



Colorado Consumer
Health Initiative



CCHI AT THE DOME

2017 LEGISLATIVE SCORECARD

Table of Contents

About CCHI.....	2
Vision	2
Mission.....	2
Core Values	2
Goals.....	2
Our Advantage	2
Legislative Overview	3
Strengthening Access to Care	3
Promoting Economic Security	3
Increasing Health System Transparency.....	4
Impacting Women’s Health	4
Safeguarding Consumers	4
FY2017-2018 Budget Summary	6
Department of Health Care Policy and Financing Budget	6
Department of Public Health and Environment Budget.....	6
Hospital Reimbursement Rates.....	6
Hospital Provider Fee	6
Summary of Bills.....	8
Glossary of Terms	8
Active Support.....	8
Support.....	11
Oppose.....	19
Active Oppose.....	21
Monitor	23
2017 Legislative Scorecard	24
Committees of the Whole	25
Committees of Reference.....	28
Scorecard Appendix	30

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 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

During the 2017 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, promoted consumer protections, impacted women's health care, and advanced economic security for health care consumers. To this end, CCHI tracked 51 bills, sent position letters on 11 bills, and testified in committee on 10 bills. The bills that we prioritized include those aimed at increasing protections and notice for consumers, and improving access to affordable health insurance, especially in rural areas of the state.

The first 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. All eight of the bills that CCHI opposed did not pass, and 17 of the 30 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 on increasing transparency and data collection in the health care system, and promoting consumer protections.

During this session, five overall health care themes emerged.

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. Lieutenant Governor Donna Lynne backed two bills, which CCHI testified in support of, that attempted to address affordability for Coloradans living in areas of the state with high health insurance premiums. If passed, HB17-1235, "Financial Relief Defray Individual Health Plan Cost," 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 living in high-cost regions of the state. HB17-1286, "State Employee Health Carrier Requirements," would have incentivized competition in the individual health insurance market by requiring carriers that bid on the state employee health benefit contract to sell plans through Connect for Health Colorado (Colorado's state-based health insurance exchange) and offer those plans in the two highest cost regions. Both bills passed the House but died in the Senate State, Veterans, and Military Affairs committee on party lines.

CCHI actively opposed two bills that would have hindered access to care and coverage. SB17-003, "Repeal Colorado Health Benefit Exchange," would have repealed Connect for Health Colorado. CCHI strongly opposed this bill because consumers benefit from having a state-based health insurance marketplace that can provide local customer service and be tailored to the needs of Colorado consumers. Furthermore, one report indicated that eliminating the state-based exchange would cost the state upwards of \$20 million. The bill passed its first committee of reference but died on the Senate calendar, without a second reading. CCHI also opposed SB17-004, "Access to Providers for Medicaid Recipients," that, if passed, would have allowed providers not enrolled with the Medicaid program to charge Medicaid recipients for health care services, a practice that is currently prohibited by state law. SB17-004 had the potential to discourage providers from participating in the Medicaid program, contributing to an already existing provider shortage for Medicaid recipients, and significantly hindering access to care.

Promoting Economic Security

There were several bills during the 2017 legislative session that aimed to provide greater economic security for Coloradans. One of the most significant bills in this category, HB17-1307, "Family and Medical Leave Insurance Program Wage Replacement" (FAMLI), would have benefited Coloradans who need time to take care of their own or a family member's health care. If passed, the FAMLI program would have provided 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. In short, this was a proposal for paid family leave in Colorado, funded by Colorado workers; the bill passed through the House but died in the Senate on a party line vote.



Increasing Health System Transparency

Two bills would have increased transparency around two significant cost centers in health care: hospitals and prescriptions drugs. HB17-1236 would have required the Department of Health Care Policy and Financing to submit a 'hospital expenditure report' to the Governor and legislative health committees that included submitted data from Colorado hospitals on uncompensated care and financial information. CCHI testified in support, pointing out that Colorado hospitals consume ten percent of the overall state budget, but the bill died on a party line vote in the Senate. HB17-1318, "Division of Insurance Annual Report Pharmaceutical Cost Data," a bill that would have required health insurance carriers to submit an annual report on pharmaceutical costs to the Division of Insurance (DOI), suffered the same fate, dying on a party line vote after passing the House.

Alternatively, SB17-065 gained bipartisan and multi-stakeholder support, passed both chambers, and was signed by the Governor prior to the end of the session. CCHI supported SB17-065, "Transparency in Direct Pay Health Care Prices," because the bill requires health care professionals and health care facilities to make available the health care prices that they assess directly (i.e. cash pay prices) for common health care services they provide. CCHI supported this bill because it is a first step in shedding light on health care costs.

Impacting Women's Health

As we've seen in recent legislative sessions, there were several attacks on women's health care. CCHI opposed five bills that would have significantly hindered women's access to reproductive health care, and all five of them were defeated. CCHI supported one bill, HB17-1186, "Health Coverage Prescription Contraceptives Supply," to expand access to women's health care, which passed with bipartisan support and has been sent to the Governor to be signed. HB17-1186 requires health insurance companies to cover birth control in a one-time dispensing of up to 12 months, if desired. This is a significant win for women that work odd and unpredictable hours, experience barriers to transportation, or live in rural areas of the state and face challenges making monthly trips to the pharmacy.

Safeguarding Consumers

A wide range of bills were introduced to provide notice to, or increase protections for, health care consumers, including prohibitions on step therapy and changing drug formularies in the middle of the plan year, and continuing the DOI. CCHI focused on two policy priorities in this area: freestanding emergency departments (FSEDs) and surprise medical bills.

CCHI actively advocated for the passage of SB17-064, "License Freestanding Emergency Departments," which would have created a new licensure category for FSEDs, separate from how hospitals are licensed, and would have required a two-year moratorium on any new licenses during which time the Colorado Department of Public Health and Environment would have created rules for the new licensure category. CCHI participated in numerous stakeholder meetings to address this issue, and testified in support of this bill because it would have increased protections for consumers at FSEDs. SB17-064 died in its first committee, but there continues to be significant bipartisan interest in addressing this issue and CCHI remains committed to FSEDs as a legislative priority.

Additionally, CCHI has worked for the past two years on the issue of surprise out-of-network bills. This year, the Colorado Medical Society brought forth a bill on this issue, SB17-206, "Out of Network Providers Payments Patient Notice". CCHI sought to amend this bill, which addressed issues arising in situations where consumers seek services at an in-network facility, but unknowingly see an out-of-network provider. The bill's sponsor moved to postpone the bill indefinitely during the first committee hearing. This issue will also remain a top legislative priority for CCHI.



