



**Colorado Consumer
Health Initiative**



CCHI AT THE **DOME**

2016 LEGISLATIVE SCORECARD

Table of Contents

About CCHI.....	2
Vision	2
Mission.....	2
Core Values	2
Goals.....	2
Our Advantage	2
Legislative Overview	3
Increasing Health System Transparency	3
Ensuring Consumer Protection and Access.....	3
Health Care Sustainability.....	3
Protecting and Advancing Women’s Health	4
Protecting Coverage through Connect for Health Colorado	4
FY 2016-2017 Budget Summary	5
Medicaid Provider Reimbursement	5
LARC Funding.....	5
Tobacco MSA Funding.....	5
Colorado Commission on Affordable Health Care.....	5
Hospital Provider Fee	5
Summary of Bills.....	6
Glossary of Terms	6
Active Support.....	6
Support.....	9
Oppose.....	14
Active Oppose.....	17
Monitor	19
2016 Legislative Scorecard	20
Committees of the Whole (Floor Votes)	21
House Committee of the Whole.....	21
Senate Committee of the Whole	23
Committees of Reference	24
House Committees of Reference.....	24
Senate Committees of Reference.....	25

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 about 50 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 Values

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. Increase the number of insured 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 uninsured. With an engaged member base, CCHI operates pragmatically, effectively, and substantively to make a systemic impact.

Legislative Overview

CCHI's legislative priorities this session focused on increasing health system transparency, ensuring access to care, and maintaining gains in health insurance coverage. To this end, CCHI tracked 40 bills, sent letters promoting our position on 12 of them, and testified in committee on 9 bills. The bills we supported included those aimed at filling gaps in coverage, primarily for women's health services, ensuring consumers have the information necessary to make good health care choices, and funding services and incentivizing health care professionals for providing much-needed care.

The second regular session of the Seventieth General Assembly was controlled by a Republican-lead Senate and a Democratic-lead House, and as a result many bills died along party lines. Eight of the nine bills that CCHI opposed did not pass, and 11 of the 20 bills that CCHI supported passed and 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 either on expanding access to care or sustaining funding for health care services in Colorado. During this session, five health care themes emerged.

Increasing Health System Transparency

There were two bills introduced this session to provide notice and disclosure to consumers about accessing health care services. CCHI actively supported both HB16-1374 and SB16-152, although they did not pass. HB16-1374, "Required Notice & Disclosures Freestanding Emergency Rooms" as introduced would have required emergency rooms to post notice for consumers to clarify that the facility treated emergency conditions at emergency room rates. An amendment introduced in the House changed the bill so that it would have created a task force to study the issue of freestanding emergency rooms. SB16-152, "Charges and Notices for Health Care Services," would have enhanced protections for consumers by explicitly alerting patients about potential surprise out of network bills and their protections from such bills if enrolled in a state-regulated plan.

Additionally, CCHI supported HB16-1102, "Drug Production Costs Transparency Requirements," and HB16-1336, "Study Single Geographic Area Individual Health Plans;" both bills are aimed at adding more transparent information to the health care system at the state level. If passed, HB16-1102 would have provided more information to explain about pharmaceutical drug pricing. HB16-1336, which passed and is awaiting the Governor's signature, commissions a study of the impact of a single health insurance geographic rating area in setting premium rates.

Ensuring Consumer Protection and Access

With more consumers insured than ever before, Colorado must work to ensure that everyone has access to the care they need. CCHI supported five bills that expanded access to care through newly proposed or existing programs, and all five bills passed. CCHI worked to amend, and ultimately supported SB16-199, "Program of All-Inclusive Care for the Elderly," a bill that, among other things, will create an important ombudsman program for PACE recipients. CCHI was among a number of advocacy organizations that called for the creation of an ombudsman program for PACE during the InnovAge non-profit to for-profit conversion process.

CCHI opposed SB16-162, "Medicaid Recipient Access to Medical Professionals," that if passed, would have allowed Medicaid recipients to seek services from non-Medicaid providers. From CCHI's perspective the bill did not provide the necessary safeguards for consumers and would have put them financially at risk of unnecessarily high costs.

Health Care Sustainability

CCHI supported legislation and budget requests that helped to further funding for health care services in Colorado. HB16-1408, "Cash Fund Allocations for Health Related Programs," addressed the rate cuts to primary care codes

proposed in the Governor's budget last fall.

Protecting primary care rates is one way CCHI helped to protect access to care for millions of Coloradans on Medicaid. CCHI also supported the budget efforts to fund Colorado family planning initiatives through the Colorado Department of Public Health and Environment (CDPHE); \$2.5 million was ultimately included in the budget. Additionally, CCHI supported HB16-1435, a unique proposal to charge large employers for not providing adequate health insurance to their low-wage workers, and sending that revenue back into the Medicaid program, and HB16-1420, "CO Healthcare Affordability & Sustainability Enterprise," which would have turned the Hospital Provider Fee into an enterprise fund, freeing up room in the budget for additional services. Both HB16-1435 and HB16-1420 failed in the Senate.

Protecting and Advancing Women's Health

There were three proactive women's health bills introduced this session, all of which CCHI supported. If passed, HB16-1294, "Contraceptive Coverage Public & Private Insurance" would have expanded access to contraception by requiring health insurance carriers to cover one type of each therapeutically distinct method of birth control with no cost sharing, and HB16-1322, "Health Coverage Prescription Contraceptive Supply," would have allowed for the dispensing of up to 12 months of birth control to be covered by health insurance.

CCHI opposed several pieces of legislation aimed at limiting access to care for many Colorado women. In total, four bills were introduced in the House that would have posed a threat to women's health services, and all four bills failed.

Protecting Coverage through Connect for Health Colorado

Connect for Health Colorado (C4HCO), the state-based health insurance exchange, has been an integral part of expanding access to coverage and care for thousands of Coloradans. CCHI worked to amend HB16-1148, "Health Benefit Exchange Rules and Policies," by encouraging the use of advisory groups at Connect for Health Colorado, bringing our position from opposition to support. CCHI opposed SB16-006, "Health Insurance Exchange Insurance Brokers," because the bill required Connect for Health Colorado to refer consumers to brokers when shopping for a health insurance plan, a practice that is already in place. CCHI believes that these types of operational decisions should not be placed in statute. Both HB16-1148 and SB16-006 have been sent to the Governor. CCHI also opposed SB16-002, "Health Exchange Voter Approval to Impose Tax," because it threatened the sustainability of the Exchange by requiring voters to approve carrier fees used to fund the Exchange operations, and HB16-1015, "Contingent Repeal Health Insurance Law Aligning With ACA," which would have repealed all Affordable Care Act (ACA) related laws in Colorado if the ACA were to be repealed at the federal level. Both SB16-002 and HB16-1015 ultimately failed.

The 2016 legislative session worked to shape a health care system that is focused on getting consumers the care they need, when they need it, in a safe and informative way. We celebrate the hard work of policymakers and advocates in working toward a health care system where all Coloradans can have access to high-quality, affordable, and equitable health care.

