



Youth Healthcare Alliance

Champions for Colorado School-Based Clinics

Formerly known as Colorado Association for School-Based Health Care

2023 Colorado Legislative Session Overview

The 2023 legislative sessions summarized in a few data points:

- **617** bills considered in the legislative session
- Youth Healthcare Alliance supported **11** bills that became law
- Youth Healthcare Alliance monitored **5** bills that became law
- Youth Healthcare Alliance and school-based clinic staff and patients testified and met with the legislature **4** times
- Policy Committee met **6** times and hosted our **1st** Day at the Capitol

Included in this document are bills relevant to school-based clinics and school health that passed and were signed into law during the 2023 Colorado general assembly session. All the information in here is summarized from Colorado General Assembly website, including fiscal note summaries and legislative summaries.

Any bills that are outside of our scope or that did not pass during the session are not included here. If you want to learn more about other legislation, you can visit the General Assembly [website](#) or read [The Colorado Sun](#) or [The Denver Post](#).

A new feature included this year is action steps that clinics and/or Youth Healthcare Alliance should take to implement bills or plan to participate in stakeholder meetings for implementation processes. Next to the summaries of specific bills that have direct impact, we explain the action steps needed, and we also summarize all the action steps at the end of this document for easy reference. Look for more updates from Youth Healthcare Alliance on our pieces and feel free to reach out with any questions.

Top Priority for Youth Healthcare Alliance

As school-based clinics rely on state funding for general operating grants to support their clinics, especially for any critical non-billable services and to support uninsured access to care, Youth

Healthcare Alliance's number one priority each legislative session is always to defend the current state revenue and to find opportunities to increase revenue for school-based clinics.

CDPHE funding remains static for the SBHC Program at about \$5 million (and 2.8 FTE for Program administration). Youth Healthcare Alliance was working with legislators and advocates to introduce a bill to increase the program funding and adjust the requirements; however, we were unable to secure permission from legislative leadership to introduce the bill as a "late bill." We are working with everyone to make changes for the 2024 session.

Critical Bills for School-Based Clinics

Behavioral Health

- **HB 1003 – School Mental Health Assessment:** Extends the I Matter program to public schools who wish to opt in for 6th – 12th graders to participate in the screening and connection to therapy services. To participate, the school must lack a school-based health center, have fewer than the recommended number of school psychologists, and have a high risk of student suicide. Youth Healthcare Alliance provided testimony to the effect of school-based clinics cannot reach every community, and so we appreciated solutions to improve access in communities where we were not yet present.
 - **ACTION:** Clinics should learn whether schools or districts will be opting into these screenings and if you can offer a partnership for referrals. Schools that qualify must meet one of 3 criteria, one of which is that the school does not have a SBHC; however, the school could meet one of the other criteria and qualify while having a SBHC.
- **HB 1031 – Mental Health Professional Reporting Exemption:** Exempts mental health professionals from the requirement to report information on individuals with sexually transmitted infections to public health entities.
- **SB 004 – Employment of School Mental Health Professionals:** Allows school districts to employ licensed mental health professionals who are not licensed by the Colorado Department of Education (as that was the previous limitation). Instead, these professionals must hold a Colorado license for their profession.
 - **ACTION:** Clinics should learn whether schools or districts will be hiring these professionals and if you can offer a contract to hire and manage this person for better integration with the school.
- **SB 174 – Access to Certain Behavioral Health Services:** Requires limited mental health services to be covered in Medicaid for persons under age 21 without first requiring a diagnosis. The limited services are to include family therapy, group therapy, individual therapy, services related to prevention, promotion, education, or outreach; evaluation, intake, case management, and treatment planning. The Department of Health Care Policy and Financing must engage stakeholders at least once.
 - **ACTION:** Youth Healthcare Alliance will monitor for stakeholder meeting to provide feedback and will loop in school-based clinics as needed.

Health Insurance Coverage

- **HB 1004 – Language Requirements for Insurance Documents:** Requires an insurer that issues a non-English policy to certify that the policy has been correctly translated by a

certified or professional translator who has also certified that the policy was correctly translated.

- **HB 1117 – Affidavit Support Public Benefits:** Repeals a requirement that legal immigrants are not to execute an affidavit of support to sponsor immigration while receiving public benefits. In other words, while receiving public benefits, legal immigrants would now be able to sponsor someone else’s petition for legal immigration.
- **SB 033 – Medicaid Preauthorization Exemption:** Prohibits the Department of Health Care Policy and Financing from imposing prior authorization, step therapy, and fail first requirements for Medicaid coverage of a prescription drug, as indicated on federally approved labels, to treat serious mental health disorders (including schizophrenia, schizoaffective disorder, bipolar disorder, or major depressive disorder).

