Over Daily - No Amendments

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

HB23-1259
Open Meetings Law Executive Session Violations

Position:

Calendar Notification: Monday, April 10 2023
House State, Civic, Military, & Veterans Affairs
1:30 p.m. Room LSB-A
(1) in house calendar.

News:

Sponsors: L. Daugherty (D) | G. Evans (R)

Summary:

The bill creates a right for a local public body to cure a violation of the open meetings law with respect to an executive session if the local public body takes the corrective action at its next meeting after the meeting at which the violation occurred or at the local public body's next meeting that is held at least 14 days after receiving notice by a person who intends to challenge the violation. The bill requires that, in order to have standing, a person who intends to challenge a violation of the open meetings law by a local public body in connection with an executive session must first provide notice to the secretary or clerk of the local public body and the parties must meet or communicate before the next meeting of the local public body to determine if the challenge can be resolved without filing with the court. If the local public body cures the violation, a person does not have standing to challenge the violation.

Under current law, if the court finds a violation of the open meetings law, a prevailing citizen is entitled to costs and reasonable attorney fees. If the court does not find a violation, the prevailing party may recover costs and reasonable attorney fees if the court finds that the action was frivolous, vexatious, or groundless. The bill creates an additional allowance in connection with a challenge filed that concerns an action by a local public body for an executive session to allow a local public body to recover costs and reasonable attorney fees if the court determines the person filing the challenge has not complied with the notice requirements or that the local public body has cured the violation.

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

Status: 3/26/2023 Introduced In House - Assigned to State, Civic, Military, & Veterans Affairs

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

SB23-002
Medicaid Reimbursement For Community Health Services

Position: **Support**

Calendar Notification: Thursday, April 6 2023
SENATE APPROPRIATIONS COMMITTEE
8:00 AM LSB-B
(4) in senate 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:

4/6/2023 Senate Second Reading Special Order - Passed with Amendments - Committee

Fiscal Notes:[Fiscal Note](#)**Status History:**[Status History](#)**SB23-004****Employment Of School Mental Health Professionals****Position:****Actively Support****Calendar**

Thursday, April 6 2023

Notification:House Education
1:30 p.m. Room 0107
(4) in house 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
Fiscal Notes: [Fiscal Note](#)
Status History: [Status History](#)

SB23-091 **Access To Behavioral Health Services**

Position: **Monitor**
Calendar Notification: NOT ON CALENDAR
News: [Colorado legislature lends focus to youths' mental health](#)
Sponsors: C. Kolker (D) | B. Gardner (R)
Summary:

The bill requires the department of health care policy and financing (state department) to create a limited risk factors that influence health benefit (benefit) for medicaid recipients under 21 years of age who experience a qualifying risk factor that influences health.

The bill requires the benefit to include access to certain behavioral health services.

The bill requires the state department to implement the benefit no later than July 1, 2024.

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

Status: 2/16/2023 Senate Committee on Health & Human Services Postpone Indefinitely
Fiscal Notes: [Fiscal Note](#)
Status History: [Status History](#)

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

Position: **Support**
Calendar Notification: NOT ON CALENDAR
News: [Colorado General Assembly works through the weekend to advance two major gun laws](#)
[Gun measures advance through Colorado legislature](#)
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 the reengrossed version of this bill as introduced in the second house.)

Status: 4/3/2023 Senate Considered House Amendments - Result was to Concur - Repass
Fiscal Notes: [Fiscal Note](#)
Status History: [Status History](#)

SB23-174
Access To Certain Behavioral Health Services

Position:**Calendar**

Wednesday, April 12 2023

Notification:

Public & Behavioral Health & Human Services

1:30 p.m. Room 0107

(2) in house calendar.

News:**Sponsors:**

C. Kolker (D) | B. Gardner (R) / M. Lukens (D) | T. Winter (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.

On or before November 1, 2025, and each November 1 thereafter, the bill requires the state department to report to the house of representatives public and behavioral health and human services committee and the senate health and human services committee, or their successor committees, on the utilization of the services provided for in the bill and any feedback received from stakeholders in implementing coverage for those services.

(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: 3/29/2023 Introduced In House - Assigned to Public & Behavioral Health & Human Services
Fiscal Notes: [Fiscal Note](#)
Status History: [Status History](#)

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

Position:**Calendar**

Thursday, April 6 2023

Notification:

SENATE APPROPRIATIONS COMMITTEE

8:00 AM LSB-B

(13) in senate 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:

4/6/2023 Senate Committee on Appropriations Refer Amended to Senate Committee of the Whole

Fiscal Notes:[Fiscal Note](#)**Status History:**[Status History](#)