First Regular Session Seventy-third General Assembly STATE OF COLORADO

INTRODUCED

LLS NO. 21-0583.01 Shelby Ross x4510

SENATE BILL 21-016

SENATE SPONSORSHIP

Pettersen and Moreno,

HOUSE SPONSORSHIP

Esgar and Mullica,

Senate Committees Health & Human Services

House Committees

	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
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     portion, (18)(b)(I), (18)(b)(IX), and (18)(b)(X); and add (18)(b)(XI),
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     (18)(b)(XII), (18)(b)(XIII), (18)(b)(XIV), (18)(b)(XV), (18)(b)(XVI),
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     (18)(b)(XVII), (18)(b)(XVIII), (18)(b)(XIX), (18)(b)(XX), (18)(b)(XXI),
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     (18)(b)(XXII), (18)(b)(XXIII), (18)(b)(XXIV),
                                                         (18)(b)(XXV),
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     (18)(b)(XXVI), (18)(b)(XXVII), (18)(b)(XXVIII), (18)(b)(XXIX),
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     (18)(b)(XXX), (18)(b)(XXXI), (18)(b)(XXXII), (18)(b)(XXXIII),
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(18)(b)(XXXIV), and (18)(f) as follows:

10-16-104. Mandatory coverage provisions - rules - 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) OF THIS SECTION, coverage
6	required by this subsection (18) is not subject to policy deductibles,
7	copayments, or coinsurance.
8	(b) The coverage required by this subsection (18) must include
9	preventive health care services for the following, in accordance with
10	ADDITION TO the A or B recommendations of the task force OR THE
11	HEALTH RESOURCES AND SERVICES ADMINISTRATION GUIDELINES for the
12	particular preventive 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;
17	(XXI) STATIN PREVENTIVE MEDICATION FOR ADULTS;
18	(XXII) TUBERCULOSIS SCREENING;
19	(XXIII) ANEMIA SCREENING ON A ROUTINE BASIS;
20	(XXIV) COMPREHENSIVE BREASTFEEDING SUPPORT AND
21	COUNSELING FROM TRAINED PROVIDERS AND ACCESS TO BREASTFEEDING
22	SUPPLIES FOR PREGNANT AND NURSING INDIVIDUALS;
23	(XXV) FOLIC ACID SUPPLEMENTS FOR INDIVIDUALS WHO MAY
24	BECOME PREGNANT;
25	(XXVI) SCREENING AND TREATMENT FOR PREECLAMPSIA IN
26	PREGNANT INDIVIDUALS, INCLUDING SCREENING FOR PREECLAMPSIA IN
27	PREGNANT WOMEN WITH BLOOD PRESSURE MEASUREMENTS THROUGHOUT

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1	PREGNANCY AND LOW-DOSE ASPIRIN AS PREVENTIVE MEDICATION AFTER
2	TWELVE WEEKS GESTATION IN WOMEN WHO ARE AT HIGH RISK FOR
3	PREECLAMPSIA;
4	(XXVII) RH INCOMPATIBILITY SCREENING FOR ALL PREGNANT
5	INDIVIDUALS AND FOLLOW-UP TESTING FOR INDIVIDUALS AT HIGHER RISK
6	FOR RH INCOMPATIBILITY;
7	(XXVIII) URINARY TRACT, YEAST, OR OTHER INFECTION
8	SCREENING;
9	(XXIX) DOMESTIC AND INTERPERSONAL VIOLENCE SCREENING
10	AND COUNSELING;
11	(XXX) OSTEOPOROSIS SCREENING FOR ALL ADULTS SIXTY YEARS
12	OF AGE OR OLDER;
13	(XXXI) YEARLY URINARY INCONTINENCE SCREENING;
14	(XXXII) ALL CONTRACEPTION, AS DEFINED IN SECTION 2-4-401
15	(1.5);
16	(XXXIII) FAMILY PLANNING SERVICES AND
17	FAMILY-PLANNING-RELATED SERVICES, AS DESCRIBED IN SECTION
18	25.5-4-412 (2); AND
19	(XXXIV) ANY OTHER PREVENTIVE SERVICES INCLUDED IN THE A
20	or \boldsymbol{B} recommendations of the task force or the health resources
21	AND SERVICES ADMINISTRATION GUIDELINES OR REQUIRED BY FEDERAL
22	LAW.
23	(f) Subsections (18)(b)(X) to (18)(b)(XXXIV) of this section
24	DO NOT APPLY TO GRANDFATHERED HEALTH BENEFIT PLANS.
25	SECTION 2. In Colorado Revised Statutes, 25-4-409, amend
26	(1)(a) and (2) as follows:
27	25-4-409. Minors - treatment - consent. (1) (a) A health care

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provider or facility, if consulted by a patient who is a minor, shall perform, at the minor's request, a diagnostic examination for a sexually transmitted infection. The health care provider or facility shall treat the minor for a sexually transmitted infection, if necessary; discuss, prevention ADMINISTER, DISPENSE, OR PRESCRIBE PREVENTIVE measures OR MEDICATIONS, where applicable; and include appropriate therapies and prescriptions.