FY 2016-2017 Budget Summary

The Colorado state budget for Fiscal Year 2016-2017 totals close to \$27 billion in state General Fund and federal fund expenditures. The following are some key takeaways from HB16-1405, "Long Appropriations Bill" (the budget), and the "orbital" bills, a package of companion bills to the budget.

Medicaid Provider Reimbursement

Medicaid reimbursement rates for providers were spared the 1% across-the-board cut proposed by the Governor in his Fall 2015 budget proposal. Primary care providers have had a "bump" in Medicaid reimbursement that was originally required by the Affordable Care Act (ACA) and was continued by the Colorado legislature for two additional years. While the reimbursement "bump" will not be continued, the Joint Budget Committee (JBC) agreed to provide \$20 million to address this issue. The funds will be used to lower the reduction that would otherwise occur for certain reimbursement codes related to primary care through the Child Health Plan (CHP+) Trust Fund and federal matching funds.

LARC Funding

An increase of \$2.5 million to expand the family planning program, including Long Acting Reversible Contraceptives (LARC), was added to the budget through the CDPHE.

Tobacco MSA Funding

Payments from the Tobacco Master Settlement Agreement (MSA) to Colorado were expected to have a "cliff" effect in the next 1-2 years, with a \$20 million drop in total funding. Without action, all programs that receive a portion of these funds would see cuts. Through the budget process, distribution of these revenues were changed into a single set of percentage-based allocations to avoid the "cliff" and bring fairness across programs. Existing programs will receive amounts equal to or greater than their current allocation, and the following six programs will be moved from MSA funding to the Marijuana Tax Cash Fund: local public health agency funding, early literacy funding, child mental health treatment act, mental health services for juvenile and adult offenders, alcohol and drug abuse community prevention and treatment, and Tony Grampas youth services grants.

Colorado Commission on Affordable Health Care

The Colorado Commission on Affordable Health Care requested over \$400,000 to help fund their work through the next fiscal year, but only received a portion of their request (\$177,755), also through the CDPHE.

Hospital Provider Fee

The Hospital Provider Fee became a hot budget issue again during the 2016 legislative session. Similar to last year, a bill was introduced close to the end of session to establish the Hospital Provider Fee as a government-owned enterprise and exempt the revenues generated by the fee from the Taxpayer Bill of Rights (TABOR) revenue limit. HB16-1420 would have freed up approximately \$600 million in the General Fund. It was intended to ease the pressure on state revenues in future years, allow the state to retain more dollars in the General Fund, and use those revenues for other state priorities including health, education, and transportation. Two analyses were released during the session that provided conflicting views on the legality and constitutionality of turning the hospital provider fee into an enterprise. While HB16-1420 passed the House, it failed in the Senate.

Summary of Bills

Glossary of Terms

ACTIVE SUPPORT	CCHI worked toward the passage of the bill, through letters, testimony, and/or lobbying.
SUPPORT	CCHI signed on in support of the bill.
MONITOR	CCHI did not take an official position, but monitored the bill's progress.
OPPOSE	CCHI signed on in opposition of the bill.
ACTIVE OPPOSE	CCHI 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 first Committee of Reference. The ° symbol denotes that a different legislator voted in place of the regular legislator on that committee. See also the table of committee votes for committee voting scores per legislator.

Active Support

HB16-1102 "Drug Production Costs Transparency Requirements"

Sponsored by Rep. Ginal, Sen. Newell, & Sen. Roberts

This bill initially required a drug manufacturer that produces a prescription drug made available in Colorado and for which the wholesale acquisition cost equals or exceeds \$50,000 per year or per course of treatment to submit a report to the Colorado Commission on Affordable Health Care detailing the production costs for the drug. After the introduction of a strike below, the bill required the reporting of the same information, but only about the Department of Corrections (DOC) and the Department of Health Care Policy and Financing (HCPF)'s top 20 most expensive drugs.

What CCHI Thinks This bill was a first step toward transparency of drug costs in general. Beginning the conversation around drug development costs had the potential to open up the discussion and eventually result in transparency that would be directly useful for consumers.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Buckner, Esgar, Ginal, McCann	Brown, Humphrey, Joshi, Klingenschmitt, Landgraf, Lontine, Primavera, Ransom, Ryden

Status: Postponed Indefinitely in House Health, Insurance, and Environment Committee (3/10/2016)

HB16-1148 "Health Benefit Exchange Rules and Policies"

Sponsored by Rep. Sias, Sen. Kefalas, & Sen. Roberts

As introduced, this bill gave authority to the Legislative Oversight Committee to reverse Connect for Health Colorado (C4HCO) policy decisions. As amended, the bill requires C4HCO's technical and advisory groups to operate on an ongoing basis (with a sunset review in 2 years). It also requires the C4HCO Board to create a policy outlining which C4HCO actions require public scrutiny (the public scrutiny policy), and mandates 3 weeks posted notice and opportunity for public comment for any planned action that does require such public scrutiny, with an emergency clause

if a policy decision needs to be made sooner to avoid disruption of C4HCO operations.

What CCHI Thinks CCHI’s original position was oppose as introduced, however we worked with the bill sponsor to amend the language. With the strike-below language, CCHI changed to a position of active support, as the bill encourages public and stakeholder participation in C4HCO policy decisions, and increases C4HCO transparency around such decisions.

Committee	Yes Votes	No Votes
House State, Veterans, and Military Affairs	Foote, Humphrey, Leonard, Lontine, Neville, Primavera, Ryden, Tyler, Wist	
Senate Health and Human Services	Aguilar, Crowder, Lundberg, Martinez Humenik, Newell	

Status: Signed by the Governor (3/22/2016)

HB16-1294 "Contraception Coverage Public & Private Insurance"

Sponsored by Rep. Lontine, Rep. Esgar, & Sen. Guzman

This bill required Medicaid managed care plans and health benefit plans that are required under the ACA to provide contraceptive coverage as a preventive health service to cover, at no cost to the woman covered by the plan: all FDA-approved contraceptive drugs, devices, and other products for women; voluntary sterilization procedures; education and counseling; and follow-up services. Plans must cover either the original approved method or a therapeutic equivalent.

What CCHI Thinks This bill would have allowed for women to have a wider array of copay-free contraception methods, increasing their access to health care and affordable medication. CCHI supported the bill because the expanded list of contraceptive methods would have allowed women to use the right medication for their bodies without compromising for the sake of cost.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Buckner, Esgar, Ginal, Lontine, McCann, Primavera, Ryden	Brown, Humphrey, Joshi, Klingenschmitt, Ransom
	Absent: Landgraf	
Senate State, Veterans, and Military Affairs	Jones°, Ulibarri°	Hill, Scott, Sonnenberg

Status: Postponed Indefinitely in Senate State, Veterans, and Military Affairs Committee (4/11/2016)

HB16-1322 "Health Coverage Prescription Contraception Supply"

Sponsored by Rep. Coram, Rep. Pettersen, & Sen. Donovan

This bill required health benefit plans that are required under the ACA to provide contraception coverage as a preventive health service for women to reimburse providers or dispensing entities for dispensing prescription contraceptives in a 3-month supply for the first dispensing to the insured person and for a 12-month supply for subsequent dispensing of the same prescription contraceptive to the insured person.

