



**Colorado Consumer
Health Initiative**



CCHI AT THE **DOME**

2018 Legislative Scorecard

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About CCHI

The Colorado Consumer Health Initiative (CCHI) is a statewide, non-partisan, non-profit membership organization working so all Coloradans can get affordable, high-quality, and equitable health care. CCHI represents approximately 40 nonprofit organizations - mobilizing well over 500,000 consumers - to shape health care policy for all.

Vision

All Coloradans can access affordable, high-quality, and equitable health care.

Mission

CCHI advances the consumer perspective to improve health care for all Coloradans.

Core Beliefs that Motivate our Work

1. All people in Colorado deserve access to affordable, high-quality, and equitable health care.
2. The consumer should have an equal voice represented among other interests in health care policy.
3. Health care systems should be designed to operate transparently, provide high value and high quality experiences, and be consumer-centered.
4. Our members strengthen our voice and our ability to engage consumers in improving health care in Colorado.

Goals

1. Decrease the number of uninsured Coloradans, especially Coloradans with historically higher rates of uninsurance.
2. Improve access to and the value of health care and health insurance for Colorado consumers.
3. Increase transparency and accountability in the health care system.
4. Ensure consumer representation and direct consumer engagement in health care systems change.

Our Advantage

CCHI brings a consumer voice to inform and influence health care policy in Colorado with expertise in private market insurance and understanding of the intersection between private market insurance, public health insurance, and the un- and under-insured. With an engaged member base, CCHI operates pragmatically, effectively, and substantively to make a systemic impact.

Legislative Overview

During the 2018 legislative session, CCHI followed and actively influenced legislation that affected access to care and coverage, increased transparency and data collection in the health care system, and promoted consumer protections and health equity. To this end, CCHI tracked 55 bills, sent position letters to legislators on 5 high priority bills, and testified in committee on 17 bills. We prioritized bills aimed at increasing protections and notice for consumers, and improving access to affordable health insurance.

The second regular session of the Seventy-First General Assembly was controlled by a Republican-lead Senate and a Democratic-lead House and, as a result, many bills died along party lines. 8 of the 9 of the bills that CCHI opposed did not pass, and 14 of the 35 bills that CCHI supported passed and have, or will be, sent to the Governor for signature. The bills that ultimately made their way through both houses, and thus garnered bipartisan support, were primarily focused on increasing transparency and data collection in the health care system, and promoting consumer protections.

During this session, four overall health care themes emerged.

Promoting Transparency in Health Care Facilities

Several bills aimed to provide greater transparency regarding hospitals and freestanding emergency departments (FSEDs). CCHI actively advocated for the passage of a package of three bills to address the exorbitant costs consumers face after visiting FSEDs, two of which gained bipartisan support and were signed into law. SB18-146, "Freestanding Emergency Departments Required Consumer Notices," requires FSEDs to provide consumers with basic notification about higher charges for care in non-emergency situations. HB18-1282, "Health Care Provider Unique Identification Per Site Or Service," requires each FSED to obtain a unique identification number. This will ensure that Colorado can correctly link costs and claims information to all off-campus hospital locations. Specific claims data will help patients and policymakers better understand the costs associated with FSEDs. The Governor signed both bills into law on April 25, 2018. The third bill, "License Freestanding Emergency Departments," would have created a new license category for FSEDs, separate from how hospitals or clinics are licensed. This license would have created standards of care for these facilities and would have limited facility fee charges as part of their license. The facility fee portion of the bill was eventually removed, but HB18-1212 still died in the Senate State, Veterans, and Military Affairs committee on party lines.

In preparation, and throughout this session, CCHI participated in numerous stakeholder meetings to work to address issues that have emerged with the proliferation of FSEDs. We provided lobbying support, educational materials, and testimony on all three bills to help policymakers and consumers ensure Coloradans are receiving the appropriate care at the appropriate price.

Additionally, CCHI supported other efforts to increase hospital transparency including HB18-1207, "Hospital Transparency Measures," which would have required hospital cost and utilization reporting, as well as SB18-155, "Hospital Community Benefits Required Reporting," which would have required non-profit hospitals to report on tax benefits and community benefits. SB18-155 died in the Senate State, Veterans, and Military Affairs committee on party lines. HB18-1207 met the same fate in the same committee.

Promoting Access to Prescription Drugs

Six bills were introduced this session to tackle the increasing costs of prescription medications. Some focused on HB18-1260, "Prescription Drug Price Transparency." HB18-1260 would have required drug manufacturers to provide advance notice and justification for significant price increases. HB18-1260 passed the House on a party line vote and was unfortunately postponed indefinitely in the Senate State, Veterans, and Military Affairs committee. HB18-1009, "Diabetes Drug Pricing Transparency Act 2018," would have required similar reporting

and transparency measures, extended throughout the drug supply chain, specifically for insulin. The bill failed in the Senate State, Veterans, and Military Affairs committee after passing in the House.

Additionally, there were two efforts, SB18-152 and HB18-1179, which attempted to prohibit price gouging of generic, off-patent prescription drugs in an attempt to protect consumers from unjustified price increases for drugs that have been on the market for decades. Finally, SB18-080 would have required Colorado to design and implement a program to import wholesale generic drugs from Canada to achieve cost savings for consumers. All three of these efforts failed.

Complementing these efforts, there were a number of bills introduced to fight the opioid epidemic in Colorado, some which increased access to treatment for those fighting substance use addiction, and others to change the ways in which opioid medications are prescribed. CCHI supported the entire package of six bills that were introduced by the Opioid and Other Substance Use Disorders Interim Study Committee. Five of these were sent to the Governor while one, SB18-040, died. SB18-040 would have established a pilot program to implement a safe injection site in Denver along with other harm reduction efforts.

We can celebrate the successful passage of legislation to help address the current opioid epidemic, and will continue to fight for legislation that improves access to prescription drugs that help Coloradans lead healthy lives.

Strengthening Access to Care

CCHI worked throughout the legislative session to defeat bills that hindered access to coverage and care, and pass bills that expanded access to coverage and care for consumers. We supported innovative efforts like HB18-1384, “Study Health Care Coverage Options,” which would have required the state to consider the costs, benefits, and feasibility of implementing a Medicaid buy-in option, a public-private partnership option, or a community- or regionally-based option for health care coverage. HB18-1384 was defeated in the Senate State, Veterans, and Military Affairs committee.

CCHI also supported HB18-1392, which would have created a reinsurance program. Reinsurance programs, as implemented in other states, help distribute the risk for high-cost insurance claims across insurance carriers and thus lower the costs of premiums for everyone. HB18-1392 failed in the Senate State, Veterans, and Military Affairs committee. To specifically address the rising costs of insurance premiums in rural Colorado, HB18-1205, “Financial Relief Defray Individual Health Plan Cost,” would have created a program to provide financial assistance for health insurance premiums for Coloradans with incomes between 400 and 500% of the federal poverty line and who would not qualify for Federal subsidies. HB18-1205 was defeated in the Senate State, Veterans, and Military Affairs committee.

Finally, CCHI mobilized partners with the Protect Our Care Colorado Campaign to collectively oppose SB18-214, “Request Self-sufficiency Waiver Medicaid Program, which would have implemented unnecessary and harmful work requirements, lifetime limits, and other restrictions for Medicaid enrollees. CCHI testified on our concern that these serious cuts to Medicaid, coupled with significant administrative burdens, would result in more Coloradans being uninsured. SB18-214 was defeated in the Senate Health and Human Services committee.

Thus, while no innovative ideas to bring new, affordable coverage options to Coloradans were able to make it through the process; we were able to hold back damaging bills that would have decreased access to affordable health care.

Protecting Consumer Rights and Choices

CCHI supported a wide range of bills that were introduced to increase protections for health care consumers and opposed other bills that would threaten equitable access.

CCHI continued our fight for more transparency and consumer protections for Coloradans facing surprise out-of-network bills. CCHI led the efforts to bring legislation that would ensure Colorado consumers are aware of

their rights when facing a balance bill, which often arise in situations where consumers seek services at an in-network facility, but unknowingly are seen by an out-of-network provider. This year, SB18-237, "Out of Network Providers Carriers Required Notice," died in the Senate Health and Human Services committee on a party line vote. Once again, we found that the various interest groups arrived at an impasse. Out-of-network providers and insurers continue to disagree on how out-of-network bills should be reimbursed. And consumers want to stay out of the middle of the billing dispute, especially when they are not legally obligated to pay. These competing interests created stalemate and prevented a commonsense change that would have benefited the people of Colorado.