(2) The consent of a parent or legal guardian is not a prerequisite for a minor to receive a consultation, examination, PREVENTIVE CARE, or treatment for sexually transmitted infections. For the purposes of this section, health care provided to a minor is confidential, and information related to that care must not be divulged to any person other than the minor; except that the reporting required pursuant to the "Child Protection Act of 1987", part 3 of article 3 of title 19, C.R.S., still applies. If the minor is thirteen years of age or younger, the health care provider may involve the minor's parent or legal guardian. A health care provider shall counsel the minor on the importance of bringing his or her THE MINOR'S parent or legal guardian into the minor's confidence regarding the consultation, exam, or treatment.

SECTION 3. In Colorado Revised Statutes, **amend** 25.5-4-412 as follows:

25.5-4-412. Family planning services - family-planning-related 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

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1 reimbursement shall be made directly to the certified family planning 2 elinic SUBJECT TO SECTION 50 OF ARTICLE V OF THE STATE CONSTITUTION. 3 THE STATE DEPARTMENT, ANY INTERMEDIARY, OR ANY MANAGED CARE 4 ORGANIZATION SHALL REIMBURSE THE PROVIDER OF THOSE SERVICES. 5 FAMILY PLANNING SERVICES AND FAMILY-PLANNING-RELATED SERVICES 6 ARE NOT SUBJECT TO POLICY DEDUCTIBLES, COPAYMENTS, OR 7 COINSURANCE. 8 (2) For purposes of AS USED IN this section, "certified family 9 planning clinic" means a family planning clinic certified by the Colorado 10 department of public health and environment, accredited by a national 11 family planning organization, and staffed by medical professionals 12 licensed to practice in the state of Colorado, including, but not limited to, 13 doctors of medicine, doctors of osteopathy, physician assistants, and 14 advanced practice nurses. UNLESS THE CONTEXT OTHERWISE REQUIRES: 15 "FAMILY-PLANNING-RELATED SERVICES" MEANS ANY (a) 16 MEDICALLY NECESSARY HEALTH CARE, COUNSELING SERVICES, OR 17 MEDICATION FOCUSED ON, OR RELATED TO, THE TREATMENT OF MEDICAL 18 CONDITIONS ROUTINELY DIAGNOSED DURING A FAMILY PLANNING VISIT; 19 TREATMENT FOR A URINARY TRACT INFECTION; TESTING, DIAGNOSIS, 20 TREATMENT, AND PREVENTION OF SEXUALLY TRANSMITTED INFECTIONS 21 OR OTHER INFECTIONS OR CONDITIONS OF THE UROGENITAL SYSTEM; AND 22 TREATMENT OF MEDICAL COMPLICATIONS RESULTING FROM A FAMILY 23 PLANNING VISIT. 24 (b) "FAMILY PLANNING SERVICES" MEANS ANY HEALTH CARE OR 25 COUNSELING SERVICES FOCUSED ON PREVENTING, DELAYING, OR 26 PLANNING FOR A PREGNANCY, WHICH MUST INCLUDE MEDICALLY

NECESSARY EVALUATION OR PREVENTIVE SERVICES.

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(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 purposes of making payments to certified family planning clinics pursuant to this section PROVIDERS, the state board shall establish rules implementing this section. The rules promulgated pursuant to this subsection (4) shall ensure that the reimbursement for services rendered by a certified family planning clinic pursuant to this section shall not be the sole result of an increase in the costs to the state medical assistance program.
- (5) ANY RECIPIENT MAY OBTAIN FAMILY PLANNING SERVICES OR FAMILY-PLANNING-RELATED SERVICES FROM ANY LICENSED HEALTH CARE PROVIDER, INCLUDING BUT NOT LIMITED TO A DOCTOR OF MEDICINE, DOCTOR OF OSTEOPATHY, PHYSICIAN ASSISTANT, OR ADVANCED PRACTICE NURSE, WHO PROVIDES SUCH SERVICES. THE ENROLLMENT OF A RECIPIENT IN A MANAGED CARE ORGANIZATION, OR A SIMILAR ENTITY, DOES NOT RESTRICT A RECIPIENT'S CHOICE OF THE LICENSED PROVIDER FROM WHOM THE RECIPIENT MAY RECEIVE THOSE SERVICES.
- SECTION 4. Effective date. This act takes effect January 1, 25 2023.
- **SECTION 5. Safety clause.** The general assembly hereby finds,

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- determines, and declares that this act is necessary for the immediate
- 2 preservation of the public peace, health, or safety.

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