What CCHI Thinks CCHI supported the bill because allowing women to receive multiple months worth of contraception at one time makes the process of using and accessing contraception less of a burden. Having medicine in one's

possession for a longer period of time lessens the chances of a gap in administration of the drug and therefore allows for the correct use of one's medication, in addition to making it an easier process to receive the medication.

Committee	Yes Votes	No Votes
House Public Health Care and Human Services	Conti, Danielson, Ginal, Landgraf, Moreno, Pettersen, Primavera, Singer, Tyler	Everett, Joshi, Leonard, Windholz
Senate State, Veterans, and Military Affairs	Jones, Ulibarri	Hill ^o , Scott, Sonnenberg

Status: Postponed Indefinitely in Senate State, Veterans, and Military Affairs Committee (5/5/2016)

HB16-1336 "Study Single Geographic Area Individual Health Plans"

Sponsored Rep. Hamner, Rep. Rankin, & Sen. Donovan

This bill directs the Commissioner of Insurance to conduct a study on the impacts and viability of creating a single geographic rating area, consisting of the entire state, for purposes of determining premium rates for individual health benefit plans. The Commissioner is required to report its findings to the Joint Budget Committee, as well as the health-related committees of reference (House Health, Insurance, and Environment; House Public Health Care and Human Services; and Senate Health and Human Services) by August 1, 2016.

What CCHI Thinks CCHI supported this bill because health insurance remains unaffordable for many individuals and new information on the reasons why are always welcome. This study will provide critical information to understand the factors driving health insurance costs and whether there are ways to make coverage more affordable for Coloradans.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Brown, Buckner, Esgar, Ginal, Joshi, Klingenschmitt, Landgraf, Lontine, McCann, Primavera, Ransom, Ryden	Humphrey
Senate Health and Human Services	Aguilar, Crowder, Martinez Humenik, Newell	Lundberg

Status: Sent to the Governor (5/5/2016)

HB16-1374 "Required Notice & Disclosures Freestanding ERs"

Rep. McCann & Sen. Kefalas

As introduced, the bill would have required a freestanding emergency room to post notices throughout the facility indicating that the facility is an emergency room that provides emergency services to treat emergency medical conditions. Additionally, a freestanding emergency room, after performing an initial medical examination, must inform a non-emergency situation patient about rates and potential out-of-network providers that may treat them. The bill was eventually amended to create a task force to study the issue of freestanding ERs and come up with a solution to be introduced during the 2017 session.

What CCHI Thinks CCHI supported the idea of this bill conceptually and believes that notice to consumers is very important. This bill could have potentially protected consumers from receiving unexpected exorbitant charges when seeking care.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Buckner, Esgar, Ginal, Lontine, McCann, Primavera, Ryden	Brown, Humphrey, Joshi, Klingenschmitt, Landgraf, Ransom
Senate State, Veterans, and Military Affairs	Jones, Ulibarri	Hill ^o , Scott, Sonnenberg

Status: Postponed Indefinitely in Senate State, Veterans, and Military Affairs Committee (5/5/2016)

SB16-152 "Changes and Notices For Health Care Services"

Sponsored by Sen. Aguilar & Rep. Lontine

This bill helps consumers by explicitly alerting patients that they may be seen by an out-of-network provider even at an in-network facility and that they have some protections from surprise bills if enrolled in a state-regulated plan.

What CCHI Thinks CCHI put many efforts into this bill and actively worked on bill language, as we believe that consumers deserve to be provided with information about who is providing their services and their rights regarding payment of those services. It is important not only that consumers have the protections, but that they are aware of them and know how to advocate for themselves.

Committee	Yes Votes	No Votes
Senate State, Veterans, and Military Affairs	Jones, Ulibarri	Hill, Scott, Sonnenberg

Status: Postponed Indefinitely in Senate State, Veterans, and Military Affairs Committee (3/16/2016)

Support

HB16-1047 "Interstate Medical Licensure Compact"

Sponsored by Rep. Buck, Rep. Winter, Sen. Newell, & Sen. Roberts

This bill enacts and authorizes the governor to enter into an interstate compact with other states to recognize and allow physicians licensed in a compact member state to obtain an expedited license, enabling them to practice medicine in Colorado or another member state.

What CCHI Thinks HB16-1047 has the potential to increase the provider workforce by allowing providers to become licensed in a more timely manner and begin practicing as soon as possible within the state, while also allowing providers from other interstate compact states to practice in Colorado.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Brown, Buckner, Esgar, Ginal, Humphrey, Joshi, Klingenschmitt, Landgraf, Lontine, McCann, Primavera, Ransom, Ryden	
Senate Health and Human Services	Aguilar, Crowder, Martinez Humenik, Newell	Lundberg

Status: Sent to the Governor (5/18/2016)

**HB16-1097 "PUC Permit
for Medicaid Transport. Providers"**
Sponsored by Rep. Coram, Rep. Moreno, & Sen. Scott

This bill creates a new category of providers that allows providers of non-emergency transportation to Medicaid clients to operate under a limited regulation permit and therefore streamline the licensing process.

What CCHI Thinks The complicated licensing process has been a factor in a low amount of participating providers; this bill would allow for more non-emergency Medicaid transportation providers to offer services to the clients that need them.

Committee	Yes Votes	No Votes
House Transportation & Energy	Becker, Carver, Coram, Esgar, Kraft-Tharp, Melton, Mitsch Bush, Moreno, Neville, Nordberg, Tyler, Winter	
	Absent: Buck	
Senate Transportation	Baumgardner, Cooke, Garcia, Scott, Todd	

Status: Signed by the Governor (5/20/2016)

HB16-1142 "Rural & Frontier Health Care Preceptor Tax Credit"
Sponsored by Rep. Buck, Rep. Ginal, Sen. Crowder, & Sen. Cooke

This bill offers an income tax credit in the amount of \$1,000 to a health care professional who provides a preceptorship during the applicable income tax year. The bill caps the number of preceptors that may claim the tax credit for any one tax year at \$300.

What CCHI Thinks CCHI sees it as important to support providers working in rural and frontier Colorado and this bill gives an incentive for new providers to practice in these areas, increasing the potential access to care for Coloradans across the state.

Committee	Yes Votes	No Votes
House Public Health Care and Human Services	Conti, Danielson, Ginal, Joshi, Moreno, Pettersen, Primavera, Singer, Tyler, Windholz	Everett, Leonard
	Absent: Landgraf	
Senate Finance	Johnston, Kerr, Roberts	Holbert, Neville

Status: Signed by the Governor (6/6/2016)

HB16-1358 "Protect Privacy Of Substance Use Disorder Patients"
Sponsored by Rep. Conti, Rep. Singer, Sen. Lundberg, & Sen. Jahn

This bill stated that public and private treatment facilities that administer behavioral health programs and services are not required to report information on patients that is personal identifiable information such as name and social security number.