CCHI also actively supported HB18-1149, which would have continued the Consumer Insurance Council (CIC) under the Division of Insurance (DOI), giving consumer representatives a direct forum to discuss insurance issues with the DOI. HB18-1149 passed the House but died in the Senate upon the recommendation of the Colorado Office of Policy, Research and Regulatory Reform. All current members of the CIC disagreed with the recommendation, arguing that the CIC provides unique and important insight and access into the DOI.

Finally, CCHI supported bills that supported health equity, like HB18-1256, which continued the Civil Rights Division, and HB18-1001, "Family and Medical Leave Insurance Program Wage Replacement," which would have benefited Coloradans who need time to take care of their own, or a family member's, health care. We opposed bills like HB18-1206, which threatened the health care rights of the LGBTQ community, and HB18-1225, and HB18-1120, which threatened women's access to reproductive health care.

The 2018 legislative session furthered efforts to shape a health care system that provides greater transparency and consumer protections, but unfortunately did not address the need for lowering health care costs for consumers. Despite the introduction of several bills aimed at addressing affordability, efforts to lower costs for consumers did not advance and continue to remain a serious concern for Coloradans. CCHI celebrates the hard work of policymakers and advocates this session and will continue to work for cost containment and equitable access to high-quality, affordable health care.

FY2018-2019 Budget Summary

The Colorado state budget for Fiscal Year (FY) 2018-2019 totals close to \$29 billion in state General Fund and federal fund expenditures. For the first time in many years, the Joint Budget Committee (JBC) was able to increase the budget by almost \$1 billion in General Funds (GF). The following are some key takeaways from HB18-1322, “Long Appropriations Bill” (the budget), and the “orbital” bills, a package of companion bills to the budget, as pertaining to health care in Colorado. The majority of the surplus funds were allocated to education and transportation, however \$6.5 million was allocated to fund two bills from the Opioid and Other Substance Use Disorders Interim Committee: SB18-024 and HB18-1003.

Department of Health Care Policy and Financing Budget

The Department of Health Care Policy and Financing, which runs Medicaid, received a 2.5 percent increase, bringing its total budget to \$10.1 billion. Moreover, a 1% across-the-board increase in community provider reimbursement was approved for FY 2018-2019, which applies to most Medicaid providers. Several targeted Medicaid rate increases were also approved including \$8.7 million for alternative care facilities, \$6.9 million for durable medical equipment, \$7.2 million for personal care and homemaker services, and \$2.5 million for emergency medical transportation. Additionally, \$2.2 million were allocated to fund the All Payer Claims Database. Funding for Safety Net Programs, including the Senior Dental Program increased by about \$750,000. Finally, allocations were added to fund Medicaid coverage for 12-month contraception and for a Long-Term Care Ombudsperson.

Department of Public Health and Environment Budget

Budget items for the Department of Public Health and Environment include a 1% community provider rate increase for Local Public Health Agencies. The JBC also allocated \$500,000 for Kids’ Oral Health Prevention Programs and full funding for the Long Acting Reversible Contraceptives, Colorado Immunization Information System, School Based Health Centers, and Healthy Colorado Kids Survey. Additionally, \$200,000 was allocated for Healthy Foods Incentives. Finally, an amendment to allocate \$3 million from the Marijuana Tax Cash Fund for medical marijuana research grants was successful in both chambers. SB18-024 will receive \$2.5 million to increase the behavioral health workforce available to address the opioid epidemic and substance use, and \$750,000 will be allocated for School Based Health Centers to provide substance use related treatment.

While health care largely ‘missed out’ on the increased spending budget for FY 2018-2019, it is a significant achievement that Colorado saw no budget cuts to state health programs or safety-net facilities. Moreover, amendments that were introduced to threaten funding Medicaid expansion were defeated in the House with bipartisan support.

Summary of Bills

Glossary of Terms

SUPPORT	CCHI took a support position for the bill and may have worked toward the passage of the bill, through letters, testimony, and/or lobbying.
MONITOR	CCHI did not take an official position, but monitored the bill's progress.
OPPOSE	CCHI took an oppose position for the bill and may have worked toward the defeat of the bill, through letters, testimony, and/or lobbying.
POSTPONED INDEFINITELY	A motion by the legislature to postpone indefinitely kills the bill.
LAI D OVER UNTIL END OF SESSION	A motion by the legislature to lay over a bill until after session kills the bill.

The listed votes on the bills below refer to the votes in the Committee of Reference (many bills were heard in more than one committee in each chamber). The ° symbol denotes that a different legislator voted in place of the legislator assigned to that committee—a list of replacement votes can be found in the scorecard appendix.

Support

HB18-1001 “FAMLI Family Medical Leave Insurance Program”

Sponsored by Rep. Winter and Rep. Gray | Sen. Donovan and Sen. Fields

This bill would have created the Family and Medical Leave Insurance (FAMLI) program in order to provide partial wage replacement benefits to eligible individuals who take leave from work to care for a new child, family member, or self, with a serious health condition.

What CCHI Thinks: CCHI supported this bill because it would have provided greater economic security for Coloradans when faced with health care needs. Additionally, the FAMLI program promotes health equity by breaking down barriers to accessing health care when needed.

Committee	Yes Votes	No Votes
House Business Affairs and Labor	Arndt, Coleman, Garnett, Gray, Rosenthal, Winter, Kraft-Tharp	Liston, Sandridge, Sias, Thurlow, Van Winkle, Williams D.
Senate State, Veterans, and Military Affairs	Court, Fenberg	Hill, Sonnenberg, Marble

Status: Senate State, Veterans, and Military Affairs Committee Postpone Indefinitely (04/30/2018)

HB18-1003 “Opioid Misuse Prevention”

Sponsored by Rep. Pettersen | Sen. Priola and Sen. Jahn

This bill will continue the Opioid and Substance Use Disorder Study Committee, allow school based health centers to apply for grants to offer substance use disorder treatment, direct HCPF to implement substance use screenings, and support continued education for providers regarding opioid prescriptions.

What CCHI Thinks: CCHI supported this bill because it will implement measures to help Colorado address the opioid epidemic.

Committee	Yes Votes	No Votes
House Public Health Care and Human Services	Catlin, Ginal, Hooton, Landgraf, McKean, Michaelson Jenet, Pettersen, Danielson, Singer	Beckman, Ransom
	Excused: Everett, Pabon	
Senate State, Veterans, and Military Affairs	Court, Fenberg, Sonnenberg, Marble	Hill

Status: Sent to Governor (05/04/2018)

HB18-1007 “Substance Use Disorder Payment And Coverage ” Sponsored by Rep. Kennedy and Rep. Singer | Sen. Jahn and Sen. Lambert

This bill requires individual and group health plans to provide coverage for a greater range of substance use disorder treatments. Additionally, the bill prohibits incentives for providers based solely on patient pain satisfaction surveys and allows pharmacists to administer substance use disorder treatment.

What CCHI Thinks: CCHI supported this bill because it will increase care accessibility for those seeking substance use treatment and care for substance overdose.

Committee	Yes Votes	No Votes
House Public Health Care and Human Services	Catlin, Ginal, Hooton, Landgraf, McKean, Michaelson Jenet, Pettersen, Danielson	Ransom
	Excused: Beckman, Everett, Pabon	
Senate State, Veterans, and Military Affairs	Cooke°, Court, Fenberg, Sonnenberg, Marble	

Status: Sent to Governor (05/03/2018)

HB18-1009 “Diabetes Drug Pricing Transparency Act 2018” Sponsored by Rep. Roberts | Sen. Donovan

This bill would have required drug companies and pharmacy benefit managers to report to the State Board of Health about diabetes drugs that are subject to price increases. Nonprofit organizations advocating for patients with diabetes or funding diabetes research that receive funding from drug companies would have also been required to report on contributions received from drug manufacturers.