Other

- **SB 002 – Medicaid Reimbursement for Community Health Services:** Creates the pathway for community health workers to be reimbursed on Medicaid. The Department for Health Care Policy and Financing will have to seek federal authorization and will hold 4 public stakeholder meetings to seek input. Community health worker is defined as a frontline public health worker who serves as a liaison between health care or social service providers and community members to facilitate access to physical, mental, or dental health-related services, or services to combat social determinants of health. The services must include at minimum preventive services, screening, assessment, and health coaching and advocacy. CDPHE currently holds a [registry](#) of health navigators who voluntarily enroll.
 - **ACTION:** Clinics should ensure their patient navigators / community health workers/ promotor/as are enrolled in the registry. Ask Youth Healthcare Alliance for assistance if you would like them to be enrolled.
 - **ACTION:** Youth Healthcare Alliance will be engaged in the public stakeholder meetings and will engage the school-based clinics for feedback as needed.
- **SB 014 – Disordered Eating Prevention:** Creates the Office of Disordered Eating Prevention in CDPHE to create and maintain a resource bank for research, intervention, treatment, information on crisis services, awareness programs, and education resources. The office will collaborate with the Office of Suicide Prevention, BHA, and other organizations within the health care industry to close gaps in care, especially with attention to inequitable outcomes and access.
- **SB 169 – Increasing Minimum Age to Purchase Firearms:** Raises the legal age for purchasing firearms from 18 to 21.

Other Bills May Affect School-Based Clinics (or Patients)

Behavioral Health

- **HB 1153 – Pathways into Behavioral Health Care:** Requires Department of Human Services to contract with a third-party to determine if establishing a system to support access to behavioral health care and housing for individuals with serious mental illness is feasible.
- **HB 1167 – Reporting of Emergency Overdose Events:** Extends immunity to persons reporting overdose events or seeking aid for the person who suffered the overdose. It also reduces the offense to a misdemeanor for certain drug offenses where the person reports an overdose to an emergency responder.

- **HB 1200 – Improved Outcomes Persons Behavioral Health:** Requires HCPF’s contractors to enter into single-case agreements with out-of-network providers if they cannot contract yet is an appropriate fit for a specific Medicaid member who is unable to seek services in network.
- **HB 1236 – Implementation Updates to Behavioral Health Administration:** Transfers certain responsibilities from Department of Human Services to the BHA, or vice versa, as appropriate. Considered a technical clean-up bill with no significant changes on how the BHA will operate.
- **HB 1269 – Extended Stay and Boarding Patients:** Requires HCPF to study payment and fee schedules to ensure adequate services are available for children and youth, DHS to study an incentive pool pilot program to encourage residential providers to treat children and youth with behavioral health needs, and BHA to develop a framework that measures the effectiveness of the behavioral health system for children and youth. Creates a High-Acuity Treatment Services Cash Fund which can be used to fund licensed providers to provide care to children and youth with behavioral health needs until June 30, 2025.
- **SB 176 – Protections for People with an Eating Disorder:** Creates prohibitions and requirements related to health care services for individuals with disordered eating, including: prohibiting Medicaid, starting July 1, 2023, and health insurance plans, starting January 1, 2024, from using body mass index, ideal body weight, or any achieved weight standard to determine medical need or the level of care for individuals with disordered eating, and prohibiting retail establishments from selling over-the-counter diet pills to individuals under 18 years of age without prescription.
 - **ACTION:** Clinics should prepare to make changes for patients on Medicaid and health insurance plans on July 1 and January 1, respectively, to use BMI as the sole measure of healthy weight.

Health Insurance Coverage

- **HB 1116 – Contracts between Carriers & Providers:** The bill places restrictions on insurance plans that process payments for health care providers. Beginning in FY 2023-24, contracts must: offer a method of payment that is not associated with a fee; offer a method of payment other than a credit card; notify the provider of any fees associated with electronic payments and advise them of alternative methods; not impose a fee for changing methods of payments; and require an explanation of benefits with each payment.
 - **ACTION:** Clinics should prepare billing departments for related changes if needed.
- **HB 1126 – Consumer Reports Not Include Medical Debt Information:** Prohibits credit reports containing information on medical debt.
- **SB 093 – Increase Consumer Protections Medical Transactions:** Caps the rate of interest on medical debt at 3% per year and places other requirements related to medical debt for consumers.
- **HB 1224 – Standardized Health Benefit Plan:** Changes rate filing and disclosure requirements regarding the Colorado Standardized Health Benefit Plan, also known as the Colorado Option Plan. These changes include: requiring Connect for Health Colorado to format the Colorado Option plan on the website for easy comparison between plans; allowing the state insurance commissioner to establish limits on an insurance plan’s administrative costs and profits for Colorado Option plans; giving commissioner 120 days to review rate filing and other changes to the rule-making process.

