First Regular Session Seventy-third General Assembly STATE OF COLORADO

PREAMENDED

This Unofficial Version Includes Committee Amendments Not Yet Adopted on Second Reading

LLS NO. 21-0583.01 Shelby Ross x4510

SENATE BILL 21-016

SENATE SPONSORSHIP

Pettersen and Moreno,

HOUSE SPONSORSHIP

Esgar and Mullica,

Senate Committees

House Committees

Health & Human Services Appropriations

	A BILL FOR AN ACT
101	CONCERNING SERVICES RELATED TO PREVENTIVE HEALTH CARE, AND,
102	IN CONNECTION THEREWITH, REQUIRING COVERAGE FOR
103	CERTAIN PREVENTIVE MEASURES, SCREENINGS, AND
104	TREATMENTS THAT ARE ADMINISTERED, DISPENSED, OR
105	PRESCRIBED BY HEALTH CARE PROVIDERS AND FACILITIES.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov.)

The bill codifies a number of preventive health care services currently required to be covered by health insurance carriers pursuant to the federal "Patient Protection and Affordable Care Act" and adds them to the current list of services required to be covered by Colorado health insurance carriers, which services are not subject to policy deductibles, copayments, or coinsurance. The bill expands certain preventive health care services to include osteoporosis screening; urinary incontinence screening; and counseling, prevention, screening, and treatment of a sexually transmitted infection (STI).

Current law requires a health care provider or facility to perform a diagnostic exam for an STI and subsequently treat the STI at the request of a minor patient. The bill allows a health care provider to administer, dispense, or prescribe preventive measures or medications where applicable. The consent of a parent is not a prerequisite for a minor to receive preventive care, but a health care provider shall counsel the minor on the importance of bringing the minor's parent or legal guardian into the minor's confidence regarding the services.

Current law requires the executive director of the department of health care policy and financing to authorize reimbursement for medical or diagnostic services provided by a certified family planning clinic. The bill removes the requirement that services be provided by a certified family planning clinic and authorizes reimbursement for family planning services and family-planning-related services provided by any licensed health care provider.

Be it enacted by the General Assembly of the State of Colorado:

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             SECTION 1. In Colorado Revised Statutes, 10-16-104, amend
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      (18)(a)(I) introductory portion, (18)(a)(III)(A), (18)(b) introductory
 4
      portion, (18)(b)(I), (18)(b)(IX), and (18)(b)(X); and add (18)(b)(XI),
 5
      (18)(b)(XII), (18)(b)(XIII), (18)(b)(XIV), (18)(b)(XV), (18)(b)(XVI),
 6
      (18)(b)(XVII), (18)(b)(XVIII), (18)(b)(XIX), (18)(b)(XX), (18)(b)(XXI),
 7
      (18)(b)(XXII), (18)(b)(XXIII), (18)(b)(XXIV), (18)(b)(XXV),
 8
      (18)(b)(XXVI), (18)(b)(XXVII), (18)(b)(XXVIII), (18)(b)(XXIX),
      (18)(b)(XXX), (18)(b)(XXXI), (18)(b)(XXXII), (18)(b)(XXXIII),
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10
      (18)(c)(III.7), (18)(f), (18)(g), and (18.1) as follows:
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             10-16-104.
                           Mandatory coverage provisions - rules -
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definitions. (18) Preventive health care services. (a) (I) The following