What CCHI Thinks: CCHI supported this bill because it would have increased transparency on the costs of prescription drugs, specifically for diabetes medications like insulin.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Buckner, Hooton, Jackson, Kennedy, Lontine, Esgar, Ginal	Beckman, Covarrubias, Humphrey, Landgraf, Ransom, Wilson
Senate State, Veterans, and Military Affairs	Court, Moreno°	Hill, Cooke°, Marble

Status: Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (05/02/2018)

HB18-1094 “Children and Youth Mental Health Treatment Act” Sponsored by Rep. Herod and Rep. Wist | Sen. Moreno and Sen. Martinez Humenik

This bill will extend the "Children and Youth Mental Health Treatment Act" indefinitely. Additionally, the bill will allow non-Medicaid eligible children to receive mental health treatment without child welfare involvement,

require standardized risk evaluations, and require the Department of Human Services to maintain a list of providers on their website.

What CCHI Thinks: CCHI supported this bill because it will increase access to mental health services for Colorado children who qualify for Medicaid, and increase the likelihood for all children to get the care they need.

Committee	Yes Votes	No Votes
House Public Health Care and Human Services	Beckman, Catlin, Ginal, Kennedy, Landgraf, McKean, Michaelson Jenet, Pabon, Ransom, Danielson, Singer	Everett
	Excused: Pettersen	
Senate State, Veterans, and Military Affairs	Court, Moreno°, Cooke°, Marble	Hill

Status: Sent to Governor (05/08/2018)

HB-1112 “Pharmacist Health Care Services Coverage” Sponsored by Rep. Becker and Rep. Esgar | Sen. Crowder

This bill will require health plans to provide coverage for services delivered by a pharmacist in health professional shortage areas, if the plan provides coverage for the same service rendered by medical doctor or advanced practice nurse.

What CCHI Thinks: CCHI supported this bill because it will expand access to care, especially for Coloradans living in rural areas where there are limited health care providers. Additionally, it will ensure pharmacists are reimbursed fairly for these services.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Buckner, Covarrubias, Jackson, Kennedy, Landgraf, Lontine, Roberts, Wilson, Esgar	Beckman, Humphrey, Ransom
	Excused: Ginal	
Senate Business, Labor, and Technology	Jahn, Kerr, Priola, Williams A., Neville T., Tate	Smallwood

Status: Governor Signed (4/09/2018)

HB18-1136 “Substance Use Disorder Treatment” Sponsored by Rep. Pettersen | Sen. Jahn and Sen. Priola

This bill will add residential and inpatient substance use disorder services to Medicaid benefits if the Department of Health Care Finance and Policy receives authorization and financial participation from the federal government.

What CCHI Thinks: CCHI supported this bill because it will help address the opioid epidemic in Colorado by providing services to assist those fighting addiction. The addition of this Medicaid benefit will help ensure Colorado’s most vulnerable have access to care.

Committee	Yes Votes	No Votes
House Public Health Care and Human Services	Catlin, Ginal, Hooton, McKean, Michaelson Jenet, Pettersen, Danielson, Singer	Beckman, Landgraf, Ransom
	Excused: Everett, Pabon	
Senate State, Veterans, and	Court, Fenberg, Sonnenberg	

Military Affairs		
		Excused: Hill, Marble

Status: Sent to Governor (05/07/2018)

HB18-1149 “Sunset Continue Consumer Insurance Council” Sponsored by Rep. Kennedy | Sen. Neville

This bill would have continued the Consumer Insurance Council, under the Division of Insurance, through 2028, in order to avoid the council’s scheduled sunset.

What CCHI Thinks: CCHI strongly supported this bill because we recognized the value in a direct forum between the Division of Insurance and Colorado consumers, where information could be exchanged and issues discussed.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Buckner, Covarrubias, Jackson, Kennedy, Landgraf, Lontine, Roberts, Esgar, Ginal	Beckman, Humphrey, Ransom, Wilson
Senate Business, Labor, and Technology	Jahn, Kerr	Priola, Smallwood, Williams A., Neville T., Tate

Status: Senate Committee on Business, Labor, & Technology Postpone Indefinitely (04/11/2018)

HB18-1179 “Prohibit Price Gouging On Prescription Drugs” Sponsored by Rep. Salazar

This bill would have prohibited price gouging of off-patent, essential generic drugs. Additionally, the bill would have given the Attorney General the authority to take action against drug companies who price gouge.

What CCHI Thinks: CCHI supported this bill because drug companies have rapidly increased the prices of many generic drugs, without justification. This bill would have helped curb the rising costs of prescription drugs for many Coloradans that struggle to afford their medications.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Buckner, Hooton, Jackson, Kennedy, Lontine, Esgar, Ginal	Beckman, Covarrubias, Landgraf, Neville P. °, Ransom, Wilson

Status: House Laid Over Until End of Session (05/02/2018)

HB18-1182 “Statewide System For Advance Directives” Sponsored by Rep. Ginal and Rep. Landgraf | Sen. Coram and Sen. Court

This bill would have created a statewide system for advance directives. Additionally, the bill would have required rules be made around confidentiality.

What CCHI Thinks: CCHI supported this bill because it would have facilitated patient autonomy through end of life care, and would have helped to ensure quality patient-centered care for Coloradans with advance care plans.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	* bill was moved to PI without discussion	Beckman, Buckner, Covarrubias, Hooton, Humphrey, Jackson, Kennedy, Landgraf, Lontine,

Status: House Health, Insurance, and Environment Postpone Indefinitely (03/29/2018)

HB18-1192 “Application Assistance Federal Disability Benefits” Sponsored by Rep. Landgraf and Rep. Michaelson Jenet | Sen. Coram

This bill would have created a program to help persons with disabilities navigate the application process for federal disability benefits by providing assistance in compiling documents and in completing and submitting the application.

What CCHI Thinks: CCHI supported this bill because it would have helped increase accessibility for benefits that support the health of many Coloradans living with disabilities.

Committee	Yes Votes	No Votes
House Public Health Care and Human Services	* bill was moved to PI without discussion	Beckman, Everett, Ginal, Hooton, Kennedy, Landgraf, McKean, Michaelson Jenet, Pabon, Ransom, Danielson, Singer
Excused: Catlin		

Status: House Committee on Public Health Care and Human Services Postpone Indefinitely (03/09/2018)

HB18-1205 “Financial Relief Defray Individual Health Plan Costs” Sponsored by Rep. Roberts | Sen. Donovan

This bill would have created a program to provide tax credits for health insurance premiums for Coloradans with incomes between 400 and 500 percent of the federal poverty level. To be eligible, a consumer would have had to pay more than 20% of household income toward their health insurance premiums and live in certain counties of the state.

What CCHI Thinks: CCHI supported this bill because it would have increased access to health care coverage for Coloradans facing affordability barriers, especially those in mountain or rural areas of the state.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Buckner, Jackson, Kennedy, Lontine, Roberts, Esgar, Ginal	Beckman, Covarrubias, Landgraf, Neville P. °, Ransom, Wilson
Senate State, Veterans, and Military Affairs	Fenberg, Court	Hill, Lambert°, Marble

Status: Senate State, Veterans, and Military Affairs Postpone Indefinitely (05/03/2018)

HB18-1207 “Hospital Financial Transparency Measures” Sponsored by Rep. Kennedy and Rep. Rankin | Sen. Smallwood and Sen. Moreno

This bill would have required HCPF to put together an annual hospital report detailing cost reports for Medicaid and Medicare, audited financial statements, utilization and staffing, and uncompensated care by payer.

What CCHI Thinks: CCHI supported this bill because it would increase transparency around hospital spending, which accounts for the largest portion of state health care dollars. The data collected would help Coloradans better understand cost drivers.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Buckner, Covarrubias, Hooton, Jackson, Kennedy, Lontine, Esgar, Ginal	Beckman, Landgraf, Neville P. °, Ransom, Wilson
Senate State, Veterans, and Military Affairs	Court, Fenberg	Hill, Sonnenberg, Marble

Status: Senate State, Veterans, and Military Affairs Postpone Indefinitely (04/30/2018)

HB18-1212 “Freestanding Emergency Departments Licensure” Sponsored by Rep. Kennedy and Landgraf | Sen. Kefalas

This bill would have created a new license category for freestanding emergency departments (FSEDs). The Colorado Department of Public Health and Environment (CDPHE) would have been granted the authority to fine or revoke licenses for facilities that charged unreasonable facility fees. Additionally, the bill would have given CDPHE the authority to create rules for the new licensure category, ensuring standards of care.