CCHI AT THE DOME

Finally, CCHI supported HB17-1139, “Medicaid Provider Compliance Billing Safety Rules,” which subjects a provider in the Medicaid program to a civil monetary penalty if the provider improperly bills or seeks collection for services provided to a Medicaid recipient; the bill as amended passed both chambers with bipartisan support.

The 2017 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 in this endeavor, and will continue to work for high-quality, accessible, and affordable health care.

FY2017-2018 Budget

Summary

The Colorado state budget for Fiscal Year (FY) 2017-2018 totals close to \$27 billion in state General Fund and federal fund expenditures. The following are some key takeaways from SB17-254, "Long Appropriations Bill" (the budget), and the "orbital" bills, a package of companion bills to the budget.

Department of Health Care Policy and Financing Budget

A 1.4% increase for health care provider reimbursement rates was approved for FY2017-2018. The increase will not apply to the primary care reimbursement, however the Medicaid primary care reimbursement was continued with general funds. The increase does, however, include an even higher increase for homemaker, personal care, home health, and private duty nursing rates. Additionally, \$45,000 was allocated for additional postpartum maternal depression screenings within the first year after giving birth, and four Local Public Health Agency (LPHA) partnership projects were approved in order to improve Medicaid patient outcomes and lower costs; both items receive an associated federal match. Finally, an allocation was included to compensate Connect for Health Colorado for costs associated with Medicaid eligibility determinations. Originally, the Joint Budget Committee (JBC) did not approve this budget item; however, it was included in the final version of the Long Bill through an amendment that passed in both the House and the Senate.

Department of Public Health and Environment Budget

Budget items for the Department of Public Health and Environment also include a 1.4% community provider rate increase that applies to LPHA's, who would share a statewide increase of \$100,000. The JBC also allocated full funding for the Colorado Immunization Information System (CIIS) and for school based health centers. Additionally, \$9 million was allocated for grants to LPHA's and other entities to provide community-based youth substance abuse prevention programs (an increase of \$1.8 million from previous years). Finally, funding for the Healthy Colorado Kids Survey was originally cut by the JBC, but through amendments that passed in both the Senate and House chambers, \$745,000 was added back in to the budget for the survey and included in the final version sent to the Governor.

Hospital Reimbursement Rates

In order to balance the budget, SB17-256, "Hospital Reimbursement Rates," cut hospital reimbursement rates through the Hospital Provider Fee (HPF) program by \$264,100,000. This cut was touted as a reduction of over \$500 million to hospitals because the Hospital Provider Fee program draws down federal matching dollars that effectively double the amount hospitals receive back through the program. This budget cut was a driving force to broker the deal that established the HPF program as an enterprise fund, taking the count permanently out from underneath the Taxpayer Bill of Rights (TABOR) revenue cap.

Hospital Provider Fee

The HPF was once again at the center of budget negotiations during the 2017 legislative session—but this year with a better outcome. Two bills were introduced to establish the HPF program as a government-owned enterprise and exempt the revenues generated by the fee from the TABOR revenue limit; one at the beginning of the legislative session and one close to the end. SB17-057, "Colorado Healthcare Affordability & Sustainability Enterprise," introduced early in the session, died in the Senate Finance committee. After much negotiation, SB17-267, "Sustainability of Rural Colorado," was introduced close to the end of session with bipartisan support in both chambers. While the overall focus of SB17-267 is the sustainability of rural Colorado, it impacts health care spending in many ways. Not only does the bill turn the HPF program into an enterprise fund, it also increases Medicaid copays for outpatient hospital services (including urgent care and non-emergent emergency room use) and prescription drugs. Additionally, the bill requires State departments (with the exception of the Department of Transportation and the Department of Education) to submit budget proposals for FY 2018-2019 that are two percent lower than their actual budgets for FY 2018-2019. Finally, the bill permanently reduces

CCHI AT THE DOME

the Referendum C cap by reducing the FY 2017-2018 cap by \$200 million and specifying that the base amount for calculating the cap for all future state fiscal years is the reduced FY 2017-2018 cap. As is the case under current law, the reduced cap will still be annually adjusted for inflation and population growth. SB17-267 passed both chambers and will be sent to the Governor where it is expected to be signed into law.

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 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 regular legislator on that committee—a list of replacement votes can be found in the scorecard appendix.

Active Support

HB17-1139 “Medicaid Provider Compliance Billing Safety Rules”

Sponsored by Rep. Landgraf and Rep. Michaelson Jenet | Sen. Kefalas and Sen. Martinez Humenik

This bill subjects a provider in the Medicaid program to a civil monetary penalty if the provider improperly bills or seeks collection for services provided to a Medicaid recipient.

What CCHI Thinks CCHI strongly supported this bill because it gives the Department of Health Care Policy and Financing more tools to address provider non-compliance and protect consumers who are inappropriately balance billed.

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

Status: Senate Third Reading Passed (5/4/2017)

HB17-1186 “Health Coverage Prescription Contraceptive Supply”

Sponsored by Rep. Pettersen and Rep. Landgraf | Sen. Coram

This bill requires health insurance carriers to reimburse participating providers or in-network dispensing entities for dispensing prescription contraceptives in a 3-month supply for the first time it’s dispensed, and up to a 12-month supply for subsequent dispensings of the same prescription contraceptives. The bill also requires up to a 3-month dispensing of prescribed vaginal contraceptive rings.

What

CCHI Thinks CCHI strongly supported this bill

because it increases access to contraception for women in Colorado. It is especially important for women who live in rural areas, experience barriers in getting to a pharmacy each month, or work odd or unpredictable hours.

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

Status: Sent to the Governor (5/2/2017)

HB17-1191 "Demographic Notes for Certain Legislative Bills"

Sponsored by Rep. Herod and Rep. K. Becker | Sen. Donovan

This bill would have required the Legislative Council to prepare 'demographic notes' on up to five pieces of legislation, as requested by the leadership in each chamber. A demographic note is defined in the bill as a note that uses available data to outline the potential disparate effects of a legislative measure on various populations within the state.

What CCHI Thinks CCHI strongly supported this bill because of the information these demographic notes would have provided related to health equity. Additionally, the notes would increase transparency about the potential impacts of specific pieces of legislation on different populations.