- **HB 1300 – Continuous Eligibility Medicaid Coverage:** Requires HCPF to extend continuous eligibility to children under age 3, adults released under incarceration, immigrant pregnant women and children (who will receive coverage soon) for both Medicaid and CHP+ for 12 months. This will allow them to stay on Medicaid or CHP+ for the entire duration without needing to re-enroll or report changes. HCPF is also to report on their study by January 1, 2026 the feasibility of extending continuous eligibility to these populations and others as well as methods of meeting Medicaid patients' health and social needs, including food and housing.
 - **ACTION:** Clinics should prepare enrollment staff on changes in case patients ask questions about communications from HCPF.
- **SB 182 – Temporary Suspension of Medicaid Requirements:** Suspends various state laws related to enrollment and cost sharing for Medicaid and other state programs in line with federal law, related to the COVID-19 public health emergency and with federal funds. Such specific examples include the suspension of disenrollment of: pregnant women 60 days after the woman's pregnancy, children at 1 year of age, former foster care youth, anyone who reaches the age of 65, all of whom may have been eligible upon enrolling. This keeps these populations enrolled for now.
 - **ACTION:** Clinics should prepare enrollment staff on changes in case patients ask questions about communications from HCPF.
- **SB 188 – Protections for Accessing Reproductive Health Care:** Codifies protections for health care providers and facilities that provide reproductive health care in compliance with Colorado law. Among others, these protections include insurance coverage and professional licensing at DORA and general prohibitions on public entities from restricting reproductive health access through imposition of licensing, permitting, certification, or similar regulations or from prosecuting or otherwise sanctioning providers acting within their licensure scope.
- **SB 189 – Increasing Access to Reproductive Health Care:**
 - Adds US Department of Health & Human Services (HHS) [recommendations](#) for [preventive care and screening](#) to mandatory preventive health care coverage in health benefit plans.
 - Health benefit plans are also required to cover counseling, prevention, and screening for individuals on HIV prevention drugs.
 - Health plans are prohibited from imposing deductibles, copayments, coinsurance, annual or lifetime maximum benefits, or other cost sharing on coverage for the treatment of STIs or sterilization services.
 - Insurance plans, including Medicaid, are prohibited from requiring a covered person to undergo step therapy or to receive prior authorization for any drug approved by the FDA and for the treatment or prevention of HIV.
 - Expands the reproductive health care program in Medicaid to include family-planning related services, including tobacco cessation services, cervical cancer screenings, treatment of STIs, and other medical diagnosis, treatment, or preventive service routinely provided in a family planning visit.
 - Adds that providers can act within their scope to provide contraceptive procedures, supplies, or information to minors with their consent and without the consent or notification of parents or legal guardians.
 - Requires CDPHE to form a Family Planning Access Collaborative to examine issues related to access to family planning services, gaps in coverage, and the

confidentiality of services. The collaborative is to be convened by September 1, 2023 and to publish recommendations by December 15, 2023.

- ACTION:** Clinics should prepare to bill for outlined services as relevant.
- ACTION:** Youth Healthcare Alliance plans to participate in the Family Planning Access Collaborative once convened and will solicit feedback from the clinics as appropriate.
- **SB 222 – Medicaid Pharmacy and Outpatient Services Copayment:** Removes the requirement that Medicaid recipients pay a copayment for pharmacy and outpatient services.
 - ACTION:** Clinics should consider removing co-payments as a requirement if collecting them.
- **HB 1295 – Audits of Medicaid Payments to Providers:** Requires the state auditor to conduct an independent review of HCPF's provider claims and payment recoveries (for over-payments or incorrect payments made). The audit results are to be shared publicly quarterly and HCPF is to provide provider trainings quarterly.
- **SB 223 – Medicaid Provider Rate Review Process:** Requires HCPF to submit a written report to the Joint Budget Committee in the legislature concerning the review process for Medicaid provider rates each November (starting 2025).
 - ACTION:** Youth Healthcare Alliance will monitor the provider rate review hearings to see how we can provide feedback into the process for how provider rates can be increased.
- **SB 260 – Individual Access to Publicly Funded Vaccines:** Prohibits practitioners from requiring individuals to pay or provide identification and health insurance information to receive a publicly funded vaccine. Clarifies that practitioners may charge vaccine administration fees for publicly funded vaccines to either the individual or their health insurance provider, except to individuals who receive their services through Medicaid; however, practitioners must disclose, through notices provided by CDPHE, that the inability to pay these fees does not prevent the individual from receiving the vaccine.
 - ACTION:** Youth Healthcare Alliance will seek clarity on this legislation and provide that to the clinics.