What CCHI Thinks: CCHI strongly supported this bill because it would have increased protections for consumers that seek services at FSEDs by aligning the service level provided at FSEDs with traditional hospitals. Additionally, the bill would have ensured the facility fees being charged to patients were reasonable.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Buckner, Hooton, Jackson, Kennedy, Landgraf, Lontine, Esgar, Ginal	Beckman, Covarrubias, Humphrey, Ransom, Wilson
Senate State, Veterans, and Military Affairs	Court, Fenberg	Cooke °, Sonnenberg, Marble

Status: Senate State, Veterans, and Military Affairs Postpone Indefinitely (05/01/2018)

HB18-1256 “Sunset Continue Civil Rights Division And Commission” Sponsored by Speaker Duran and Rep. Herod | Sen. Gardner

This bill continues the Colorado Civil Rights commission and the Colorado Civil Rights division and their respective functions for 9 years, and appropriates funding.

What CCHI Thinks: CCHI supported this bill because it ensures protection from discrimination in health care settings for all Coloradans, which would otherwise hinder access to care.

Committee	Yes Votes	No Votes
House Judiciary	Benavidez, Carver, Foote, Herod, Lundeen, Melton, Weissman, Wist, Salazar, Lee	Willett
Senate Judiciary	Coram, Fields, Kagan, Cooke, Gardner	

Status: Sent to Governor (05/09/2018)

HB18-1260 “Prescription Drug Price Transparency” Sponsored by Rep. Ginal and Rep. Jackson | Sen. Moreno

The bill would have required reporting from drug manufacturers including advance notice for significant price increases and information about cost factors, as well as reporting from insurance carriers about most costly and most utilized drugs.

What CCHI Thinks: CCHI strongly supported this bill because it would have provided policymakers the information they need to better understand the skyrocketing costs of prescription drugs in Colorado, which are putting necessary medication out of reach for many consumers.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Buckner, Hooton, Jackson, Kennedy, Lontine, Esgar, Ginal	Beckman, Covarrubias, Neville P. °, Landgraf, Ransom, Wilson
Senate State, Veterans, and Military Affairs	Court, Fenberg	Hill, Sonnenberg, Marble

Status: Senate State, Veterans, and Military Affairs Postpone Indefinitely (04/30/2018)

HB18-1282 “Health Care Provider Unique Identification Per Site Or Service” Sponsored by Rep. Lontine and Rep. Sias | Sen. Smallwood and Sen. Kefalas

This bill requires each off-campus location of a hospital to obtain an unique National Provider Identification number.

What CCHI Thinks: CCHI supported this bill because it will help Colorado link claims data to the specific facility where services are rendered to better understand cost drivers in our health care system.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Beckman, Buckner, Covarrubias, Jackson, Kennedy, Landgraf, Lontine, Ransom, Roberts, Wilson, Esgar, Ginal	Humphrey
Senate Health and Human Services	Aguilar, Crowder, Kefalas, Martinez Humenik, Smallwood	

Status: Governor Signed (04/25/2018)

HB18-1284 “Disclosure Of Prescription Costs At Pharmacies” Sponsored by Rep. Buckner and Rep. Wilson | Sen. Martinez Humenik and Sen. Kefalas

This bill prohibits contracts between pharmacists and pharmacy benefit managers from prohibiting or penalizing pharmacies that provide information on the cost of prescription drugs.

What CCHI Thinks: CCHI supported this bill because without these contract provisions, consumers are left unaware when the cash price of a prescription drug may be less than the cost with insurance.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Beckman, Buckner, Covarrubias, Hooton, Jackson, Kennedy, Landgraf, Lontine, Ransom, Wilson, Esgar, Ginal	Humphrey
Senate Health and Human Services	Aguilar, Crowder, Kefalas, Martinez Humenik, Smallwood	

Status: Governor Signed (04/30/2018)

HB18-1321 “Efficient Administration Medicaid Transportation” Sponsored by Rep. Arndt and Rep. McKean | Sen. Martinez Humenik and Sen. Moreno

This bill will require HCPF to create and implement a method for meeting urgent transportation needs within the existing nonemergency medical transportation benefit.

What CCHI Thinks: CCHI supported this bill because transportation to and from facilities can be a significant barrier for many seeking care.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Buckner, Covarrubias, Hooton, Jackson,	Beckman, Humphrey, Ransom

Environment	Kennedy, Landgraf, Lontine, Wilson, Esgar, Ginal	
Senate State, Veterans, and Military Affairs	Court, Moreno°, Cooke°	Hill, Marble

Status: Sent to Governor (05/08/2018)

HB18-1357 “Behavioral Health Care Ombudsperson Parity Reports” Sponsored by Rep. Michaelson Jenet | Sen. Gardner and Sen. Williams, A.

This bill establishes an Ombudsperson to assist consumers navigating behavioral health services and to help both consumers and providers solve issues of access.

What CCHI Thinks: CCHI supported this bill because it will establish a trusted resource for consumers to field questions and problems as they seek behavioral health services.

Committee	Yes Votes	No Votes
House Public Health Care and Human Services	Ginal, Hooton, Landgraf, Lontine, Michaelson Jenet, Pettersen, Danielson, Singer	Beckman, Everett, Ransom, Winkler
	Excused: Catlin	
Senate State, Veterans, and Military Affairs	Court, Fenberg, Hill	Lambert°, Marble

Status: Sent to Governor (05/04/2018)

HB18-1365 “Primary Care Infrastructure Creation” Sponsored by Rep. Ginal and Rep. Sias | Sen. Moreno and Sen. Priola

This bill would have established a primary care payment reform collaborative to discuss and make recommendations about increased investments in primary care Colorado.

What CCHI Thinks: CCHI supported this bill because we recognize the importance of primary care as a means of preventing avoidable health complications for individuals, and of keeping communities healthy. CCHI supports smart investment in primary care to drive overall health costs down.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Beckman, Buckner, Covarrubias, Hooton, Jackson, Kennedy, Landgraf, Lontine, Wilson, Esgar, Ginal	Humphrey, Ransom
Legislative Council	Becker K., Donovan, Jones, Kerr, Lontine, Melton, Pabon, Duran	Buck, Garcia, Holbert, Marble, Neville P., Saine, Scott, Sonnenberg, Wist, Grantham

Status: Failed in Legislative Council (04/26/2018)

HB18-1384 “Study Health Care Coverage Options” Sponsored by Rep. Roberts and Rep. Catlin | Sen. Coram and Sen. Donovan

This bill would have required the state to implement a study to consider the costs, benefits, and feasibility of implementing a Medicaid buy-in option, a public-private partnership option, or a community- or regionally based option for health care coverage.

What CCHI Thinks: CCHI supported this bill because Colorado faces unique challenges in health care coverage and affordability, and we believe innovative coverage ideas should be considered as potential solutions.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Buckner, Hooton, Jackson, Kennedy, Lontine, Wilson, Esgar, Ginal	Beckman, Covarrubias, Humphrey, Landgraf, Ransom
Senate State, Veterans, and Military Affairs	Court, Fenberg	Hill, Sonnenberg, Marble

Status: Senate Committee on State, Veterans, and Military Affairs Postpone Indefinitely (05/04/2018)

HB18-1392 “State Innovation Waiver Reinsurance Program” Sponsored by Rep. Kennedy and Rep. Rankin | Sen. Coram and Sen. Donovan

This bill would have created a reinsurance program for health insurers to aid in paying high-cost insurance claims and lower the costs of premiums for Coloradans.

What CCHI Thinks: CCHI supported this bill because a reinsurance program could have driven down insurance premiums statewide. More affordable health coverage could have increased access to care.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Buckner, Hooton, Jackson, Kennedy, Landgraf, Lontine, Wilson, Esgar, Ginal	Beckman, Humphrey, Ransom
Excused: Covarrubias		
Senate State, Veterans, and Military Affairs	Court, Fenberg	Hill, Sonnenberg, Marble

Status: Senate Committee on State, Veterans, and Military Affairs Postpone Indefinitely (05/04/2018)

SB18-022 “Clinical Practice For Opioid Prescribing” Sponsored by Sen. Aguilar and Sen. Tate | Rep. Kennedy and Rep. Pettersen

This bill will restrict the number of opioid pills that a health care practitioner may prescribe for an initial prescription to a seven-day supply. Additionally, the bill requires providers to query the prescription drug monitoring program before prescribing a second fill for an opioid prescription. A significant list of exemptions was amended into the bill before it was passed.