Committee	Yes Votes	No Votes
House Finance	Benavidez, Gray, Herod, Kennedy, Michaelson Jenet, Foote, Pabon	Beckman, Catlin, Lawrence, Thurlow, Van Winkle
Senate Finance	Court, Kagan	Tate, Hill, T. Neville

Status: Senate Committee on Finance Postpone Indefinitely (5/4/2017)

HB17-1235 "Financial Relief Defray Individual Health Plan Cost"

Sponsored by Rep. Mitsch Bush and Rep. Hamner | Sen. Coram and Sen. Crowder

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 15% of household income toward their health insurance premiums and live in certain counties of the State.

What CCHI Thinks CCHI strongly 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, 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 (4/24/2017)

HB17-1236 "HCPF Annual Report on Hospital Expenditures"

Sponsored by Rep. Kennedy | Sen. Coram and Sen. Smallwood

This bill would have required hospitals to annually report on hospital expenditures to the Department of Health Care Policy and Financing; the information would then have been aggregated and sent to the Governor and legislative health care committees. The 'hospital expenditure report' required hospitals to submit financial information as well as uncompensated care costs.

What CCHI Thinks CCHI strongly supported this bill because it would have required increased transparency for hospital expenditures, and laid the groundwork for future accountability in health care spending.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Buckner, Covarrubias, Jackson, Kennedy, Lontine, Esgar, Ginal	Beckman, 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 (4/24/2017)

HB17-1286 "State Employee Health Carrier Requirements"

Sponsored by Rep. Esgar | Sen. Crowder

This bill would have required health insurance carriers that contract with the state to provide group benefit plans to state employees to participate in the individual market through Connect for Health Colorado, provide plans in two counties in a geographic rating area with the highest premiums, and participate in Medicaid request for proposals.

What CCHI Thinks CCHI strongly supported this bill because it would have allowed the state to use its purchasing power to increase access to coverage for Coloradans living in high-cost regions of the state by encouraging more participating in the individual market.

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

Status: Senate Committee on State, Veterans, and Military Affairs Postpone Indefinitely (5/3/2017)

HB17-1318 "DOI Annual Report Pharmaceutical Cost Data"

Sponsored by Rep. Ginal | Sen. Kefalas and Sen. Coram

This bill would have required health insurance carriers to submit an annual report regarding pharmaceutical costs to the Division of Insurance, which then would be aggregated and sent to the Governor and legislative health committees.

What CCHI Thinks CCHI strongly supported this bill because it would have increased transparency related to pharmaceutical costs, and lay the groundwork for developing state-specific policy solutions in lowering drug costs for consumers.

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

Status: Senate Committee on State, Veterans, and Military Affairs Postpone Indefinitely (5/3/2017)

SB17-064 "License Freestanding Emergency Departments"

Sponsored by Sen. Kefalas | Rep. Lontine

This bill would have created a new licensure category for freestanding emergency departments (FSEDs), separate from how hospitals are licensed. Additionally, the bill would have given the Colorado Department of Public Health and Environment the authority to create rules for the new licensure category, and required a two-year moratorium on any new licenses for FSEDs.

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.

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 (2/8/2017)

Support

HB17-1057 "Interstate Physical Therapy Licensure Compact"

Sponsored by Rep. Liston and Rep. Winter | Sen. Gardner and Sen. Kerr

This bill establishes an interstate compact for physical therapist licenses, ensuring a path to licensure for physical therapists that is efficient and timely.

What CCHI Thinks CCHI supported this bill because it increases access for consumers that seek physical therapy services by streamlining licensure for physical therapists that may be new to the State. This bill is similar to licensure compacts for other health care providers that CCHI has supported in the past.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Beckman, Buckner, Covarrubias, Humphrey, Jackson, Kennedy, Landgraf, Lontine, Ransom, Esgar, Ginal	
Senate Finance	Court, Kagan, Tate, Hill	T. Neville

Status: Sent to the Governor (5/3/2017)

HB17-1094 "Telehealth Coverage Under Health Benefit Plans"

Sponsored by Rep. Buck and Rep. Valdez | Sen. Crowder and Sen. Donovan

This bill clarifies that a health insurance plan cannot restrict or deny coverage of telehealth based on the technology used, must continue to contract with health care providers available in the community to provide in-person services, and does not have to pay for the transmission costs that the covered person incurs while using telehealth services.

What CCHI Thinks CCHI supported this bill because telehealth services expand access to care, especially in rural areas of the State or for Coloradans that experience barriers to care due to lack of transportation or inflexible work hours.

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

Status: Governor Signed (3/16/2017)

HB17-1126 "Medicaid Appeal Review Legal Notice Requirements"

Sponsored by Rep. Danielson and Rep. Michaelson Jenet | Sen. Crowder

This bill requires the administrative law judge that hears Medicaid appeals cases to review the legal sufficiency of the notice of action from which the recipient is appealing, at the commencement of the appeal hearing, if the notice of action concerns the termination or reduction of an existing benefit.

What CCHI Thinks CCHI supported this bill because it helps to provide greater consumer protections to members of the Medicaid program by ensuring that notices of action that take away benefits are legally sufficient.

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

Status: Governor Signed (4/6/2017)

HB17-1143 "Audits of Medicaid Client Correspondence"

Sponsored by Rep. Landgraf | Sen. Crowder

This bill directs the Office of the State Auditor (OSA) to conduct an audit of client correspondence, including letters and notices, sent to clients or potential clients in the Medicaid program. The OSA will then report the audit findings, conclusions, and recommendations to specified legislative committees.

What

CCHI Thinks CCHI supported this bill because it increases consumer protections in the Medicaid program by ensuring that notices sent by Medicaid to consumers can easily be read and understood, and are accurate.

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

Status: Governor Signed (3/20/2017)

HB17-1187 “Change Excess State Revenue Cap Growth Factor”

Sponsored by Rep. Thurlow | Sen. Crowder

This bill would have modified the excess state revenue cap by allowing an annual adjustment based on the average annual change of Colorado personal income over the last 5 years, rather than the current method of adjusting for inflation and population growth under TABOR.

What CCHI Thinks CCHI supported this bill because it would have allowed the State to retain some additional revenue in order to address forthcoming budget shortfalls.

Committee	Yes Votes	No Votes
House Finance	Benavidez, Covarrubias, Gray, Herod, Lawrence, Michaelson Jenet, Thurlow, Foote, Pabon	Beckman, Catlin, Van Winkle
Senate State, Veterans, and Military Affairs	Court, Fenberg	Sonnenberg, Marble, Scott ^o

Status: Senate Committee on State, Veterans, and Military Affairs Postpone Indefinitely (3/20/2017)

HB17-1195 “Create State Sales Tax Exemption for Diapers”

Sponsored by Rep. Winter | Sen. Martinez Humenik

The bill would have created a state sales tax exemption for the sale, storage, and use of diapers. The bill also specified that local statutory taxing jurisdictions could have chosen to adopt the same exemption in their own sales and use tax ordinances.

