

SLC 2018: State Roundtable Report Colorado

2018

- CAFP ran legislation to get a statewide primary care spending report. The legislation did not pass, but the process of running legislation secured allies and enabled us to get a state-funded scholarship to produce a PC Spend Report using our All-Payer Claims Database. The report does not include non-FFS Alternative Payments currently.
- Opioids. CAFP supported several opioid bills that:
 - **SB-22 Clinical Practice for Opioid Prescribing** Limited an opioid prescription for acute pain to 7 days in the initial visit, allowing a 2nd 7-day fill to be prescribed during that initial visit (total of 14 days). Secured several exceptions to the limit such as for chronic pain
 - **HB-1007 Substance Use Disorder Payment and Coverage** requires insurers to provide coverage without prior authorization for a 5-day supply of at least one FDA-approved drug to treat opioid dependence. All future prior authorizations for medication assisted treatment for substance use disorders must also be handled by insurers as “urgent prior authorization” requests.
 - Allocated funding to the Colorado Health Service Corps to provide loan repayment to behavioral and addiction treatment providers.
- Supported a bill that outlawed “gag clauses” and “clawback” provisions in contracts between Insurers/PBM’s and pharmacies
- The cloak on freestanding ED’s impact on rising health costs will be lifted going forward. **SB-146 Freestanding ED’s Consumer Notice** will also require ED’s to notify patients that they are seeking care at an ED with higher pricing than urgent care, and to notify patients after screening or stabilization of the chargemaster price of the 25 most commonly provided services.
- **HB-1260 Prescription Drug Price Transparency** stalled. CAFP supported this bill that would have required pharmaceutical companies to notify patients and insurers 90 days in advance of a price hike greater than 10%, and it would have asked insurers to provide information on how prescription drug prices affect premiums.
- CAFP opposed **SB-214 Medicaid Self-Sufficiency Waiver**, which was defeated on a bipartisan vote in the Senate. Its aim was controlling state Medicaid costs, but would have reduced the number of Coloradans with health coverage. It required all able-bodied patients to work and put a 5-year lifetime cap on Medicaid eligibility for any able-bodied adult.

2019

- If Jared Polis (D) is elected governor, we may have Medicaid buy-in/public option legislation. He is also proposing a sort of regional public option that would be a compact among Western State governments to offer a public option as one large risk pool.
- CAFP will be seeking to reauthorize \$300,000 for our Preceptor Tax Credit, offering \$1,000 to medical student preceptors in rural areas per calendar year. In 2017, the first

year the credit was available, some 70 preceptors took the credit. We are conducting ongoing evaluation of the credit's intended purpose to increase rural preceptorships and the number of rural preceptors

- Medical Practice Act and Colorado Professional Review Act Sunset legislation. These 2 Acts are up for reauthorization and CAFP is advocating for a clean renewal, including continued confidentiality that prevents trial attorneys from accessing deliberations in the professional/peer review process.
 - We anticipate the trial attorneys will seek to raise Malpractice Damage Caps in tandem with the two bills above. We do not yet know what caps they would seek. Current caps are \$300,00 for noneconomic damages and \$1 million in total damages.
- We continue to pursue our Primary Care Investment Initiative, aiming to increase primary care spending to at least 15% of the healthcare dollar. CAFP may run legislation again to get primary care spending reports, a stakeholder process to build consensus on primary care investment, and statutory spending targets. However, we have been successful outside the legislative process in producing a PC Spending Report and are currently pursuing a foundation grant to fund the stakeholder process and 2 more years of spending reports. Should the grant be awarded, we may postpone legislation.
- Opioids will again be a priority issue with the legislature running an interim legislative committee to address the problem. We have successfully staved off additional physician mandates thus far, but may see: 1) mandatory electronic prescribing of scheduled drugs, and 2) mandatory substance abuse CME (CO currently does not have any mandated CME requirements for licensure)