What CCHI Thinks CCHI supported this bill because the fear of identifiable information being reported may influence a consumer's decision to seek treatment, so without this reporting requirement, more consumer may seek necessary

services. In addition, many providers have expressed that the reporting requirement is a barrier to patient-provider confidentiality.

Committee	Yes Votes	No Votes
House Public Health Care and Human Services	Conti, Danielson, Everett, Ginal, Joshi, Landgraf, Pettersen, Singer, Tyler, Windholz	Leonard, Moreno, Primavera

Status: House Public Health Care and Human Services referred the bill to House Appropriations; Laid Over Until End of Session in House Appropriations Committee (5/5/2016)

HB16-1381 "Health Care Coverage For Cancer Screening"

Sponsored by Rep. Primavera & Sen. Todd

This bill required health plans to cover, without cost sharing, annual breast cancer screenings, using the breast imaging modality appropriate for each individual as determined by the individual's physician or radiologist. This bill would have updated the existing requirement to cover mammography, as providers may recommend different types of imaging processes for their patients.

What CCHI Thinks This bill updated an existing preventive services benefit to bring it up to date with current breast care screening technology. The bill recognized that women may require different forms of preventive care, and that these types of care should be readily available.

Committee	Yes Votes	No Votes
House Public Health and Human Services	Danielson, Ginal, Moreno, Pettersen, Primavera, Singer, Tyler	Conti, Everett, Joshi, Landgraf, Leonard, Windholz
Senate State, Veterans, and Military Affairs	Jones, Ulibarri	Hill, Sonnenberg, Scott

Status: Postponed Indefinitely in Senate State, Veterans, and Military Affairs Committee (5/2/2016)

HB16-1386 "Necessary Document Program"

Sponsored by Rep. Kraft-Tharp & Sen. Steadman

The bill defines a necessary document (social security card, driver's license, birth certificate, etc.) and goes on to direct the office of health equity in the Department of Public Health and environment to administer a "Necessary Document Program." The program will assist Colorado's indigent populations who are seeking documentation by paying the fees to acquire the necessary document.

What CCHI Thinks This bill indirectly assists Coloradans in being able to receive health care, as the documents they are seeking are required for access to health care programs. CCHI supported this bill because the program works toward all Colorado residents getting covered.

Committee	Yes Votes	No Votes
House Finance	KC Becker, Conti, Court, Foote, Garnett, Kagan, Pabon, Roupe, Wilson	Sias, Van Winkle
Senate State, Veterans, and Military Affairs	Jones, Scott, Sonnenberg, Ulibarri	Hill

Status: Sent to the Governor (5/18/2016)

HB16-1407 "Extend Medicaid Payment Reform & Innovation Pilot"
Sponsored by Rep. Young & Sen. Steadman

This orbital bill (meaning introduced alongside the Long Bill) relates to the funding and timelines associated with a Medicaid pilot program in Colorado's Western region, Rocky Mountain Prime. The program serves residents of Garfield, Gunnison, Mesa, Montrose, Pitkin, and Rio Blanco counties and provides care coordination, population health management, and quality monitoring and improvement services.

What CCHI Thinks CCHI supported this bill because we believe that allocating funds for new and evolving health care programs is important to working toward all Coloradans having affordable and accessible health care.

Committee	Yes Votes	No Votes
House Appropriations	Hamner, McCann, Pabon, Pettersen, Rankin, Singer, Winter, Young	J Becker, Dore, Everett, Joshi, Wilson
Senate Appropriations	Garcia, Grantham, Hodge, Lambert, Steadman, Woods	Sonnenberg

Status: Signed by the Governor (5/4/2016)

HB16-1408 "Cash Fund Allocations For Health-Related Programs"
Sponsored by Rep. Rankin & Sen. Steadman

This orbital bill (meaning introduced alongside the Long Bill) modifies the allocation of cash fund revenues to various health-related programs and addresses the rate cuts to primary care codes proposed in the Governor's budget last fall.

What CCHI Thinks CCHI supported this bill because in addition to the importance of allocating funds for new and evolving health care program, it is important to address the issue of the primary care rate cuts.

Committee	Yes Votes	No Votes
House Appropriations	J. Becker, Dore, Hamner, McCann, Pabon, Pettersen, Rankin, Singer, Wilson, Winter, Young	Everett, Joshi
Senate Appropriations	Garcia, Grantham, Hodge, Lambert, Sonnenberg, Steadman, Woods	

Status: Signed by the Governor (5/4/2016)

HB16-1420 "CO Healthcare Afford. & Sustainability Enterprise"
Sponsored by Rep. Hulinghorst & Sen. Crowder

This bill switched the Hospital Provider Fee from a fee to an enterprise, therefore making it not subject to the Taxpayer's Bill of Rights (TABOR).

What CCHI Thinks CCHI believes the enterprise shift would allow more funding to be dedicated toward education, transportation, and other programs through the general fund while still supporting health care systems through the Federal matching program.

Committee	Yes Votes	No Votes
House Appropriations	Hamner, McCann, Pabon, Pettersen, Singer, Winter, Young	J. Becker, Dore, Everett, Joshi, Rankin, Wilson
Senate Finance	Johnston, Kerr	Hill, Holbert, Neville

Status: Senate Committee on Finance Postpone Indefinitely (5/10/2016)

HB16-1435 "Low-wage Employer Corporate Responsibility Act"

Sponsored by Rep. Duran, Rep. KC Becker, Sen. Kefalas, & Sen. Ulibarri

This bill would require businesses that employ 250 or more employees, in Colorado, to pay a per-hour fee, for every employee that is paid less than \$12 per hour without health insurance benefits. The fee would be put into an enterprise set up through the Department of Health Care Policy and Financing (HCPF) and the money will be used to fund Medicaid.

What CCHI Thinks CCHI believes that this is an innovative way to help fund Medicaid and to require businesses to play fair when it comes to providing health insurance, especially for their low-wage workers (who often end up on Medicaid).

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Buckner, Esgar, Ginal, Lontine, McCann, Primavera, Ryden	Buck, Humphrey, Joshi, Klingenschmitt, Landgraf, Ransom
Senate State, Veterans, and Military Affairs	Jones, Ulibarri	Hill ^o , Scott, Sonnenberg

Status: Postponed Indefinitely in Senate State, Veterans, and Military Affairs Committee (5/10/2016)

SB16-027 "Medicaid Option For Prescribed Drugs By Mail"

Sponsored by Sen. Todd, Sen. Martinez Humenik, Rep. Primavera, & Rep. Landgraf

For persons receiving medical assistance, the bill allows the option to receive through the mail prescribed medications used to treat chronic medical conditions. The recipient may receive up to a certain amount of the medication and shall pay the same copayment amount as recipients receiving the medication through any other method.

What CCHI Thinks SB16-027 offers the potential to increase access to care for Medicaid members, especially in rural areas of Colorado with less access to brick and mortar pharmacies or transportation to pick up prescription drugs.