What CCHI Thinks CCHI supported this bill because it would have provided greater economic security for low income families, and would help to decrease the health risks associated with inadequate supply of diapers.

Committee	Yes Votes	No Votes
House Finance	Benavidez, Gray, Herod, Kennedy, Michaelson Jenet, Foote, Pabon	Beckman, Catlin, Covarrubias, Lawrence, Thurlow
	Excused: Van Winkle	

Status: House Committee on Appropriations Postpone Indefinitely (5/5/2017)

HB17-1206 "Eligibility

Colorado Road & Community Safety Act"

Sponsored by Rep. Arndt and Rep. Singer | Sen. Moreno and Sen. Coram

This bill would have allowed social security numbers to be used as a form of identification in order to obtain a drivers license for undocumented immigrants.

What CCHI Thinks CCHI supported this bill because it would have helped to expand access to transportation for people living in Colorado. Without access to proper transportation, people delay care for themselves and family members, which could lead to worsening health conditions, and promote a reliance on emergency transportation and emergency room use.

Committee	Yes Votes	No Votes
House Local Government	Coleman, Exum, Gray, McKean, Singer, Thurlow, Valdez, Wilson, Rosenthal, Lebsock	Navarro, Ransom
	Excused: Liston	
Senate Transportation	Todd, Zenzinger	Scott, Cooke, Baumgardner

Status: Senate Committee on Transportation Postpone Indefinitely (4/25/2017)

HB17-1237 "State Employee Group Benefit Plans for Local Government"

Sponsored by Rep. Hamner | Sen. Coram and Sen. Crowder

This bill allows local governments and municipalities to offer health insurance to their employees through the state employee group health plan, but does not require them to do so.

What CCHI Thinks CCHI supported this bill because it expands access to coverage for local government employees that may face affordability challenges because of small risk pools, especially in rural areas of the State.

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

Status: Senate Committee on State, Veterans, and Military Affairs Postpone Indefinitely (5/3/2017)

HB17-1264 "PACE Ombudsman Program Add Local Ombudsmen"

Sponsored by Rep. Ginal and Rep. Lawrence | Sen. Jahn and Sen. Martinez Humenik

This bill adds local ombudsmen to the State ombudsman's office for the program for the all-inclusive care for the elderly (PACE).

What CCHI Thinks CCHI supported this bill because local ombudsmen, as part of this program, would be available to help PACE members file complaints, or file complaints on their behalf, which increases consumer protections.

Committee	Yes Votes	No Votes
House Health, Insurance, and Environment	Beckman, Buckner, Covarrubias, Humphrey, Jackson, Kennedy, Landgraf, Lontine, Ransom, Esgar, Ginal	
Senate Finance	Court, Kagan, Tate, Hill, T. Neville	

Status: House considered Senate amendments, result was to concur and repass (5/10/2017)

HB17-1307 "Family & Medical Leave Insurance Program Wage Replacement"

Sponsored by Rep. Winter | Sen. Moreno 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, Garnet, Gray, Rosenthal, Winter, Kraft-Tharp	Navarro, Nordberg, Sias, Thurlow, Van Winkle, D. Williams
Senate State, Veterans, and Military Affairs	Court, Fenberg	Hill, Sonnenberg, Scott°

Status: Senate Committee on State, Veterans, and Military Affairs Postpone Indefinitely (5/3/2017)

SB17-011 "Study Transportation Access for People with Disabilities"

Sponsored by Sen. Lambert | Rep. Lawrence

This bill creates a "technical demonstration forum," similar to a task force, charged with studying and documenting how advanced technologies can help improve transportation access for people with disabilities.

What CCHI Thinks CCHI supported this bill because it will provide more information on solutions for improving access to transportation for those with disabilities. Transportation is a primary barrier to accessing health care services for many people living with disabilities, especially in rural areas of the State.

Committee	Yes Votes	No Votes
Senate Health and Human Services	Aguilar, Crowder, Kefalas, Martinez Humenik, Smallwood	
House Transportation and Energy	J. Becker, Bridges, Buck, Carver, Esgar, Ginal, Hansen, Jackson, Lawrence, McLachlan, Nordberg, Winter, Mitsch Bush	

Status: Governor Signed (3/20/2017)

SB17-057 "Colorado Healthcare Affordability and Sustainability Enterprise"
 Sponsored by Sen. Guzman

This bill would have turned the hospital provider fee program into an enterprise fund.

What CCHI Thinks CCHI supported this bill because it would have freed up space in our State budget, allowing Colorado to continue to prioritize, and prevent funding cuts to, health care through the Medicaid program.

Committee	Yes Votes	No Votes
Senate Finance		Court, Hill, T. Neville
	Excused: Kerr, Tate	

Status: Senate Committee on Finance Postpone Indefinitely (3/21/2017)

SB17-065 "Transparency in Direct Pay Health Care Prices"
 Sponsored by Sen. Lundberg | Rep. Lontine

This bill requires health care professionals and facilities to make available the prices that they assess directly (i.e. cash pay prices) for common health care services they provide.

What CCHI Thinks CCHI supported this bill because it increases transparency for health care consumers regarding the charges they will incur in seeking health care services.

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

Status: Governor Signed (4/6/2017)

SB17-088 "Participating Provider Network Selection Criteria"
 Sponsored by Sen. Holbert and Sen. Williams | Rep. Van Winkle and Rep. Hooton

This bill requires health insurance carriers to disclose the criteria they use to select providers for participation in their plan networks. Additionally, the bill requires the health insurance carrier to notify providers when they will be terminated from a network, and annually update providers on which products they have the provider listed as participating in.

What CCHI Thinks CCHI supported this bill, as amended, because it improves transparency for health care consumers and providers about which providers participate in which health plan networks. This information can be used to help health care professionals provide more accurate information to consumers seek in-network services, and allows consumers to more accurately compare plans when shopping for health insurance.

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

Status: Governor Signed (4/18/2017)

SB17-091 "Allow Medicaid Home Health Services in Community"

Sponsored by Sen. Moreno and Sen. Crowder | Rep. Ginal

This bill removes the location restriction for home health services provided in the Medicaid program in order to comply with changes to federal Medicaid rules. The changes allow for services to be delivered in the community, as well as in the residence.