What CCHI Thinks: CCHI supported this bill because it works to address Colorado’s opioid epidemic by encouraging physicians to limit patient exposure to opioids.

Committee	Yes Votes	No Votes
Senate Health and Human Services	Aguilar, Crowder, Kefalas, Martinez Humenik, Smallwood	
House Health, Insurance, and Environment	Buckner, Hooton, Jackson, Kennedy, Landgraf, Lontine, Wilson, Esgar, Ginal	Beckman, Covarrubias, Humphrey, Ransom

Status: Sent to Governor (05/07/2018)

SB18-024 “Expand Access Behavioral Health Care Providers” Sponsored by Sen. Tate and Sen. Jahn | Rep. Singer

This bill will require the primary care office to study the behavioral health care provider (BHCP) shortage. Additionally, the bill would allow BHCPs to participate in loan repayment and create a scholarship program for addiction counselor certifications.

What CCHI Thinks: CCHI supported this bill because it will expand access to behavioral health care, especially in underserved areas, and would help address the behavioral health workforce shortage in Colorado.

Committee	Yes Votes	No Votes
Senate Health and Human Services	Aguilar, Crowder, Kefalas, Martinez Humenik	Smallwood
House Public Health Care and Human Services	Catlin, Ginal, Hansen°, Hooton, Kennedy°, Lontine, Singer, Danielson	Beckman, Everett, Ransom, Sias°, Winkler

Status: Sent to Governor (05/03/2018)

SB18-040 “Substance Use Harm Reduction” Sponsored by Sen. Jahn and Sen. Lambert | Rep. Singer

This bill would have allowed hospitals to be used as clean syringe exchange sites. Additionally, the bill would have created supervised injection facilities in city and county of Denver. Finally, it would have allowed for policies regarding schools obtaining and training for the administration of opiate antagonists in the case of overdose.

What CCHI Thinks: CCHI supported this bill because it would have aided in preventing the spread of disease as a result of by unsafe needle injections and increased access to support and treatment for those fighting substance use addiction.

Committee	Yes Votes	No Votes
Senate State, Veterans, and Military Affairs	Court, Fenberg	Hill, Sonnenberg, Marble

Status: Senate Committee on Veterans, Military, and State Affairs Postpone Indefinitely (02/14/18)

SB18-080 “Wholesale Canadian Drug Importation Program” Sponsored by Sen. Aguilar | Rep. Lontine

This bill would have directed the Department of Public Health and Environment to design a program to import select prescription drugs from Canada for sale in Colorado. The program would have been required to ensure quality and cost savings for consumers and would have been contingent on approval from the federal HHS Secretary.

What CCHI Thinks: CCHI supported this bill because it would have provided cost savings for Colorado consumers who today are struggling to afford their prescription medications.

Committee	Yes Votes	No Votes
Senate State, Veterans, and Military Affairs	Court, Fenberg	Hill, Sonnenberg, Marble
	Excused: Kerr, Tate	

Status: Senate Committee on State, Veterans, and Military Affairs Postpone Indefinitely (02/05/18)

SB18-108 “Eligibility Colorado Road And Community Safety Act” Sponsored by Sen. Coram and Sen. Crowder | Rep. Singer and Rep. Arndt

This bill allows immigrants (not lawfully present) to obtain a driver's license by presenting a taxpayer ID or a social security number. Additionally, it allows renewals and reissuing of licenses in the same manner as any other license (online, via mail, etc.).

What CCHI Thinks: CCHI supported this bill because it will help to expand access to transportation for people living in Colorado. Without access to proper transportation, people delay care for themselves and family

members, which can lead to worsening health conditions, and promotes a reliance on emergency transportation and emergency room use.

Committee	Yes Votes	No Votes
Senate State, Veterans, and Military Affairs	Court, Fenberg, Sonnenberg	Hill, Marble
House Local Government	Coleman, Gray, McKean, Pabon, Reyher, Rosenthal, Thurlow, Valdez, Wilson, Exum, Singer	Liston, Ransom

Status: Sent to Governor (04/26/2018)

SB18-113 “Circle Substance Use Treatment Program” Sponsored by Sen. Garcia | Rep. Esgar

This bill would have permanently re-established the circle program, a 90-day inpatient treatment program for persons with co-occurring mental health and substance use disorders that was ended in June 2017 by the Department of Health and Human Services.

What CCHI Thinks: CCHI supported this bill because it would have provided proper care for consumers facing behavioral health issues.

Committee	Yes Votes	No Votes
Senate State, Veterans, and Military Affairs	Court, Fenberg	Hill, Sonnenberg, Marble

Status: Senate Committee on State, Veterans, and Military Affairs Postpone Indefinitely (02/07/18)

SB18-115 “Apply Stark Laws To Medical Referrals Outside Medicaid” Sponsored by Sen. Aguilar | Rep. Pettersen

This bill would have extended the Stark Law, which prohibits Medicaid providers from making referrals to an entity with which they or an immediate family member are financially associated, to cover all providers. The bill would have classified prohibited referrals as deceptive trade practice.

What CCHI Thinks: CCHI supported this bill because it would protect consumers from unnecessary, exorbitant charges like the proliferation of surgical neuromonitoring for which the surgeon is financially incentivized.

Committee	Yes Votes	No Votes
Senate State, Veterans, and Military Affairs	* bill was moved to PI without discussion	Court, Fenberg, Hill, Sonnenberg, Marble

Status: Senate Committee on State, Veterans, and Military Postpone Indefinitely (02/14/18)

SB18-146 “Freestanding Emergency Departments Required Consumer Notices” Sponsored by Sen. Smallwood and Sen. Kefalas | Rep. Singer and Rep. Sias

This bill requires freestanding emergency departments (FSEDs) to disclose price information to consumers for non-emergent care.

What CCHI Thinks: CCHI supported this bill because it would help consumers access the information they need to make educated health care decisions, and encourage Coloradans to receive care in the appropriate care setting for an appropriate cost.

Committee	Yes Votes	No Votes
Senate Health and Human Services	Aguilar, Kefalas, Martinez Humenik, Smallwood	Crowder
House Health, Insurance, and Environment	Beckman, Buckner, Covarrubias, Jackson, Kennedy, Landgraf, Lontine, Roberts, Wilson, Esgar, Ginal	Humphrey, Ransom

Status: Governor Signed (04/25/2018)

SB18-152 “Prohibit Price Gouging on Prescription Drugs” Sponsored by Sen. Aguilar | Rep. Lontine

This bill would have prohibited price gouging of off-patent, essential generic drugs. Additionally, the bill would have given the Attorney General the authority to take action against drug companies who price gouge.

What CCHI Thinks: CCHI strongly supported this bill because drug companies are increasing the prices of many generic drugs by however much they want, whenever they want. Meanwhile, too many Coloradans are struggling to afford their medications. This bill would have helped curb the rising costs of prescription drugs.

Committee	Yes Votes	No Votes
Senate State, Veterans, and Military Affairs	Court, Fenberg	Hill, Sonnenberg, Marble

Status: Senate Committee on State, Veterans, and Military Affairs Postpone Indefinitely (02/14/18)

SB18-155 “Hospital Community Benefits Reporting Requirements” Sponsored by Sen. Aguilar | Rep. Pettersen

This bill would have required hospitals to report on the value of their tax exemptions and the community benefits they provide.

What CCHI Thinks: CCHI supported this bill because it would have ensured that hospitals were adequately using tax exempt dollars to add value to the health of the communities they serve.

Committee	Yes Votes	No Votes
Senate State, Veterans, and Military Affairs	Court, Fenberg	Hill, Sonnenberg, Marble

Status: Senate Committee on State, Veterans, and Military Affairs Postpone Indefinitely (02/14/18)

SB18-168 “Medication-assisted Treatment Through Pharmacies” Sponsored by Sen. Tate

This bill would have included antagonist medication, drugs that dampen biological responses to drugs, as a benefit under Medicaid. These drugs are often used for substance use treatment and can reverse overdose. Additionally, the bill would have granted pharmacists the authority to administer injections and receive fair reimbursement from Medicaid.

What CCHI Thinks: CCHI supported this bill because it would have expanded access to, and convenience of, treatment for those with substance use addictions. Better adherence to treatment plans increases the likelihood of recovery success.