Committee	Yes Votes	No Votes
Senate Health and Human Services	Aguilar, Crowder, Lundberg, Martinez Humenik, Newell	
House Health, Insurance, and Environment	Brown, Buckner, Esgar, Ginal, Humphrey, Joshi, Klingenschmitt, Landgraf, Lontine, McCann, Primavera, Ransom, Singer	

Status: Sent to the Governor (5/12/2016)

SB16-069 "Community Paramedicine Regulation"

Sponsored by Sen. Garcia & Rep. Pabon

This bill allows for the certification of emergency medical service providers as community paramedics, in order to allow the providers to practice outside of emergency situations and serve medically underserved communities. The bill also authorizes licensed ambulance services, fire departments, and fire protection districts to create a community outreach and health education program.

What CCHI Thinks This bill increases access to care for communities and increases the potential workforce that can serve underserved and rural populations, as well as increasing education efforts.

Committee	Yes Votes	No Votes
Senate Health and Human Services	Aguilar, Crowder, Lundberg, Martinez Humenik, Newell	
House Health, Insurance, and Environment	Buckner, Esgar, Ginal, Landgraf, Lontine, McCann, Primavera, Ryden	Brown, Humphrey, Joshi, Klingenschmitt, Ransom

Status: Sent to the Governor (5/20/2016)

SB16-199 "Program Of All-Inclusive Care For The Elderly"

Sponsored by Sen. Scott, Sen. Steadman, Rep. DelGrosso, & Rep. Ginal

This bill creates an ombudsman program for PACE (Program of All-Inclusive Care for the Elderly) recipients and calls for the development of a methodology for PACE financing using the upper payment limit.

What CCHI Thinks CCHI was among a number of advocacy organizations that called for the creation of an ombudsman program for PACE during the InnovAge non-profit to for-profit conversion process. We continue to have concerns about the methodology for setting PACE rates however we supported the bill in order to support the creation of the important ombudsmen program.

Committee	Yes Votes	No Votes
Senate Health and Human Services	Crowder, Lundberg, Martinez Humenik, Newell	Aguilar
House Health, Insurance, and Environment	Brown, Buckner, Esgar, Ginal, Humphrey, Joshi, Klingenschmitt, Landgraf, Lontine, McCann, Primavera, Ransom, Singer	

Status: Sent to the Governor (5/20/2016)

Oppose

HB16-1007 "Offenses Against Unborn Children"

Sponsored by Rep. Joshi

The bill would have made it so that any action that is the proximate cause or death or injury to an "unborn human" can be charged, in addition to charging the underlying offense, with a homicide or assault offense that is appropriate to the death or injury.

What CCHI Thinks HB16-1007 had the potential to roll back gains in access made by the ACA and created barriers for women’s reproductive health care rights in Colorado.

Committee	Yes Votes	No Votes
House Business, Affairs, & Labor	Navarro, Nordberg, Sias, Thurlow, Wist	Arndt, Garnett, Kraft-Tharp, Pabon, Rosenthal, Williams, Winter

Status: Postponed Indefinitely in House Business, Affairs, & Labor Committee (2/11/2016)

HB16-1110 “Parent’s Bill of Rights” Sponsored by Rep. Neville & Sen. Neville

This bill established a set of guidelines surrounding the rights of parents in the care, custody, and control of a parent's child, restricting governmental entities from making certain decisions without demonstrating a compelling governmental interest that cannot be accomplished through "less restrictive" means.

What CCHI Thinks Concerns about privacy can prevent adolescents from seeking health care. HB16-1110 would have eroded existing privacy protections for minors and place adolescents at risk for going without needed medical services.

Committee	Yes Votes	No Votes
House State, Veterans, and Military Affairs	Humphrey, Leonard, Neville, Wist	Foote, Lontine, Primavera, Ryden, Tyler

Status: Postponed Indefinitely in House State, Veterans, and Military Affairs (3/28/2016)

HB16-1113 “Protect Human Life At Conception” Sponsored by Rep. Humphrey & Sen. Lundberg

This bill deemed terminating the life of an unborn child a class 1 felony, a conviction constituting unprofessional conduct for a physician. The bill would have contained two exceptions: 1) a physician attempting to prevent the death of a pregnant mother if reasonable efforts are made to save both lives or 2) if medical treatment is being provided that results in the accidental or unintentional injury or death of the unborn child.

What CCHI Thinks As this bill criminalizes the practice of abortion, it deters providers from providing this service to patients that require it, limiting access for women and creating potentially life-threatening health issues for these patients seeking treatment.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Brown, Humphrey, Joshi, Klingenschmitt, Landgraf, Ransom	Buckner, Esgar, Ginal, Lontine, McCann, Primavera, Ryden

Status: Postponed Indefinitely in House Health, Insurance, and Environment Committee (2/11/2016)

HB16-1203 “Women’s Health Protection Act” Sponsored by Rep. Neville

This bill required all abortion clinics to be licensed by the Attorney General, with a number of factors to be considered in whether the clinic can be licensed, including providers having hospital admitting privileges and physical facilities requirements.

What CCHI Thinks HB16-1203 would have

imposed costly burdens on clinics and pushes health care services out of reach for many low-income and vulnerable Coloradans who rely on such clinics. The bill posed a threat to Coloradans' health because it could have potentially limited access for women to get care at places that also provide abortions.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Brown, Humphrey, Joshi, Klingenschmitt, Landgraf, Ransom	Buckner, Esgar, Ginal, Lontine, McCann, Primavera, Ryden ^o

Status: Postponed Indefinitely in House Health, Insurance, and Environment Committee (4/7/2016)

HB16-1218 "A Woman's Right To Accurate Health Care Info"

Sponsored by Rep. Saine & Sen. Neville

This bill required abortion providers to give ultrasounds, information on gestational stages, pictures of the unborn child, and information on other options in order to avoid an "uninformed decision" on the part of the mother.

What CCHI Thinks This bill would require women to go through undue hardship during the process of receiving medical treatment and potentially suppress their ability to seek necessary treatment.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment Committee	Brown, Humphrey, Joshi, Landgraf, Ransom	Buckner, Esgar, Ginal, Klingenschmitt, Lontine, McCann, Primavera, Ryden

Status: Postponed Indefinitely in House Health, Insurance, and Environment Committee (4/21/2016)

SB16-002 "Health Exchange Voter Approval to Impose Tax"

Sponsored by Sen. Lundberg & Rep. Sias

The bill directed the Secretary of State to submit to the voters, at the November 2016 statewide election, the question of whether the Colorado Health Benefit Exchange can impose a tax to support its ongoing operations. The bill considered the administrative fee assessed to carriers by the Exchange to be a tax, and states that in order to impose a new tax, Section 20 of Article X of the State Constitution requires voter approval of the tax.

What CCHI Thinks The administrative fee in question is authorized under the federal "Patient Protection and Affordable Care Act"- CCHI believes that the interpretation of this fee as a tax is incorrect and therefore does not require a vote of the people.