policies and contracts that are delivered, issued, renewed, or reinstated on

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1	or after January 1, 2010, must provide coverage for the total cost of the
2	preventive health care services specified in paragraph (b) of this
3	subsection (18) SUBSECTION (18)(b) OF THIS SECTION:
4	(III) (A) Except as provided in sub-subparagraph (B) of this
5	subparagraph (III) SUBSECTION (18)(a)(III)(B) OR (18)(b)(XX) OF THIS
6	SECTION, coverage required by this subsection (18) is not subject to policy
7	deductibles, copayments, or coinsurance.
8	(b) The coverage required by this subsection (18) must include
9	preventive health care services for the following, in <u>accordance with</u> the
10	A or B recommendations of the task force OR THE HEALTH RESOURCES
11	AND SERVICES ADMINISTRATION GUIDELINES for the particular preventive
12	health care service:
13	(I) Unhealthy Alcohol use screening AND COUNSELING for adults,
14	depression screening for adolescents and adults, and perinatal maternal
15	counseling for persons at risk. The services specified in this section may
16	be provided by a primary care provider; behavioral health care provider,
17	as defined in section 25-1.5-502 (1.3); or mental health professional
18	licensed or certified pursuant to article 245 of title 12.
19	(IX) Tobacco use screening of adults and tobacco cessation
20	interventions by primary care providers, and INCLUDING EXPANDED
21	TOBACCO INTERVENTION AND COUNSELING FOR PREGNANT TOBACCO
22	USERS;
23	(X) (A) Any other preventive services included in the A or B
24	recommendation of the task force or required by federal law.
25	(B) This subparagraph (X) does not apply to grandfathered health
26	benefit plans. ABDOMINAL AORTIC ANEURYSM SCREENING;
27	(XI) ASPIRIN-PREVENTIVE MEDICATION;

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1	(XII) BLOOD PRESSURE SCREENING;
2	(XIII) DIABETES SCREENING FOR ADULTS AND GESTATIONAL
3	DIABETES MELLITUS SCREENING;
4	(XIV) HEALTHY DIET AND PHYSICAL ACTIVITY COUNSELING TO
5	PREVENT CARDIOVASCULAR DISEASE;
6	(XV) FALLS PREVENTION FOR ADULTS SIXTY-FIVE YEARS OF AGE
7	OR OLDER WHO LIVE IN A COMMUNITY SETTING;
8	(XVI) HEPATITIS B AND HEPATITIS C SCREENING;
9	(XVII) HUMAN IMMUNODEFICIENCY VIRUS SCREENING;
10	(XVIII) LUNG CANCER SCREENING;
11	(XIX) OBESITY SCREENING AND COUNSELING;
12	(XX) COUNSELING, PREVENTION, SCREENING, AND TREATMENT OF
13	A SEXUALLY TRANSMITTED INFECTION, AS DEFINED IN SECTION 25-4-402
14	(10); EXCEPT THAT THE COVERAGE UNDER THIS SUBSECTION (18)(b)(XX)
15	MUST BE PROVIDED TO ALL COVERED PERSONS REGARDLESS OF THE
16	COVERED PERSON'S GENDER. TREATMENT MUST INCLUDE ANTIBIOTICS,
17	ANTIVIRAL AND ANTIRETROVIRAL MEDICATIONS, AND PROCEDURES THAT
18	REDUCE INFECTIVITY. TREATMENT FOR COMPLICATIONS SECONDARY TO
19	THE SEXUALLY TRANSMITTED INFECTION MAY BE SUBJECT TO
20	DEDUCTIBLES, COPAYMENT, OR COINSURANCE.
21	(XXI) STATIN PREVENTIVE MEDICATION FOR ADULTS;
22	(XXII) TUBERCULOSIS SCREENING;
23	(XXIII) ANEMIA SCREENING ON A ROUTINE BASIS;
24	(XXIV) COMPREHENSIVE BREASTFEEDING SUPPORT AND
25	COUNSELING FROM TRAINED PROVIDERS AND ACCESS TO BREASTFEEDING
26	SUPPLIES FOR PREGNANT AND NURSING INDIVIDUALS;
2.7	(XXV) FOLIC ACID SUPPLEMENTS FOR INDIVIDUALS WHO MAY