What CCHI Thinks CCHI supported this bill because it increases access to home health services in the Medicaid program, and creates a more person-centered standard of care.

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

Status: House Third Reading Passed (5/1/2017)

SB17-121 "Improve Medicaid Client Correspondence"

Sponsored by Sen. Lundberg and Sen. Crowder | Rep. Landgraf and Rep. Danielson

This bill requires the Department of Health Care Policy and Financing to engage in an ongoing process to improve Medicaid client communications, including client letters and notices that concern eligibility for or the denial, reduction, suspension, or termination of a benefit.

What CCHI Thinks CCHI supported this bill because it increases protections for consumers in the Medicaid program by ensuring that there is a process to continually improve the notices that are sent to Medicaid members with essential information about their health care benefits.

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

Status: House Third Reading Passed (5/1/2017)

SB17-198 "Public Participate Review Acquire Control Insurance"
Sponsored by Sen. Priola | Rep. Garnett

This bill requires the Commissioner of Insurance to make information related to health insurance company acquisitions and mergers available to the public after it has been filed, rather than the current practice that requires interested parties to request the information from the Division of Insurance.

What CCHI Thinks CCHI supported this bill because it increases transparency of the merger and acquisition processes of health insurers, and allows consumer advocates access to information in order to ensure proper consumer protections in these processes.

Committee	Yes Votes	No Votes
Senate Business, Labor, and Technology	Jahn, Kerr, Priola, A. Williams, Tate	Smallwood, T. Neville
House Business Affairs and Labor	Arndt, Coleman, Garnet, Gray, Navarro, Nordberg, Rosenthal, Thurlow, Van Winkle, D. Williams, Winter, Kraft-Tharp	
Excused: Sias		

Status: House Third Reading Passed (5/3/2017)

SB17-203 "Prohibit Carrier from Requiring Alternative Drug"
Sponsored by Sen. Todd | Rep. Kennedy and Rep. Covarrubias

This bill prohibits a carrier from requiring a covered person to undergo step therapy for prescription drugs if the covered person has tried step therapy with a previous carrier or on a previous health insurance plan.

What CCHI Thinks CCHI supported this bill because it increases access to prescription drugs for consumers who are stable on long-term medications by ensuring they don't have to undergo step therapy more than once.

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

Status: House Considered Senate Adherence, result was to recede (4/27/2017)

SB17-249 "Sunset Division of Insurance"
Sponsored by Sen. Smallwood and Sen. Williams | Rep. Ginal

This bill implements the recommendations of the Department of Regulatory Agencies' sunset review and report on the functions of the Division of Insurance.

What CCHI Thinks CCHI supported this bill because it continues the Division of Insurance (DOI) until 2030. The DOI is an integral part of protecting consumers and ensuring access to coverage for consumers who have state-regulated health insurance plans.

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

Status: Senate considered House amendments, result was to concur and repass (5/10/2017)

Oppose

HB17-1085 "Women's Health Protection Act"

Sponsored by Rep. Neville

The bill would have required clinics that provide abortion services to file an annual registry with the attorney general that includes information such as the number of abortions, physicians that performed abortions, babies born alive, and specific reports for each abortion performed.

What CCHI Thinks CCHI opposed this bill because it significantly decreased access to women's reproductive health care services, put an undue burden on women's health providers, and would discourage women from seeking abortion services.

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

Status: House Committee on Health, Insurance, and Environment Postpone Indefinitely (2/9/2017)

HB17-1086 "Abortion Pill Reversal Information Act"

Sponsored by Rep. Everett and Rep. Nordberg | Sen. Marble

This bill would have required the Colorado Department of Public Health and Environment to provide a statement on their website regarding the abortion reversal pill. Additionally, health care providers would have been required to provide information about reversing an abortion, 24 hours prior to giving an abortion pill.

What CCHI Thinks CCHI opposed this bill because it significantly decreased access for women's reproductive health care in seeking abortion services, especially women who experience barriers in making an additional appointment to receive this information.

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

Status: House Committee on Health, Insurance, and Environment Postpone Indefinitely (2/9/2017)

HB17-1108 "Protect Human Life at Conception"

Sponsored by Rep. Humphrey and Rep. Ransom | Sen. Neville

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 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	Buckner, Jackson, Kennedy, Lontine, Esgar, Ginal

Status: House Committee on Health, Insurance, and Environment Postpone Indefinitely (2/9/2017)

SB17-206 "Out-of-Network Providers Payments Patient Notice"

Sponsored by Sen. Gardner | Rep. Singer

This bill attempted to outline the method for a health insurance carrier to use in determining the amount it would have been required to pay to an "out-of-network" health care provider in the event that a consumer receives services at an "in-network" facility, without knowing that the provider was not in their plan’s network. The bill also would have established an independent dispute resolution process for out-of-network providers to obtain a review of what payment the health insurance carrier offers to pay in the event they don’t accept the reimbursement for services.

What CCHI Thinks CCHI opposed this bill, as introduced, because the benchmark amount that would have triggered the independent dispute resolution process was tied to billed charges, rather than claims data or Medicare rates, which had the potential to drive up costs in these situations. Additionally, the bill did not explicitly prohibit balance billing or address emergency situations.

Committee	Yes Votes	No Votes
Senate Business, Labor, and Technology		Jahn, Kerr, Priola, Smallwood, A. Williams, T. Neville, Tate

Status: Senate Committee on Business, Labor, and Technology Postpone Indefinitely (4/10/2017)

SB17-273 "Manufacturers List Price for Tobacco Products Tax"

Sponsored by Sen. Williams and Sen. Hill

This bill would have permitted tobacco distributors to use the price that the tobacco product is sold to the first importer of record as the manufacturers list price, as long as the distributor was able to provide the Department of Revenue with evidence of the price.

What CCHI Thinks CCHI opposed this bill because it would have lowered the marginal cost of tobacco products. Lower priced tobacco products would have meant the State collected less in tobacco tax revenue. Additionally, price is the best deterrent for youth tobacco use, so lowering the price could have had an adverse effect on tobacco use.

Committee	Yes Votes	No Votes
Senate Finance	Kagan, Tate, Hill, T. Neville	Court

Status: Senate Second Reading Laid Over to 5/11/2017 (4/24/2017)

SB17-284 "Woman's Right to Accurate Health Care Information"

Sponsored by Sen. Lundberg and Sen. Marble | Rep. Ransom and Rep. Saine

This bill would have limited access to reproductive health care for Colorado women by requiring them to receive specific information related to abortion procedures at least 24 hours in advance of their scheduled procedure.