Committee	Yes Votes	No Votes
Senate Health and Human Services	Crowder, Lundberg, Martinez Humenik	Aguilar, Newell
House State, Veterans, and Military Affairs	Humphrey, Leonard, Neville, Wist	Foote, Lontine, Primavera, Ryden, Tyler

Status: Postponed Indefinitely in House State, Veterans, and Military Affairs Committee (5/4/2016)

SB16-006 "Health Insurance Exchange Insurance Brokers"
Sponsored by Sen. Martinez Humenik & Rep. Sias

As introduced, the bill required the Colorado Health Benefit Exchange to establish a protocol to refer consumers to qualified insurance brokers to enroll consumers in health benefit plans. As amended, the bill also required the reference to assistors and navigators, however with restrictions on the recommendations they could give consumers.

What CCHI Thinks CCHI opposed this bill for a number of reasons. First, the bill was redundant in that the Colorado Exchange has already put in place a tool that connects consumers successfully with brokers around the state. Second, we saw this issue as a business operations issue that was not necessary to put into statute. Third, although the amendment included navigators and assistors in the recommendations that call center employer would be required to make, we believed that the limitations on the advice navigators and assistors were allowed to give were not accurate.

Committee	Yes Votes	No Votes
Senate Health and Human Services	Crowder, Lundberg, Martinez Humenik	Aguilar, Newell
House State, Veterans, and Military Affairs	Foote, Humphrey, Leonard, Lontine, Neville, Primavera, Ryden, Tyler, Wist ^o	

Status: Sent to the Governor (5/9/2016)

SB16-162 "Medicaid Recipient Access To Medical Professionals"
Sponsored by Sen. Tate, Rep. Melton, & Rep. Sias

This bill would have allowed providers not enrolled with Medicaid to accept direct payment from Medicaid clients, a practice currently prohibited for all providers. Two amendments were added to the bill, one concerning usual and customary charges and the other regarding patient and provider contracts.

What CCHI Thinks CCHI opposed this bill because it had the potential to discourage providers from participating in the Medicaid program and therefore contribute to an already existing provider shortage in Medicaid. It also raised the concern that providers charging for services outside the Medicaid program could bill consumers at any rate.

Committee	Yes Votes	No Votes
Senate Health and Human Services	Crowder, Lundberg, Martinez Humenik	Aguilar, Newell
House State, Veterans, and Military Affairs	Humphrey, Leonard, Neville, Wist	Foote, Lontine, Primavera, Ryden, Tyler

Status: Postponed Indefinitely in House State, Veterans, and Military Affairs Committee (5/4/2016)

Active Oppose

HB16-1015 "Contingent Repeal Health Insurance Laws Aligning With ACA"
Sponsored by Rep. Klingenschmitt

The bill would have automatically repealed listed state health insurance provision laws (created by HB13-1266 that aligned state health insurance laws with the requirements of the federal ACA law) if there were a Congressional repeal with Presidential approval of the Affordable Care Act.

CCHI AT THE DOME

What CCHI Thinks The Affordable Care Act allowed for increase in access to health care for all Coloradans. HB16-1015 would set the State up to rollback consumer protections, which would remove young adults (ages 18-26) from their parents' insurance, take away many of the no co-pay preventive health services, and enable insurance companies to once again deny coverage or charge higher health insurance premiums to Coloradans with pre-existing conditions.

Committee	Yes Votes	No Votes
House State, Veterans, and Military Affairs	Humphrey, Leonard, Neville, Wist	Foote, Lontine, Primavera, Ryden, Tyler

Status: Postponed Indefinitely in House State, Veterans, and Military Affairs Committee (2/3/2016)

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

- ✓ HB16-1054 "End-of-life Options For Terminally Ill Individuals"
Laid Over Until End of Session in House Second Reading (2/24/2016)
- ✓ HB16-1212 "Temp Tax Incentive For Unreimbursed Medicaid Fees"
Postponed Indefinitely in House Committee on State, Veterans, and Military Affairs (4/13/2016)
- ✓ HB16-1221 "Budget Cuts To Increase Medicaid Provider Rates"
Postponed Indefinitely in House Committee on State, Veterans, and Military Affairs (3/14/2016)
- ✓ HB16-1277 "Appeal Process For Changes to Medicaid Benefits"
House Considered Senate Amendments - Result was to Concur - Repass (05/05/2016)
- ✓ HB16-1321 "Medicaid Buy-in Certain Medicaid Waivers"
House Considered Senate Amendments - Result was to Concur - Repass (05/09/2016)
- ✓ HB16-1326 "Consumer Access to Physical Rehab Services"
Postponed Indefinitely in Senate Committee on State, Veterans, and Military Affairs (5/4/2016)
- ✓ HB16-1361 "Patient Choice in Pharmacy"
Postponed Indefinitely in Senate Committee on Finance (5/6/2016)
- ✓ SB16-025 "End-of-life Options For Terminally Ill Individuals"
Postponed Indefinitely in Senate Committee on State, Veterans, and Military Affairs (2/3/2016)
- ✓ SB16-117 "Limits State Agency Authority To Impose Fines"
Postponed Indefinitely in House Committee on Finance (5/5/2016)
- ✓ SB16-120 "Review by Medicaid Client for Billing Fraud"
Sent to the Governor (5/12/2016)
- ✓ SB16-135 "Collaborative Pharmacy Practice Agreements"
Sent to the Governor (5/12/2016)
- ✓ SB16-170 "Health Benefit Exchange For Medicaid Eligible"*
Postponed Indefinitely in House Committee on Health, Insurance, and Environment (5/5/2016)
*Original position was Oppose as Introduced; moved to a position of Monitor upon amendment.

The tables that follow are a visual and statistical representation of whether members of the House and Senate voted in agreement with or 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 committee in addition to the votes on the floor. There are four tables of vote counts:

- House Committee of the Whole Votes
- Senate Committee of the Whole Votes
- House Committees of Reference
- Senate Committees of Reference

The bills included in these tables, and therefore the legislators' voting percentages, are bills on which CCHI took a position of *support* or *oppose* AND on which we took action (wrote a letter, testified, or actively lobbied). There are bills that fall under the *support* or *oppose* categories – see the "Summary of Bills" section– that are not listed in these tables because CCHI did not 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
- A indicates that the legislator was absent from voting – the vote is not factored in to the percentage.