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I	BECOME PREGNANT;
2	(XXVI) SCREENING AND TREATMENT FOR PREECLAMPSIA IN
3	PREGNANT INDIVIDUALS, INCLUDING SCREENING FOR PREECLAMPSIA IN
4	PREGNANT WOMEN WITH BLOOD PRESSURE MEASUREMENTS THROUGHOUT
5	PREGNANCY AND LOW-DOSE ASPIRIN AS PREVENTIVE MEDICATION AFTER
6	TWELVE WEEKS GESTATION IN WOMEN WHO ARE AT HIGH RISK FOR
7	PREECLAMPSIA;
8	(XXVII) RH INCOMPATIBILITY SCREENING FOR ALL PREGNANT
9	INDIVIDUALS AND FOLLOW-UP TESTING FOR INDIVIDUALS AT HIGHER RISK
10	FOR RH INCOMPATIBILITY;
11	(XXVIII) URINARY TRACT, YEAST, OR OTHER INFECTION
12	SCREENING;
13	(XXIX) DOMESTIC AND INTERPERSONAL VIOLENCE SCREENING
14	AND COUNSELING;
15	(XXX) OSTEOPOROSIS SCREENING FOR ALL ADULTS SIXTY YEARS
16	OF AGE OR OLDER;
17	(XXXI) YEARLY URINARY INCONTINENCE SCREENING;
18	
19	(XXXII) FAMILY PLANNING SERVICES AND
20	FAMILY-PLANNING-RELATED SERVICES, AS DESCRIBED IN SECTION
21	25.5-4-412 (2); AND
22	(XXXIII) ANY OTHER PREVENTIVE SERVICES INCLUDED IN THE A
23	OR \boldsymbol{B} RECOMMENDATIONS OF THE TASK FORCE OR THE HEALTH RESOURCES
24	AND SERVICES ADMINISTRATION GUIDELINES OR REQUIRED BY FEDERAL
25	LAW.
26	(c) For purposes of this subsection (18):
27	(III.7) "HEALTH RESOURCES AND SERVICES ADMINISTRATION"

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1	MEANS THE HEALTH RESOURCES AND SERVICES ADMINISTRATION IN THE
2	FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES.
3	(f) Subsections (18)(b)(X) to $\underline{(18)(b)(XXXIII)}$ of this section
4	DO NOT APPLY TO GRANDFATHERED HEALTH BENEFIT PLANS.
5	(g) The coverage required by this subsection (18) must, at
6	A MINIMUM, INCLUDE PREVENTIVE HEALTH SERVICES IDENTIFIED BY THE
7	TASK FORCE OR THE HEALTH RESOURCES AND SERVICES ADMINISTRATION
8	<u>AS OF MARCH 1, 2021.</u>
9	(18.1) Contraception. (a) Policies or contracts described
10	IN SUBSECTION (18)(a)(I) OF THIS SECTION ISSUED OR RENEWED IN THIS
11	STATE MUST PROVIDE COVERAGE FOR THE TOTAL COST OF ALL
12	CONTRACEPTION, AS DEFINED IN SECTION 2-4-401 (1.5).
13	(b) The coverage required by this subsection (18.1) is not
14	SUBJECT TO POLICY DEDUCTIBLES, COPAYMENTS, OR COINSURANCE.
15	(c) This subsection (18.1) does not apply to grandfathered
16	HEALTH BENEFIT PLANS.
17	SECTION 2. In Colorado Revised Statutes, 25-4-409, amend
18	(1)(a) and (2) as follows:
19	25-4-409. Minors - treatment - consent. (1) (a) A health care
20	provider or facility, if consulted by a patient who is a minor, shall
21	perform, at the minor's request, a diagnostic examination for a sexually
22	transmitted infection. The health care provider or facility shall treat the
23	minor for a sexually transmitted infection, if necessary; discuss,
24	prevention ADMINISTER, DISPENSE, OR PRESCRIBE PREVENTIVE measures
25	OR MEDICATIONS, where applicable; and include appropriate therapies and
26	prescriptions.
27	(2) The consent of a parent or legal guardian is not a prerequisite