What CCHI Thinks CCHI opposed this bill because it would have decreased access to women seeking abortion services by requiring information be provided more than 24 hours in advance—meaning women would likely need two appointments for their procedure. These requirements would have been especially burdensome for women that experience transportation barriers, need to arrange for childcare, or have odd, unpredictable, or inflexible work hours.

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

Status: Senate Second Reading Lost (4/13/2017)

Active Oppose

SB17-003 "Repeal Colorado Health Benefit Exchange"

Sponsored by Sen. Smallwood | Rep. Neville

The bill would have repealed the laws that created the state-based health benefit exchange, Connect for Health Colorado, created under the Affordable Care Act, allowing the exchange to continue for one year in order to wind up its affairs.

What CCHI Thinks CCHI strongly opposed this bill because Connect for Health Colorado has played an integral part in expanding access to coverage for Coloradans through their enrollment services and outreach events. Additionally, Connect for Health Colorado estimated costs of approximately \$20 million for the State to transition from a state-based exchange to the Federal exchange. Furthermore, on the Federal exchange, the State would likely receive less support for enrollment and marketing.

Committee	Yes Votes	No Votes
Senate Finance	Tate, Hill, T. Neville	Court, Guzman°

Status: Senate Second Reading Laid Over to 5/11/2017 (5/8/2017)

SB17-004 "Access to Providers for Medicaid Recipients"

Sponsored by Sen. Tate | Rep. Wist

The bill would have allowed providers not enrolled with the Medicaid program to charge, and accept payment from, Medicaid recipients for health care services they receive, a practice that is currently prohibited by State law. Prior to providing the services, the health care provider would be required to provide a written agreement to the patient that estimates the cost of services to be provided.

What

CCHI Thinks CCHI strongly 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 for Medicaid recipients. Additionally, providers charging for services outside of the Medicaid program could charge consumers any amount and subsequent specialty care or labs may not be covered.

Committee	Yes Votes	No Votes
Senate Health and Human Services	Crowder, Martinez Humenik, Smallwood	Aguilar, Kefalas
House State, Veterans, and Military Affairs	Humphrey, Leonard, D. Williams	Benavidez, Hooton, Weissman, Lontine, Foote
	Excused: Melton	

Status: House Committee on State, Veterans, and Military Affairs Postpone Indefinitely (4/19/2017)

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.

- ✓ **HB17-1060 "Reporting Requirements by HCPF to General Assembly"**
Governor Signed (3/1/2017)
- ✓ **HB17-1115 "Direct Primary Health Care Services"**
Governor Signed (4/24/2017)
- ✓ **HB17-1173 "Health Care Providers and Carriers Contracts"**
Governor Signed (4/6/2017)
- ✓ **HB17-1231 "Market Conduct Examinations Insurance Companies"**
House considered Senate amendments, result was concur and repass (5/10/2017)
- ✓ **HB17-1247 "Patient Choice Health Care Provider"**
House Committee on Health, Insurance, and Environment Postpone Indefinitely (4/13/2017)
- ✓ **SB17-044 "Reporting Requirements by DORA to General Assembly"**
Governor Signed (3/1/2017)
- ✓ **SB17-104 "Catastrophic Plans in Geographic Rating Areas"**
Senate Committee on Business, Labor, and Technology Postpone Indefinitely (2/15/2017)
- ✓ **SB17-133 "Insurance Commissioner Investigation of Provider Complaints"**
Senate Committee on Business, Labor, and Technology Postpone Indefinitely (4/12/2017)
- ✓ **SB17-142 "Breast Density Notification Required"**
Governor Signed (4/6/2017)
- ✓ **SB17-190 "Insurance Carrier Fees Noncovered Dental Services"**
Governor Signed (4/24/2017)
- ✓ **SB17-216 "Sunset Continue Fair Debt Collections Act"**
Senate considered House amendments, result was to concur and repass (5/4/2017)
- ✓ **SB17-267 "Sustainability of Rural Colorado"**
House Third Reading Passed (5/10/2017)
- ✓ **SB17-300 "High-risk Health Care Coverage Program"**
Senate considered House amendments, result was to concur and repass (5/10/2017)

2017 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 in to the percentage)

Committees of the Whole

The tables below demonstrate how all members of the House or Senate voted on bills 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	DISTR.	PARTY	<i>HB17 1139</i>	HB17 1191	HB17 1286	HB17 1318	<i>SB17 065</i>	<i>SB17 249</i>	SCORE
<i>CCHI Position</i>			Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	
Arndt, J.	53	D	✓	✓	✓	✓	✓	✓	100%
Becker, J.	65	R	✓	✗	✗	✗	✓	✗	33%
Becker, K.	13	D	✓	✓	✓	✓	✓	✓	100%
Beckman, S.	38	R	✓	✗	✗	✗	✓	✓	50%
Benavidez, A.	32	D	✓	✓	✓	✓	✓	✓	100%
Bridges, J.	3	D	✓	✓	✓	✓	E	✓	100%
Buck, P.	49	R	✓	✗	✗	✗	✗	✗	17%
Buckner, J.	40	D	✓	✓	✓	✓	✓	✓	100%
Carver, T.	20	R	✓	✗	✗	✗	✗	✓	33%
Catlin, M.	58	R	✓	✗	✗	✗	✓	✓	50%
Coleman, J.	7	D	✓	✓	✓	✓	✓	✓	100%
Covarrubias, P.	56	R	✓	✗	✗	✗	E	✓	40%
Danielson, J.	24	D	✓	✓	✓	✓	✓	✓	100%
Duran, C.	5	D	✓	✓	✓	✓	✓	✓	100%
Esgar, D.	46	D	✓	✓	✓	✓	✓	✓	100%
Everett, J.	22	R	✓	✗	✗	✗	✗	✗	17%
Exum, T.	17	D	✓	✓	✓	✓	✓	✓	100%
Foote, M.	12	D	✓	✓	✓	✓	✓	✓	100%
Garnett, A.	2	D	✓	✓	✓	✓	✓	✓	100%
Ginal, J.	52	D	✓	✓	✓	✓	✓	✓	100%
Gray, M.	33	D	✓	✓	✓	✓	✓	✓	100%
Hamner, M.	61	D	✓	✓	✓	✓	✓	✓	100%
Hansen, C.	6	D	✓	✓	✓	✓	✓	✓	100%
Herod, L.	8	D	✓	✓	✓	✓	✓	✓	100%
Hooton, E.	10	D	✓	✓	✓	✓	✓	✓	100%
Humphrey, S.	48	R	✓	✗	✗	✗	✗	✗	17%
Jackson, D.	42	D	✓	✓	✓	✓	✓	✓	100%
Kennedy, C.	23	D	✓	✓	✓	✓	✓	✓	100%
Kraft-Tharp, T.	29	D	✓	✓	✓	✓	✓	✓	100%
Landgraf, L.	21	R	✓	✗	✗	✗	✗	✓	33%