Committees of the Whole (Floor Votes)

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

REPRESENTATIVE	DISTRICT	DEM/ REP	<i>HB16 1148</i>	HB16 1294	HB16 1322	<i>HB16 1336</i>	HB16 1374	HB16 1435	SCORE
<i>CCHI Position</i>			Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	
Arndt, J.	53	D	✓	✓	✓	✓	✓	✓	100%
Becker, J.	65	R	✓	✗	✗	✓	✗	✗	33%
Becker, KC	13	D	✓	✓	✓	✓	✓	✓	100%
Brown, J.	59	R	✓	✗	✗	✓	✗	✗	33%
Buck, P.	49	R	✓	✗	✗	✗	✗	✗	17%
Buckner, J.	40	D	✓	✓	✓	✓	✓	✓	100%
Carver, T.	20	R	✓	✗	✗	✓	✗	✗	33%
Conti, K.	38	R	✓	✗	✓	✓	✗	✗	50%
Coram, D.	58	R	✓	✗	✓	✓	✗	✗	50%
Court, L.	6	D	✓	✓	✓	✓	✓	✓	100%
Danielson, J.	24	D	✓	✓	✓	✓	✓	✓	100%
DelGrosso, B.	51	R	✓	✗	✗	✓	✗	✗	33%
Dore, T.	64	R	✓	✗	✗	✓	✗	✗	33%
Duran, C.	5	D	✓	✓	✓	✓	✓	✓	100%
Esgar, D.	46	D	✓	✓	✓	✓	✓	✓	100%
Everett, J.	22	R	✓	✗	✗	✗	✗	✗	17%
Fields, R.	42	D	✓	✓	✓	✓	✓	✓	100%
Foote, M.	12	D	✓	✓	✓	✓	✓	✓	100%
Garnett, A.	2	D	✓	✓	✓	✓	✓	✓	100%
Ginal, J.	52	D	✓	✓	✓	✓	✓	✓	100%
Hamner, M.	61	D	✓	✓	✓	✓	✓	✓	100%
Hullinghorst, D.L.	10	D	✓	✓	✓	✓	✓	✓	100%
Humphrey, S.	48	R	✓	✗	✗	✗	✗	✗	17%
Joshi, J.	16	R	✓	✗	✗	✓	✗	✗	33%
Kagan, D.	3	D	✓	✓	✓	✓	✓	✓	100%
Klingenschmitt, G.	15	R	✓	✗	✗	✓	✗	✗	33%
Kraft-Tharp, T.	29	D	A	✓	✓	✓	✓	✓	100%
Landgraf, L.	21	R	A	✗	✓	✓	✗	✗	40%
Lawrence, P.	39	R	✓	✗	✗	✓	✗	✗	33%
Lebsock, S.	34	D	✓	✓	✓	✓	✓	✓	100%
Lee, P.	18	D	✓	✓	✓	✓	✓	✓	100%

CCHI AT THE DOME

REPRESENTATIVE	DISTRICT	DEM/ REP	HB16 1148	HB16 1294	HB16 1322	HB16 1336	HB16 1374	HB16 1435	SCORE
Leonard, T.	25	R	✓	✗	✗	✗	✗	✗	17%
Lontine, S.	1	D	✓	✓	✓	✓	✓	✓	100%
Lundeen, P.	19	R	✓	✗	✗	✓	✗	✗	33%
McCann, E.	8	D	✓	✓	✓	✓	✓	✓	100%
Melton, J.	41	D	✓	✓	✓	✓	✓	✓	100%
Mitsch Bush, D.	26	D	✓	✓	✓	✓	✓	✓	100%
Moreno, D.	32	D	✓	✓	✓	✓	✓	✓	100%
Navarro, C.	47	R	✓	✗	✗	✓	✗	✗	33%
Neville, P.	45	R	✓	✗	✗	✗	✗	✗	17%
Nordberg, D.	14	R	✓	✗	✗	✗	✗	✗	17%
Pabon, D.	4	D	✓	✓	✓	✓	✓	✓	100%
Pettersen, B.	28	D	✓	✓	✓	✓	✓	✓	100%
Primavera, D.	33	D	✓	✓	✓	✓	✓	✓	100%
Priola, K.	56	R	✓	✗	✓	✗	✗	✗	33%
Rankin, B.	57	R	✓	✗	✓	✓	✗	✗	50%
Ransom, K.	44	R	✓	✗	✗	✗	✗	✗	17%
Rosenthal, P.	9	D	✓	✓	✓	✓	✓	✓	100%
Roupe, K.	17	R	✓	✓	✓	✓	✗	✗	67%
Ryden, S.	36	D	✓	✓	✓	✓	✓	✓	100%
Saine, L.	63	R	✓	✗	✗	✗	✗	✗	17%
Salazar, J.	31	D	✓	✓	✓	✓	✓	✓	100%
Sias, L.	27	R	✓	✗	✗	✓	✗	✗	33%
Singer, J.	11	D	✓	✓	✓	✓	✓	✓	100%
Thurlow, D.	55	R	✓	✗	✓	✓	✗	✗	50%
Tyler, M.	23	D	✓	✓	✓	✓	✓	✓	100%
Van Winkle, K.	43	R	✓	✗	✗	✗	✗	✗	17%
Vigil, E.	62	D	✓	✓	✓	✓	✓	✓	100%
Willett, Y.	54	R	✓	✗	✓	✓	✗	✗	50%
Williams, A.	7	D	✓	✓	✓	✓	✓	✓	100%
Wilson, J.	60	R	✓	✗	✗	✓	✗	✗	33%
Windholz, J.	30	R	✓	✗	✗	✓	✗	✗	33%
Winter, F.	35	D	✓	✓	✓	✓	✓	✓	100%
Wist, C.	37	R	✓	✗	✗	✗	✗	✗	17%
Young, D.	50	D	✓	✓	✓	✓	✓	✓	100%
TOTALS			63/63	35/65	42/65	54/65	34/65	34/65	

Senate Committee of the Whole

SENATOR	DISTRICT	DEM/ REP	SB16 002	SB16 006	SB16 162	HB16 1148	HB16 1336	SCORE
<i>CCHI Position</i>			Opp.	Opp.	Opp.	Supp.	Supp.	
Aguilar, I.	32	D	✓	✓	✓	✓	✓	100%
Baumgardner, R.	8	R	✗	✗	✗	✓	✓	40%
Cadman, B.	12	R	✗	✗	✗	✓	✓	40%
Carroll, M.	29	D	✓	✓	✓	✓	✓	100%
Cooke, J.	13	R	✗	✗	✗	✓	✓	40%
Crowder, L.	35	R	✗	✗	✗	✓	✓	40%
Donovan, K.	5	D	✓	✓	✓	✓	✓	100%
Garcia, L.	3	D	✓	✗	✓	✓	A	75%
Grantham, K.	2	R	✗	✗	✗	✓	✓	40%
Guzman, L.	34	D	✓	✓	✓	✓	✓	100%
Heath, R.	18	D	✓	✓	✓	✓	✓	100%
Hill, O.	10	R	✗	✗	✗	✓	✗	20%
Hodge, M.	25	D	✓	✗	✗	✓	✓	60%
Holbert, C.	30	R	✗	✗	✗	✓	✗	20%
Jahn, C.	20	D	✓	✗	✗	✓	✓	60%
Johnston, M.	33	D	✓	✓	✓	✓	✓	100%
Jones, M.	17	D	✓	✓	✓	✓	✓	100%
Kefalas, J.	14	D	✓	✓	✓	✓	✓	100%
Kerr, A.	22	D	✓	✓	✓	✓	✓	100%
Lambert, K.	9	R	✗	✗	✗	✓	✗	20%
Lundberg, K.	15	R	✗	✗	✗	✓	✗	20%
Marble, V.	23	R	✗	✗	✗	✓	✗	20%
Martinez Humenik, B.	24	R	✗	✗	✗	✓	✓	40%
Merrifield, M.	11	D	✓	✓	✓	✓	✓	100%
Neville, T.	16	R	✗	✗	✗	✓	✗	20%
Newell, L.	26	D	✓	✓	✗	✓	✓	80%
Roberts, E.	6	R	✗	✗	✗	✓	✓	40%
Scheffel, M.	4	R	✗	✗	✗	✓	✓	40%
Scott, R.	7	R	✗	✗	✗	✓	✓	40%
Sonnenberg, J.	1	R	✗	✗	✗	✓	✗	20%
Steadman, P.	31	D	✓	✓	✗	✓	✓	80%
Tate, J.	27	R	✗	✗	✗	✓	✗	20%
Todd, N.	28	D	✓	✗	✗	✓	✓	60%
Ulibarri, J.	21	D	✓	✓	✓	✓	✓	100%
Woods, L.	19	R	✗	✗	✗	✓	✗	20%
TOTALS			17/35	13/35	12/35	35/35	24/34	