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1	for a minor to receive a consultation, examination, PREVENTIVE CARE, or
2	treatment for sexually transmitted infections. For the purposes of this
3	section, health care provided to a minor is confidential, and information
4	related to that care must not be divulged to any person other than the
5	minor; except that the reporting required pursuant to the "Child Protection
6	Act of 1987", part 3 of article 3 of title 19, C.R.S., still applies. If the
7	minor is thirteen years of age or younger, the health care provider may
8	involve the minor's parent or legal guardian. A health care provider shall
9	counsel the minor on the importance of bringing his or her THE MINOR'S
10	parent or legal guardian into the minor's confidence regarding the
11	consultation, exam, or treatment.
12	SECTION 3. In Colorado Revised Statutes, amend 25.5-4-412
13	as follows:
14	25.5-4-412. Family planning services - family-planning-related
14 15	25.5-4-412. Family planning services - family-planning-related services - rules - definitions. (1) When medical or diagnostic FAMILY
15	services - rules - definitions. (1) When medical or diagnostic FAMILY
15 16	services - rules - definitions. (1) When medical or diagnostic FAMILY PLANNING services OR FAMILY-PLANNING-RELATED SERVICES are provided
15 16 17	services - rules - definitions. (1) When medical or diagnostic FAMILY PLANNING services OR FAMILY-PLANNING-RELATED SERVICES are provided in accordance with this article ARTICLE 4 and articles 5 and 6 of this title
15 16 17 18	services - rules - definitions. (1) When medical or diagnostic FAMILY PLANNING services OR FAMILY-PLANNING-RELATED SERVICES are provided in accordance with this article ARTICLE 4 and articles 5 and 6 of this title by a certified family planning clinic TITLE 25.5, the executive director of
15 16 17 18 19	services - rules - definitions. (1) When medical or diagnostic FAMILY PLANNING services OR FAMILY-PLANNING-RELATED SERVICES are provided in accordance with this article ARTICLE 4 and articles 5 and 6 of this title by a certified family planning clinic TITLE 25.5, the executive director of the state department shall authorize reimbursement for the services, The
15 16 17 18 19 20	services - rules - definitions. (1) When medical or diagnostic FAMILY PLANNING services OR FAMILY-PLANNING-RELATED SERVICES are provided in accordance with this article ARTICLE 4 and articles 5 and 6 of this title by a certified family planning clinic TITLE 25.5, the executive director of the state department shall authorize reimbursement for the services, The reimbursement shall be made directly to the certified family planning
15 16 17 18 19 20 21	services - rules - definitions. (1) When medical or diagnostic FAMILY PLANNING services OR FAMILY-PLANNING-RELATED SERVICES are provided in accordance with this article ARTICLE 4 and articles 5 and 6 of this title by a certified family planning clinic TITLE 25.5, the executive director of the state department shall authorize reimbursement for the services, The reimbursement shall be made directly to the certified family planning clinic SUBJECT TO SECTION 50 OF ARTICLE V OF THE STATE CONSTITUTION.
15 16 17 18 19 20 21 22	services - rules - definitions. (1) When medical or diagnostic FAMILY PLANNING services OR FAMILY-PLANNING-RELATED SERVICES are provided in accordance with this article ARTICLE 4 and articles 5 and 6 of this title by a certified family planning clinic TITLE 25.5, the executive director of the state department shall authorize reimbursement for the services, The reimbursement shall be made directly to the certified family planning clinic SUBJECT TO SECTION 50 OF ARTICLE V OF THE STATE CONSTITUTION. THE STATE DEPARTMENT, ANY INTERMEDIARY, OR ANY MANAGED CARE
15 16 17 18 19 20 21 22 23	services - rules - definitions. (1) When medical or diagnostic FAMILY PLANNING services OR FAMILY-PLANNING-RELATED SERVICES are provided in accordance with this article ARTICLE 4 and articles 5 and 6 of this title by a certified family planning clinic TITLE 25.5, the executive director of the state department shall authorize reimbursement for the services, The reimbursement shall be made directly to the certified family planning clinic SUBJECT TO SECTION 50 OF ARTICLE V OF THE STATE CONSTITUTION. THE STATE DEPARTMENT, ANY INTERMEDIARY, OR ANY MANAGED CARE ORGANIZATION SHALL REIMBURSE THE PROVIDER OF THOSE SERVICES.