CCHI AT THE DOME

REPRESENTATIVE	DISTR.	PARTY	HB17 1139	HB17 1191	HB17 1286	HB17 1318	SB17 065	SB17 249	SCORE
Lawrence, P.	39	R	✓	✗	✗	✗	✓	✓	33%
Lebsock, S.	34	D	✓	✓	✓	✓	✓	✓	100%
Lee, P.	18	D	✓	✓	✓	✓	✓	✓	100%
Leonard, T.	25	R	✓	✗	✗	✗	✗	✓	33%
Lewis, K.	64	R	✓	✗	✗	✗	✗	✗	17%
Liston, L.	16	R	✓	✗	E	E	✗	✓	50%
Lontine, S.	1	D	✓	✓	✓	✓	✓	✓	100%
Lundeen, P.	19	R	✓	✗	✗	✗	E	✗	20%
McKean, H.	51	R	✓	✗	✗	✗	✓	✗	33%
McLachlan, B.	59	D	✓	✓	✓	✓	✓	✓	100%
Melton, J.	41	D	✓	✓	✓	✓	✓	✓	100%
Michaelson Jenet, D.	30	D	✓	✓	✓	✓	✓	✓	100%
Mitsch Bush, D.	26	D	✓	✓	✓	✓	✓	✓	100%
Navarro, C.	47	R	✓	✗	✗	✗	✗	✗	17%
Neville, P.	45	R	✓	✗	✗	✗	✓	✓	50%
Nordberg, D.	14	R	✓	✗	✗	✗	E	✗	20%
Pabon, D.	4	D	✓	✓	✓	✓	✓	✓	100%
Pettersen, B.	28	D	✓	✓	✓	✓	✓	✓	100%
Rankin, B.	57	R	✓	✗	✗	✗	✓	✗	33%
Ransom, K.	44	R	✓	✗	✗	✗	✓	✗	33%
Rosenthal, P.	9	D	✓	✓	✓	✓	✓	✓	100%
Saine, L.	63	R	✓	✗	✗	✗	✓	✗	33%
Salazar, J.	31	D	✓	✓	✓	✓	✓	✓	100%
Sias, L.	27	R	✓	✗	✗	✗	✓	✗	33%
Singer, J.	11	D	✓	✓	✓	✓	✓	✓	100%
Thurlow, D.	55	R	✓	✗	✗	✗	✓	✓	50%
Valdez, D.	62	D	✓	✓	✓	✓	✓	✓	100%
Van Winkle, K.	43	R	✓	✗	✗	✗	✓	✓	50%
Weissman, M.	36	D	✓	✓	✓	✓	✓	✓	100%
Willett, Y.	54	R	✓	✗	✗	✗	✓	✓	50%
Williams, D.	15	R	✓	✗	✗	✗	E	✗	20%
Wilson, J.	60	R	✓	✗	✗	✗	✓	✓	50%
Winter, F.	35	D	✓	✓	✓	✓	✓	✓	100%
Wist, C.	37	R	✓	✗	✗	✗	✓	✗	33%
Young, D.	50	D	✓	✓	✓	✓	✓	✓	100%
TOTALS			65/65	37/65	37/64	37/64	51/60	50/65	

CCHI AT THE DOME

Senate Committee of the Whole

SENATOR	DISTR.	PARTY	SB17 004	SB17 011	SB17 065	SB17 249	HB17 1094	SCORE
<i>CCHI Position</i>			Opp.	Supp.	Supp.	Supp.	Supp.	
Aguilar, I.	32	D	✓	✓	E	✓	✓	100%
Baumgardner, R.	8	R	✗	✓	✗	✓	✓	60%
Cooke, J.	13	R	✗	✓	✓	✓	✓	80%
Coram, D.	6	R	✗	✓	✓	✓	✓	80%
Court, L.	31	D	✓	✓	✓	✓	✓	100%
Crowder, L.	35	R	✗	✓	✓	✓	✓	80%
Donovan, K.	5	D	✓	✓	✓	✓	✓	100%
Fenberg, S.	18	D	✓	✓	✓	✓	✓	100%
Fields, R.	29	D	✓	✓	✓	✓	✓	100%
Garcia, L.	3	D	✓	✓	✓	✓	✓	100%
Gardner, B.	12	R	✗	✓	✓	✓	✓	80%
Grantham, K.	2	R	✗	✓	✓	✓	✓	80%
Guzman, L.	34	D	✓	✓	✓	✓	✓	100%
Hill, O.	10	R	✗	✓	✓	✓	✓	80%
Holbert, C.	30	R	✗	✓	✓	✓	✓	80%
Jahn, C.	20	D	✗	✓	✓	✓	✓	80%
Jones, M.	17	D	✓	✓	✓	✓	✓	100%
Kagan, D.	26	D	✓	✓	✓	✓	✓	100%
Kefalas, J.	14	D	✓	✓	✓	✓	✓	100%
Kerr, A.	22	D	✓	✓	✓	✓	✓	100%
Lambert, K.	9	R	✗	✓	✓	✓	✓	80%
Lundberg, K.	15	R	✗	✓	✓	✓	✓	80%
Marble, V.	23	R	✗	✓	✓	✓	✓	80%
Martinez Humenik, B.	24	R	✗	✓	✓	✓	✓	80%
Merrifield, M.	11	D	✓	✓	✓	✓	✓	100%
Moreno, D.	21	D	✓	✓	✓	✓	✓	100%
Neville, T.	16	R	✗	✓	✓	✓	✓	80%
Priola, K.	25	R	✗	✓	✓	✓	✓	80%
Scott, R.	7	R	✗	✓	✓	✓	✓	80%
Smallwood, J.	4	R	✗	✓	✓	✓	✓	80%
Sonnenberg, J.	1	R	✗	✓	✓	✓	✓	80%
Tate, J.	27	R	✗	✓	✓	✓	✓	80%
Todd, N.	28	D	✓	✓	✓	✓	✓	100%
Williams, A.	33	D	✓	✓	✓	✓	✓	100%
Zenzinger, R.	19	D	✓	✓	✓	✓	✓	100%
TOTALS			16/35	35/35	33/34	35/35	35/35	