Committee	Yes Votes	No Votes
Senate Business, Labor, and Technology	*PI without discussion	Jahn, Kerr, Priola, Smallwood, Williams A., Neville T., Tate

Status: Senate Business, Labor, and Technology Postpone Indefinitely (04/30/2018)

SB18-237 “Out-of-network Providers Carriers Required Notice” Sponsored by Sen. Gardner | Rep. Esgar

This bill would have required notice for consumers regarding their rights when facing a surprise medical bill. Additionally, the bill would have required providers to re-pay patients who erroneously pay a balance bill.

What CCHI Thinks: CCHI supported this bill because it would have helped ensure Colorado consumers are not paying balance bills when they are not legally obligated to pay under protections already in state statute.

Committee	Yes Votes	No Votes
Senate Health and Human Services	Aguilar, Kefalas	Crowder, Martinez Humenik, Smallwood

Status: Senate Committee on Health and Human Services Postpone Indefinitely (04/18/18)

Oppose

HB18-1057 “Disclosure Of Information For Asset Recovery” Sponsored by Rep. McKean | Sen. Coram

This bill allows debt collection attorneys to request sensitive financial and employment information from the Colorado Department of Labor and Employment about Coloradans in debt collection cases. The cost of requesting this information can then be passed along to the person in debt.

What CCHI Thinks: CCHI opposed this bill because being in debt is an issue facing many Coloradans, and many of those debt cases are a result of medical bills. This bill makes it easier for debt collectors to get personal information about those that are in debt, even when there is already a system in place that is working.

Committee	Yes Votes	No Votes
House Judiciary	Benavidez, Foote, Lundeen, Willett, Wist, Lee	Carver, Melton, Weissman, Salazar
	Excused: Herod	
Senate Finance	Jahn, Kerr, Lambert, Smallwood, Neville, T.	

Status: Sent to Governor (05/09/2018)

HB18-1082 “A Woman's Right to Accurate Health Care Information” Sponsored by Rep. Sain | Sen. Marble

This bill would have limited access to reproductive health care for Colorado women by requiring them to receive specific information related to abortion procedures in advance of their scheduled procedure.

What CCHI Thinks: CCHI opposed this bill because it would have decreased access to women seeking abortion services.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Beckman, Covarrubias, Humphrey, Landgraf, Ransom, Wilson	Buckner, Hooton, Jackson, Kennedy, Lontine, Esgar, Ginal

Status: House Committee on Health, Insurance, and Environment Postpone Indefinitely (02/22/18)

HB18-1120 “The Prohibition of Dismemberment Abortions” Sponsored by Rep. Neville | Sen. Marble and Sen. Neville

This bill would have prohibited dismemberment abortions except in case of medical emergency.

What CCHI Thinks: CCHI opposed this bill because it would have hindered access to reproductive care for women.

Committee	Yes Votes	No Votes
House State, Military, and Veterans Affairs	Humphrey, Leonard, Williams D.	Benavidez, Hooton, Melton, Weissman, Lontine, Foote

Status: House Committee on State, Military, and Veterans Affairs Postpone Indefinitely (02/28/18)

HB18-1180 “Mental Health Professional Dismissed Complaint Colorado Open Records Act Access” Sponsored by Rep. Melton | Sen. Smallwood

This bill would have allowed mental health professionals to access the investigative information contained in the regulatory boards' files after a complaint was dismissed.

What CCHI Thinks: CCHI opposed this bill because it may have discouraged consumers from filing complaints against their providers for fear of retaliation.

Committee	Yes Votes	No Votes
House Public Health Care and Human Services	Beckman, Everett, Hooton, Pabon, Pettersen, Ransom, Danielson, Singer	Catlin, Ginal, Landgraf, McKean, Michaelson Jenet
Senate Health and Human Services	Crowder, Smallwood	Aguilar, Kefalas, Martinez Humenik

Status: Senate Committee on Health and Human Services Postpone Indefinitely (03/21/18)

HB18-1206 “Live and Let Live Act” Sponsored by Rep. Humphrey | Sen. Lundberg

The bill would have allowed businesses, adoption and foster care agencies, health care providers, government officials, and individuals to use religious beliefs gives them permission to exempt themselves from following laws that protect LGBTQ people from discrimination.

What CCHI Thinks: CCHI opposed this bill because it would have severely threatened access to care for the LGTBQ population and CCHI believes all Coloradans have the right to equitable, quality health care.

Committee	Yes Votes	No Votes
House Judiciary	Humphrey, Lundeen, Sandridge, Willett	Benavidez, Herod, Melton, Roberts, Weissman, Salazar, Lee

Status: House Committee on Health, Insurance, and Environment Postpone Indefinitely (03/27/2018)

HB18-1225 “Protect Human Life at Conception” Sponsored by Rep. Humphrey | Sen. Lundberg

This bill would have prohibited terminating the life of an unborn child and made the act a class one felony, except in situations to save the life of the mother, when the mother was undergoing chemotherapy, or in the case of an ectopic pregnancy.

What CCHI Thinks: CCHI opposed this bill because it would have significantly decreased access for women’s reproductive health care in seeking abortion services.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Beckman, Covarrubias, Humphrey, Landgraf, Ransom, Wilson	Buckner, Jackson, Kennedy, Lontine, Roberts, Esgar, Ginal

Status: House Committee on Health, Insurance, and Environment Postpone Indefinitely (02/22/2018)

SB18-023 “Promote Off-label Use Pharmaceutical Products” Sponsored by Sen. Martinez Humenik | Rep. Ginal

This bill attempted to allow pharmaceutical manufacturers to promote the off-label use of a prescription drugs.

What CCHI Thinks: CCHI opposed this bill because we were concerned the promotion of off label uses that had not been approved by the FDA may threaten consumer safety and drive pharmaceutical spending.

Committee	Yes Votes	No Votes
Senate Health and Human Services	Smallwood	Aguilar, Crowder, Kefalas, Martinez Humenik

Status: Senate Committee Health and Human Services Postpone Indefinitely (02/15/2018)

SB18-130 “Repeal Carrier Reporting Requirements To Division Of Insurance” Sponsored by Sen. Smallwood| Rep. McKean

This bill would have repealed the requirement that insurance carriers must report to DOI the list of average reimbursement rates for the 25 most common inpatient procedures.

What CCHI Thinks: CCHI opposed this bill because it would have been a step backwards in increasing transparency in the health sectors.

Committee	Yes Votes	No Votes
Senate Health and Human Services	Aguilar, Crowder, Martinez Humenik, Smallwood	Kefalas
House Health, Insurance, and Environment		TO PI: Beckman, Buckner, Covarrubias, Hooton, Humphrey, Kennedy, Landgraf, Ransom, Wilson, Esgar, Ginal
	Excused: Jackson, Lontine	

Status: House Health, Insurance, and Environment Committee Postpone Indefinitely (04/12/2018)

SB18-214 “Request Self-sufficiency Waiver Medicaid Program” Sponsored by Sen. Crowder | Rep. Beckman

This bill would have established work requirements for Medicaid enrollees, required enrollees to verify their income monthly, established a five year lifetime limit on Medicaid benefits, and imposed copayments in the Medicaid program for the use of emergency services for non-emergent conditions.

What CCHI Thinks: CCHI opposed this bill because it would have implemented very serious cuts to Medicaid, resulted in more Coloradans being uninsured and, thus threatened access to care.

Committee	Yes Votes	No Votes
Senate Health and Human Services	Crowder, Smallwood	Aguilar, Kefalas, Martinez Humenik

Status: Senate Health and Human Services Committee Postpone Indefinitely (03/20/2018)

Monitor

There were several bills CCHI did not officially take a position on because they did not fall within the scope of our mission or because members were split on their positions.