Committees of Reference

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.	HOUSE DISTRICT	DEM/ REP	HB16 1015	HB16 1102	HB16 1148	HB16 1294	HB16 1322	HB16 1336	HB16 1374	HB16 1435	SB16 002	SB16 006	SB16 162	SCORE
<i>CCHI Position</i>			Opp.	Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	Opp.	Opp.	Opp.	
<i>Committee</i>			SVM ¹	HIE ²	SVM	HIE	PHCS ³	HIE	HIE	HIE	SVM	SVM	SVM	
Brown, J.	59	R	-	X	-	X	-	✓	X	X	-	-	-	20%
Buckner, J.	40	D	-	✓	-	✓	-	✓	✓	✓	-	-	-	100%
Conti, K.	38	R	-	-	-	-	✓	-	-	-	-	-	-	100%
Danielson, J.	24	D	-	-	-	-	✓	-	-	-	-	-	-	100%
Esgar, D.	46	D	-	✓	-	✓	-	✓	✓	✓	-	-	-	100%
Everett, J.	22	R	-	-	-	-	X	-	-	-	-	-	-	0%
Foote, M.	12	D	✓	-	✓	-	-	-	-	-	✓	X	✓	80%
Ginal, J.	52	D	-	✓	-	✓	✓	✓	✓	✓	-	-	-	100%
Humphrey, S.	48	R	X	X	✓	X	-	X	X	X	X	X	X	10%
Joshi, J.	16	R	-	X	-	X	X	✓	X	X	-	-	-	17%
Klingenschmitt, G.	15	R	-	X	-	X	-	✓	X	X	-	-	-	20%
Landgraf, L.	21	R	-	X	-	A	✓	✓	X	X	-	-	-	40%
Leonard, T.	25	R	X	-	✓	-	X	-	-	-	X	X	X	17%
Lontine, S.	1	D	✓	X	✓	✓	-	✓	✓	✓	✓	X	✓	80%
McCann, E.	8	D	-	✓	-	✓	-	✓	✓	✓	-	-	-	100%
Moreno, D.	32	D	-	-	-	-	✓	-	-	-	-	-	-	100%
Neville, P.	45	R	X	-	✓	-	-	-	-	-	X	X	X	20%
Pettersen, B.	28	D	-	-	-	-	✓	-	-	-	-	-	-	100%
Primavera, D.	33	D	✓	X	✓	✓	✓	✓	✓	✓	✓	X	✓	73%
Ransom, K.	44	R	-	X	-	X	-	✓	X	X	-	-	-	20%
Ryden, S.	36	D	✓	X	✓	✓	-	✓ ^o	✓	✓	✓	X	✓	80%
Singer, J.	11	D	-	-	-	-	✓	-	-	-	-	-	-	100%
Tyler, M.	23	D	✓	-	✓	-	✓	-	-	-	✓	X	✓	83%
Windholz, J.	30	R	-	-	-	-	X	-	-	-	-	-	-	0%
Wist, C.	37	R	X	-	✓	-	-	-	-	-	X	X	X	20%
TOTALS			5/9	4/13	9/9	7/12	9/13	12/13	7/13	7/13	5/9	0/9	5/9	

¹ STATE, VETERANS, AND MILITARY AFFAIRS COMMITTEE

² HEALTH, INSURANCE, AND ENVIRONMENT COMMITTEE

³ PUBLIC HEALTH CARE AND HUMAN SERVICES COMMITTEE

^o Voted on by a different legislator as a stand-in.

HB16-1336: Rep. KC Becker voted in place of Rep. Ryden

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	SENATE DISTRICT	DEM/ REP	SB16 002	SB16 006	SB16 152	SB16 162	SB16 170	HB16 1148	HB16 1294	HB16 1322	HB16 1336	HB16 1374	HB16 1435	SCORE
<i>CCHI Position</i>			Opp.	Opp.	Supp.	Opp.	Opp.*	Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	
<i>Committee</i>			HHS ¹	HHS	SVM ²	HHS	HHS	HHS	SVM	SVM	HHS	SVM	SVM	
Aguilar, I.	32	D	✓	✓	-	✓	✓	✓	-	-	✓	-	-	100%
Crowder, L.	35	R	✗	✗	-	✗	✗	✓	-	-	✓	-	-	40%
Hill, O.	10	R	-	-	✗	-	-	-	✗	✗ ^o	-	✗ ^o	✗ ^o	0%
Jones, M.	17	D	-	-	✓	-	-	-	✓ ^o	✓	-	✓	✓	100%
Lundberg, K.	15	R	✗	✗	-	✗	✗	✓	-	-	✗	-	-	20%
Martinez Humenik, B.	24	R	✗	✗	-	✗	✗	✓	-	-	✓	-	-	40%
Newell, L.	26	D	✓	✓	-	✓	✗	✓	-	-	✓	-	-	100%
Scott, R.	7	R	-	-	✗	-	-	-	✗	✗	-	✗	✗	0%
Sonnenberg, J.	1	R	-	-	✗	-	-	-	✗	✗	-	✗	✗	0%
Ulibarri, J.	21	D	-	-	✓	-	-	-	✓ ^o	✓	-	✓	✓	100%
TOTALS			2/5	2/5	2/5	2/5	1/5	5/5	2/5	2/5	4/5	2/5	2/5	

¹ HEALTH AND HUMAN SERVICES COMMITTEE

² STATE, VETERANS, AND MILITARY AFFAIRS COMMITTEE

*Position was originally "oppose as introduced" with efforts to amend the bill. The position changed to "neutral" upon amendment of the bill and no further action was taken on the Senate floor or in House committee. Because of our change of position during the committee process, the votes with or against our original position are demarcated in the table but do not count toward the legislators' final vote percentage.

^oVoted on by a different legislator as a stand-in.

HB16-1294: Sen. Aguilar voted in place of Sen. Jones

Sen. Donovan voted in place of Sen. Ulibarri

HB16-1322: Sen. Cooke voted in place of Sen. Hill

HB16-1374: Sen. Cooke voted in place of Sen. Hill

HB16-1435: Sen. Cooke voted in place of Sen. Hill