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.	DISTR.	PARTY	HB17 1057	HB17 1139	HB17 1186	HB17 1191	HB17 1235	HB17 1236	HB17 1286	HB17 1318	SB17 065	SB17 249	SCORE
<i>CCHI Position</i>			Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	
<i>Committee</i>			HIE ¹	PHCHS ²	HIE	FIN ³	HIE	HIE	HIE	HIE	HIE	HIE	
Beckman, S.	38	R	✓	-	✗	✗	✗	✗	✗	✗	✓	✓	33%
Benavidez, A.	32	D	-	-	-	✓	-	-	-	-	-	-	100%
Buckner, J.	40	D	✓	-	✓	-	✓	✓	✓	✓	✓	✓	100%
Catlin, M.	58	R	-	✓ ^o	-	✗	-	-	-	-	-	-	50%
Covarrubias, P.	56	R	✓	-	✓	A	✗	✓	✗	✗	✓	✓	63%
Danielson, J.	24	D	-	✓	-	-	-	-	-	-	-	-	100%
Esgar, D.	46	D	✓	-	✓	-	✓	✓	✓	✓	✓	✓	100%
Everett, J.	22	R	-	E	-	-	-	-	-	-	-	-	N/A
Foote, M.	12	D	-	-	-	✓	-	-	-	-	-	-	100%
Ginal, J.	52	D	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	100%
Gray, M.	33	D	-	-	-	✓	-	-	-	-	-	-	100%
Herod, L.	8	D	-	-	-	✓	-	-	-	-	-	-	100%
Hooton, E.	10	D	-	✓	-	-	-	-	-	-	-	-	100%
Humphrey, S.	48	R	✓	-	✗	-	✗	✗	✗	✗	✗	✗	13%
Jackson, D.	42	D	✓	-	✓	-	✓	✓	✓	✓	✓	✓	100%
Kennedy, C.	23	D	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	100%
Landgraf, L.	21	R	✓	✓	✓	-	✗	✗	✗	✗	✓	✓	56%
Lawrence, P.	39	R	-	-	-	✗	-	-	-	-	-	-	0%
Lewis, K.	64	R	-	✓	-	-	-	-	-	-	-	-	100%
Liston, L.	16	R	-	✓	-	-	-	-	-	-	-	-	100%
Lontine, S.	1	D	✓	-	✓	-	✓	✓	✓	✓	✓	✓	100%
Michaelson Jenet, D.	30	D	-	✓	-	✓	-	-	-	-	-	-	100%
Pabon, D.	4	D	-	✓	-	✓	-	-	-	-	-	-	100%
Pettersen, B.	28	D	-	✓	-	-	-	-	-	-	-	-	100%
Ransom, K.	44	R	✓	✓	✗	-	✗	✗	✗	✗	✗	✓	33%
Singer, J.	11	D	-	✓	-	-	-	-	-	-	-	-	100%
Thurlow, D.	55	R	-	-	-	✗	-	-	-	-	-	-	0%
Van Winkle, K.	43	R	-	-	-	✗	-	-	-	-	-	-	0%
TOTALS			11/11	12/12	8/11	7/12	6/11	7/11	6/11	6/11	9/11	10/11	

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.	PARTY	SB17 003	SB17 004	SB17 011	SB17 064	SB17 091	SB17 249	HB17 1094	HB17 1186	HB17 1235	HB17 1236	HB17 1286	HB17 1318	SCORE
<i>CCHI Position</i>			Opp.	Opp.	Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	Supp.	
<i>Committee</i>			FIN ⁴	HHS ⁵	HHS	SVMA ⁶	HHS	BIZ ⁷	HHS	SVMA	SVMA	SVMA	SVMA	SVMA	
Aguilar, I.	32	D	-	✓	✓	-	✓	-	✓	-	-	-	-	-	100%
Court, L.	31	D	✓	-	-	✓	-	-	-	✓	✓	✓	✓	✓	100%
Crowder, L.	35	R	-	✗	✓	-	✓	-	✓	-	-	-	-	-	75%
Fenberg, S.	18	D	-	-	-	✓	-	-	-	✓	✓	✓	✓	✓	100%
Hill, O.	10	R	✗	-	-	✗	-	-	-	✓	✗	✗	✗	✗	14%
Jahn, C.	20	D	-	-	-	-	-	✓	-	-	-	-	-	-	100%
Kefalas, J.	14	D	-	✓	✓	-	✓	-	✓	-	-	-	-	-	100%
Kerr, A.	22	D	✓ ^o	-	-	-	-	✓	-	-	-	-	-	-	100%
Marble, V.	23	R	-	-	-	✗	-	-	-	✗	✗	✗	✗ ^o	✗ ^o	0%
Martinez Humenik, B.	24	R	-	✗	✓	-	✓	-	✓	-	-	-	-	-	75%
Neville, T.	16	R	✗	-	-	-	-	✓	-	-	-	-	-	-	50%
Priola, K.	25	R	-	-	-	-	-	✓	-	-	-	-	-	-	100%
Smallwood, J.	4	R	-	✗	✓	-	✓	✓	✓	-	-	-	-	-	80%
Sonnenberg, J.	1	R	-	-	-	✗	-	-	-	✓	✗	✗	✗	✗	17%
Tate, J.	27	D	✗	-	-	-	-	✓	-	-	-	-	-	-	50%
Williams, A.	33	D	-	-	-	-	-	✓	-	-	-	-	-	-	100%
TOTALS			2/5	2/5	5/5	2/5	5/5	7/7	5/5	4/5	2/5	2/5	2/5	2/5	

Full Committee Names

- ¹ House Health, Insurance, and Environment Committee
- ² House Public Health Care and Human Services Committee
- ³ House Finance Committee
- ⁴ Senate Finance Committee
- ⁵ Senate Health and Human Services Committee
- ⁶ Senate State, Veterans, and Military Affairs Committee
- ⁷ Senate Business, Labor, and Technology Committee

°Replacement Votes

The following legislators voted as stand-in committee members:

Bill Number	Replacement Vote
HB17-1187	Sen. Scott voted for Sen. Hill
HB17-1237	Sen. Scott voted for Sen. Marble
HB17-1286	Sen. Scott voted for Sen. Marble
HB17-1307	Sen. Scott voted for Sen. Marble
HB17-1318	Sen. Scott voted for Sen. Marble
SB17-003	Sen. Guzman voted for Sen. Kagan
SB17-203	Sen. Court voted for Sen. Williams