- **HB18-1097 “Patient Choice of Pharmacy”**
Status: Senate Committee on Business, Labor, and Technology Postpone Indefinitely (03/19/2018)
- **HB18-1118 “Create Health Care Legislative Review Committee”**
Status: Senate Committee on State, Veterans, and Military Affairs Postpone Indefinitely (04/02/2018)
- **HB18-1219 “Provider Access To Colorado Benefits Management System”**
Status: House Committee on Public Health Care and Human Services Postpone Indefinitely (04/24/2018)
- **HB18-1279 “Electronic Prescribing Controlled Substance”**
Status: Senate Committee on State, Veterans, and Military Affairs Postpone Indefinitely (04/25/2018)
- **HB18-1311 “Single Geographic Rating Area Individual Health Plan”**
Status: House Committee on Health, Insurance, and Environment Postpone Indefinitely (04/19/2018)
- **HB18-1358 “Health Care Charges Billing Required Disclosures”**
Status: House Committee on Health, Insurance, and Environment Postpone Indefinitely (04/27/2018)
- **HB18-1370 “Drug Coverage Health Plans”**
Status: House Committee on Health, Insurance, & Environment Postpone Indefinitely (05/03/2018)
- **SB18-065 “Add Health Maintenance Organizations Life And Health Insurance Protection Association”**
Status: Senate Committee on Business, Labor, & Technology Postpone Indefinitely (02/16/2018)
- **SB18-132 “1332 State Waiver Catastrophic Health Plans”**
Status: Governor Signed (05/03/2018)
- **SB18-136 “Health Insurance Producer Fees And Fee Disclosure”**
Status: Governor Signed (04/12/2018)

2018 Legislative Scorecard

The tables that follow are a visual and statistical representation of whether members of the House and Senate voted in agreement with, or in opposition to, CCHI's position on bills that reached their respective Committees of Reference and/or Committees of the Whole. As much of the outreach that we perform occurs in the Committees of Reference, we highlighted the voting done in the committees, in addition to the votes on the floor. There are four tables of vote counts:

- House Committee of the Whole (floor votes)
- Senate Committee of the Whole (floor votes)
- House Committees of Reference
- Senate Committees of Reference

The bills included in these tables, and therefore the legislators' voting percentages, are the ones that CCHI took a position of *support* or *oppose* AND on which we *took action* (wrote a letter, testified, or actively lobbied). Please note that there are bills that fall under the support or oppose categories - see the "Summary of Bills" section above- that are not listed in the following tables because CCHI did not directly act on these bills, instead opting for a passive position.

The "score" is the percentage of times that a legislator **voted with us**.

✓ indicates that the legislator voted in **agreement** with CCHI's position on the bill

✗ indicates that the legislator voted the **opposite** of CCHI's position

E indicates that the legislator was excused from voting (the vote is not factored into the percentage)

During this session, Rep. Lebsack was replaced by Rep. Winkler. For some votes, the seat was vacant and is noted as V. Also midway through the session, Rep. Hooton replaced Rep. Roberts in the House HIE Committee. For the votes where the representatives were not serving on the committee, it is noted as a N/A and is not factored into their percentage.

COMMITTEES OF THE WHOLE

The tables below demonstrate how all members of the House or Senate voted on bill that reached their respective Committees of the Whole (or both in some cases). Bills in *italics* made it to a vote on both the House and Senate floors. The bills included in this table are bills on which CCHI took a position of *support* or *oppose* AND on which we took action (wrote a letter, testified, lobbied, etc.).

HOUSE COMMITTEE OF THE WHOLE (FLOOR VOTES)

REPRESENTATIVE	DISTR.	DEM/ REP	HB18 1149	HB18 1205	HB18 1207	HB18 1212	SB18 1260	SB18 1282	HB18 1384	HB18 1392	SB18 146	SCORE
<i>CCHI Position</i>			Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	
Arndt, J.	53	D	✓	✓	✓	✓	✗	✓	✓	✓	✓	88%
Becker, J.	65	R	✗	✗	✓	✗	✗	✓	✗	✓	✓	44%
Becker, KC	13	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Beckman, S.	38	R	✗	✗	✗	✗	✗	✓	✗	✗	✓	22%
Benavidez, A.	32	D	✓	✓	✓	✓	✓	✓	✓	E	✓	100%
Bridges, J.	3	D	✓	✓	✓	✓	E	✓	✓	✓	✓	100%
Buck, P.	49	R	✗	✗	✗	✗	✗	✓	✗	✗	✗	11%
Buckner, J.	40	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Carver, T.	20	R	E	✗	✗	✗	✗	E	✓	✗	✗	0%
Catlin, M.	58	R	✗	✗	✓	✗	E	✓	✓	✓	✓	63%
Coleman, J.	7	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Covarrubias, P.	56	R	✗	✗	✓	✗	✗	✓	✗	✗	✓	33%
Danielson, J.	24	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Duran, C.	5	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Esgar, D.	46	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Everett, J.	22	R	✗	✗	✗	✗	✗	✗	✗	✗	✗	0%
Exum, T.	17	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Foote, M.	12	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Garnett, A.	2	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Ginal, J.	52	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Gray, M.	33	D	✓	✓	✓	✗	✓	✓	✓	✓	✓	88%
Hamner, M.	61	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Hansen, C.	6	D	E	✓	✓	✓	✓	E	✓	✓	✓	100%
Herod, L.	8	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Hooton, E.	10	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Humphrey, S.	48	R	✗	✗	✗	✗	✗	✗	✗	✗	✗	0%
Jackson, D.	42	D	✓	✓	E	✓	✓	✓	✓	✓	E	100%
Kennedy, C.	23	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Kraft-Tharp, T.	29	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Landgraf, L.	21	R	✗	E	✗	✗	✗	✓	E	✗	✓	29%

CCHI AT THE DOME

REPRESENTATIVE	DISTR.	DEM/REP	HB18 1149	HB18 1205	HB18 1207	HB18 1212	SB18 1260	SB18 1282	HB18 1384	HB18 1392	SB18 146	SCORE
Lawrence, P.	39	R	X	X	X	X	X	✓	X	X	✓	22%
Lebsock, S./ Winkler, A.	34	D/R	V	X	V	X	X	V	X	X	X	0%
Lee, P.	18	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Leonard, T.	25	R	X	X	X	X	X	✓	X	X	X	11%
Lewis, K.	64	R	X	X	X	X	X	✓	X	E	X	0%
Liston, L.	16	R	X	X	X	X	X	✓	✓	X	X	22%
Lontine, S.	1	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Lundeen, P.	19	R	X	X	X	X	X	✓	X	X	✓	22%
McKean, H.	51	R	X	X	X	X	X	✓	X	X	✓	22%
McLachlan, B.	59	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Melton, J.	41	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Michaelson-Jenet, D.	30	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Neville, P.	45	R	E	X	X	X	X	E	X	X	✓	14%
Pabon, D.	4	D	✓	✓	✓	✓	X	✓	✓	✓	E	88%
Pettersen, B.	28	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Rankin, B.	57	R	X	X	✓	X	X	✓	X	✓	✓	44%
Ransom, K.	44	R	X	X	X	X	X	✓	X	X	X	11%
Reyher, J.	47	R	X	X	X	X	X	✓	✓	X	✓	33%
Roberts, D.	26	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Rosenthal, P.	9	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Saine, L.	63	R	X	X	X	X	X	✓	X	X	✓	22%
Salazar, J.	31	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Sandridge	14	R	X	X	X	X	X	X	X	X	X	0%
Sias, L.	27	R	X	X	✓	X	X	✓	X	X	✓	33%
Singer, J.	11	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Thurlow, D.	55	R	X	X	X	X	X	✓	X	X	✓	22%
Valdez, D.	62	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Van Winkle, K.	43	R	X	X	X	X	X	✓	X	X	X	11%
Weissman, M.	36	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Willett, Y.	54	R	X	✓	✓	X	X	✓	X	✓	✓	56%
Williams, D.	15	R	X	X	X	X	X	✓	X	X	X	11%
Wilson, J.	60	R	X	X	X	X	X	✓	✓	✓	✓	44%
Winter, F.	35	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Wist, C.	37	R	X	X	X	X	X	✓	X	X	✓	22%
Young, D.	50	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
TOTALS			35/61	37/64	41/63	35/65	33/63	58/61	41/64	40/63	51/63	

SENATE COMMITTEE OF THE WHOLE (FLOOR VOTES)