(2) For purposes of AS USED IN this section, "certified family

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planning clinic" means a family planning clinic certified by the Colorado department of public health and environment, accredited by a national family planning organization, and staffed by medical professionals licensed to practice in the state of Colorado, including, but not limited to, doctors of medicine, doctors of osteopathy, physician assistants, and advanced practice nurses. UNLESS THE CONTEXT OTHERWISE REQUIRES:

- (a) "FAMILY-PLANNING-RELATED SERVICES" MEANS ANY MEDICALLY NECESSARY HEALTH CARE, COUNSELING SERVICES, OR MEDICATION FOCUSED ON, OR RELATED TO, THE TREATMENT OF MEDICAL CONDITIONS ROUTINELY DIAGNOSED DURING A FAMILY PLANNING VISIT; TREATMENT FOR A URINARY TRACT INFECTION; TESTING, DIAGNOSIS, TREATMENT, AND PREVENTION OF SEXUALLY TRANSMITTED INFECTIONS OR OTHER INFECTIONS OR CONDITIONS OF THE UROGENITAL SYSTEM; AND TREATMENT OF MEDICAL COMPLICATIONS RESULTING FROM A FAMILY PLANNING VISIT.
- (b) "FAMILY PLANNING SERVICES" MEANS ANY HEALTH CARE OR COUNSELING SERVICES FOCUSED ON PREVENTING, DELAYING, OR PLANNING FOR A PREGNANCY, WHICH MUST INCLUDE MEDICALLY NECESSARY EVALUATION OR PREVENTIVE SERVICES.
- (3) For purposes of this section, all medical care services or goods rendered by a certified family planning clinic that are benefits of the Colorado medical assistance program. shall be ordered by a physician who need not be physically present on the premises of the certified family planning clinic at the time services are rendered.
- (4) Nothing in this section shall be construed as expanding the provision of services available as a part of the medical assistance program established pursuant to this article and articles 5 and 6 of this title. For

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I	purposes of making payments to certified family planning clinics pursuant
2	to this section PROVIDERS, the state board shall establish rules
3	implementing this section. The rules promulgated pursuant to this
4	subsection (4) shall ensure that the reimbursement for services rendered
5	by a certified family planning clinic pursuant to this section shall not be
6	the sole result of an increase in the costs to the state medical assistance
7	program.
8	(5) ANY RECIPIENT MAY OBTAIN FAMILY PLANNING SERVICES OR
9	FAMILY-PLANNING-RELATED SERVICES FROM ANY LICENSED HEALTH CARE
10	PROVIDER, INCLUDING BUT NOT LIMITED TO A DOCTOR OF MEDICINE,
11	DOCTOR OF OSTEOPATHY, PHYSICIAN ASSISTANT, OR ADVANCED PRACTICE
12	NURSE, WHO PROVIDES SUCH SERVICES. THE ENROLLMENT OF A RECIPIENT
13	IN A MANAGED CARE ORGANIZATION, OR A SIMILAR ENTITY, DOES NOT
14	RESTRICT A RECIPIENT'S CHOICE OF THE LICENSED PROVIDER FROM WHOM
15	THE RECIPIENT MAY RECEIVE THOSE SERVICES.
16	SECTION 4. Applicability. Section 1 of this act applies to health
17	benefit plans issued or renewed on or after January 1, 2023.
18	SECTION 5. Safety clause. The general assembly hereby finds,
19	determines, and declares that this act is necessary for the immediate
20	preservation of the public peace, health, or safety.

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