SENATOR	DISTR.	DEM/ REP	HB18 1282	SB18 024	SB18 146	SCORE
<i>CCHI Position</i>			Supp.	Supp.	Supp.	
Aguilar, I.	32	D	E	✓	✓	100%
Baumgardner, R.	8	R	✓	✗	✗	100%
Cooke, J.	13	R	✓	✓	✓	100%
Coram, D.	6	R	✓	✓	✓	100%
Court, L.	31	D	✓	✓	✓	100%
Crowder, L.	35	R	✓	✓	✓	100%
Donovan, K.	5	D	✓	✓	✓	100%
Fenberg, S.	18	D	✓	✓	✓	100%
Fields, R.	29	D	✓	✓	✓	100%
Garcia, L.	3	D	✓	✓	✓	100%
Gardner, B.	12	R	✓	✓	✓	100%
Grantham, K.	2	R	✓	✓	✓	100%
Guzman, L.	34	D	✓	✓	✓	100%
Hill, O.	10	R	✓	✗	✓	66%
Holbert, C.	30	R	✓	✗	✓	66%
Jahn, C.	20	D	✓	✓	✓	100%
Jones, M.	17	D	✓	✓	✓	100%
Kagan, D.	26	D	✓	✓	✓	100%
Kefalas, J.	14	D	✓	✓	✓	100%
Kerr, A.	22	D	✓	✓	✓	100%
Lambert, K.	9	R	✓	✓	✓	100%
Lundberg, K.	15	R	✓	✓	✓	100%
Marble, V.	23	R	✓	✗	✗	100%
Martinez Humenik, B.	24	R	✓	✓	✓	100%
Merrifield, M.	11	D	✓	✓	✓	100%
Moreno, D.	21	D	✓	✓	✓	100%
Neville, T.	16	R	✓	✗	✓	66%
Priola, K.	25	R	✓	✓	✓	100%
Scott, R.	7	R	✓	✓	✓	100%
Smallwood, J.	4	R	✓	✗	✓	66%
Sonnenberg, J.	1	R	✓	✗	✓	66%
Tate, J.	27	R	✓	✓	✓	100%
Todd, N.	28	D	✓	✓	✓	100%
Williams, A.	33	D	✓	✓	✓	100%
Zenzinger, R.	19	D	✓	✓	✓	100%
TOTALS			34/34	28/35	33/35	

HOUSE COMMITTEES OF REFERENCE

The legislators listed in the table below are those who sit on one or more House committee that heard the listed bills. The bills included in this table are bills on which CCHI took a position of *support* or *oppose* AND on which we took action (wrote a letter, testified, lobbied, etc.).

HOUSE REP.	DISTR.	DEM/REP	HB18 1149	HB18 1205	HB18 1207	HB18 1212	HB18 1260	HB18 1282	HB18 1384	HB18 1392	SB18 024	SB18 146	SCORE
<i>CCHI Position</i>			Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	
<i>Committee</i>			HIE ¹	HIE	HIE	HIE	HIE	HIE	HIE	HIE	PHCHS ²	HIE	
Beckman, S.	38	R	x	x	x	x	x	✓	x	x	x	✓	20%
Buckner, J.	40	D	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	100%
Catlin, M.	58	R	-	-	-	-	-	-	-	-	✓	-	100%
Covarrubias, P.	56	R	✓	x	✓	x	x	✓	x	E	-	✓	50%
Danielson, J.	24	D	-	-	-	-	-	-	-	-	✓	-	100%
Esgar, D.	46	D	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	100%
Everett, J.	22	R	-	-	-	-	-	-	-	-	x	-	0%
Ginal, J.	52	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Hooton, E.	10	D	N/A	N/A	✓	✓	✓	N/A	✓	✓	✓	N/A	100%
Humphrey, S.	48	R	x	x ^o	x ^o	x	x ^o	x	x	x	-	x	0%
Jackson, D.	42	D	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	100%
Kennedy, C.	23	D	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	100%
Landgraf, L.	21	R	✓	x	x	✓	x	✓	x	✓	x ^o	✓	50%
Lontine, S.	1	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Michaelson-Jenet, D.	30	D	-	-	-	-	-	-	-	-	✓ ^o	-	100%
Pettersen, B.	28	D	-	-	-	-	-	-	-	-	✓ ^o	-	100%
Ransom, K.	44	R	x	x	x	x	x	✓	x	x	x	x	10%
Roberts, D.	26	D	✓	✓	N/A	N/A	N/A	✓	N/A	N/A	-	✓	100%
Singer, J.			-	-	-	-	-	-	-	-	✓	-	100%
Wilson, J.	60	R	x	x	x	x	x	✓	✓	✓	-	✓	44%
Winkler, A.	34	R	-	-	-	-	-	-	-	-	x	-	0%
TOTALS			9/13	7/13	8/13	8/13	7/13	12/13	8/13	9/12	8/13	11/13	

SENATE COMMITTEES OF REFERENCE

The legislators listed in the table below are those who sit on one or more Senate committee that heard the listed bills. The bills included in this table are bills on which CCHI took a position of *support* or *oppose* AND on which we took action (wrote a letter, testified, lobbied, etc.).

SENATOR	DISTR	DEM/ REP	HB18 1149	HB18 1205	HB18 1212	HB18 1260	HB18 1282	HB18 1384	HB18 1392	SB18 023	SB18 024	SB18 080	SB18 146	SB18 152	SB18 155	SB18 214	SB18 237	SCORE
CCHI Position			Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	Opp.	Supp.	Supp.	Supp.	Supp.	Supp.	Opp.	Supp.	
Committee			BIZ ²	SVMA ⁴	SVMA	SVMA	HHS ⁵	SVMA	SVMA	HHS	HHS	SVMA	HHS	SVMA	SVMA	HHS	HHS	
Aguilar, I.	32	D	-	-	-	-	✓	-	-	✓	✓	-	✓	-	-	✓	✓	100%
Court, L.	31	D	-	✓	✓	✓	-	✓	✓	-	-	✓	-	✓	✓	-	-	100%
Crowder, L.	35	R	-	-	-	-	✓	-	-	✓	✓	-	✗	-	-	✗	✗	50%
Fenberg, S.	18	D	-	✓	✓	✓	-	✓	✓	-	-	✓	-	✓	✓	-	-	100%
Hill, O.	10	R	-	✗	✗ ^o	✗	-	✗	✗	-	-	✗	-	✗	✗	-	-	0%
Jahn, C.	20	I	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100%
Kefalas, J.	14	D	-	-	-	-	✓	-	-	✓	✓	-	✓	-	-	✓	✓	100%
Kerr, A.	22	D	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100%
Marble, V.	23	R	-	✗	✗	✗	-	✗	✗	-	-	✗	-	✗	✗	-	-	0%
Martinez Humenuk, B.	24	R	-	-	-	-	✓	-	-	✓	✓	-	✓	-	-	✓	✗	17%
Neville, T.	16	R	✗	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
Priola, K.	25	R	✗	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
Smallwood, J.	4	R	✗	-	-	-	✓	-	-	✗	✗	-	✓	-	-	✗	✗	29%
Sonnenberg, J.	1	R	-	✗ ^o	✗	✗	-	✗	✗	-	-	✗	-	✗	✗	-	-	0%
Tate, J.	27	D	✗	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
Williams, A.	33	D	✗	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
TOTALS			2/7	2/5	2/5	2/5	5/5	2/5	2/5	4/5	4/5	2/5	4/5	2/5	2/5	3/5	2/5	

Scorecard Appendix

Full Committee Names

- ¹House Health, Insurance, and Environment Committee
- ²House Public Health Care and Human Services Committee
- ³Senate Business, Labor, and Technology Committee
- ⁴Senate State, Veterans, and Military Affairs Committee
- ⁵Senate Health and Human Services Committee

Replacement Votes

The following legislators voted as stand-in committee members:

Bill Number	Replacement Vote
HB18-1179	Rep. P. Neville voted for Rep. Humphrey
HB18-1205	Rep. P. Neville voted for Rep. Humphrey
HB18-1260	Rep. P. Neville voted for Rep. Humphrey
SB18-024	Reps. Kennedy, Hansen, and Sias voted for Reps. Michaelson-Jenet, Pettersen, and Landgraf
HB18-1007	Sen. Cooke voted for Sen. Hill
HB18-1009	Sen. Moreno voted for Sen. Fenberg and Sen. Cooke voted for Sen. Sonnenberg
HB18-1094	Sen. Moreno voted for Sen. Fenberg and Sen. Cooke voted for Sen. Sonnenberg
HB18-1212	Sen. Cooke voted for Sen. Hill
HB18-1321	Sen. Moreno voted for Sen. Fenberg and Sen. Cooke voted for Sen. Sonnenberg
HB18-1357	Sen. Lambert voted for Sen. Sonnenberg