Prescription Drugs

- **HB 1130 – Drug Coverage for Serious Mental Illness:** Prohibits state-regulated insurance plans from requiring more than one alternative drug trial as part of a step therapy protocol before covering a drug prescribed by a provider to treat select mental health conditions (e.g., bipolar disorders, depression in childhood and adolescence, major depressive disorders, obsessive compulsive disorders, paranoid and other psychotic disorders, schizoaffective disorders, schizophrenia). Allows a provider to attest that a prescribed drug is necessary without undergoing step therapy to get coverage. Requires HCPF to review newly FDA approved drugs for certain mental health conditions within 90 days for coverage under Medicaid.
 - ACTION:** Clinics should prepare to change prescribing protocols once HCPF finalizes their rules.
- **HB 1183 – Prior Authorization for Step Therapy Exception:** Requires HCPF to review applications to exempt prescriptions for serious or complex medical conditions from any requirement to complete step therapy first if the prescribing provider can attest that the

alternative drug is likely to cause a negative reaction or unlikely to work or if the patient is proven to be stable on the prescribed drug. Responses from HCPF are required within 24 hours and the process should be on the website.

- ACTION:** Youth Healthcare Alliance will monitor the regulatory process to see how “serious or complex medical conditions” is defined and share how this may impact school-based clinics.
- **SB 162 – Increase Access to Pharmacy Services:** Among other provisions, allows pharmacies or pharmacists enrolled in the Vaccines for Children (VFC) program to receive reimbursement for vaccinating children under 19 through Medicaid.

Other

- **HB 1051 – Support for Rural Telecommunications Providers:** Extends funding to rural telecommunications providers until September 2024 to provide affordable and reliable telecommunications and broadband service in rural areas.
- **HB 1077 – Informed Consent to Intimate Patient Examination:** Requires health professionals, students, and trainees to obtain informed consent from sedated or unconscious patients before performing intimate examinations, unless it is necessary for the life or well-being of the patient. Patients also must recognize students and trainees as part of the patient’s care team to have consented to their examinations, as well as if the examinations are planned. Health facilities are to develop their own consent forms or use the form to be developed by CDPHE, if developed.
 - ACTION:** Clinics consider keeping on hand forms your operating organizations develop.
 - ACTION:** Youth Healthcare Alliance will monitor and share CDPHE’s forms, if developed, in case clinics would like to keep those on hand. It is not required under this bill’s language.
- **HB 1191 – Prohibit Corporal Punishment of Children:** Prohibits a person employed by or volunteering in a public school, a state licensed childcare center, a family child care home, or a specialized group facility from imposing corporal punishment on a child. Corporal punishment is defined as the willful infliction, or willfully causing the infliction of, physical pain on a child.
- **HB 1215 – Limits on Hospital Facility Fees:** Prohibits certain health care providers from charging a facility fee that is not covered by a patient’s insurance for preventive services provided in an outpatient setting. Providers are required to disclose information about facility fees to consumers and post this information in their facilities.
- **HB 1223 – Task Force to Prioritize Grants Target Population:** Creates a task force in CDPHE to establish shared goals, objectives, and guidelines for governmental agencies and community-based agencies to reduce youth violence, suicide, and delinquency risk for target communities. They will identify the target communities and then work to prioritize, align, and pool government resources to prioritize distribution of existing and new government grants to these target communities.
 - ACTION:** Youth Healthcare Alliance will monitor task force for relevancy to clinics and share updates as available.
- **SB 083 – Physician Assistant Collaboration Requirements:** Requires the physician assistant enter into a collaborative agreement with a physician licensed in good standing or a physician group, instead of previous supervisory requirement.

- **ACTION:** Any clinics with PAs should update their PA-physician protocols.
- **SB 170 – Extreme Risk Protection Order Petitions:** Expands eligible petitioners to community members, educators, licensed health care professionals, and mental health professionals, clarifies which law enforcement officers may petition for an order, to include district attorneys, and clarifies the venue where petitions may be filed. The bill also requires CDPHE to spend funds on a public education campaign regarding the availability of, and the process for requesting, an ERPO.
 - **ACTION:** Clinics should educate providers that they are now included as a petitioner if needed.

Other Bills May Affect Schools

Behavioral Health

- **HB 1009 – Secondary School Student Substance Use:** Creates the Secondary School Student Substance Use Committee in CDE to develop, identify, or modify practices that identify students in secondary school who need substance use treatment, offer brief interventions, and refer students to substance use treatment resources.

Equity

- **HB 1058 – Child-Occupied Facility Lead-Based Paint Abatement:** Aligns Colorado and federal law definitions of “child-occupied facility” for the purposes of lead abatement work so that a child-occupied facility is any building or portion of building that is visited by a child two or more days a week totaling 3 or more hours.
- **SB 029 – Disproportionate Discipline in Public Schools:** Requires each school district board to adopt a policy to address disproportionate disciplinary practices in public schools and review annually data about discipline. Creates the School Discipline Task Force in CDE to study and make recommendations regarding school discipline policies, state and local reporting requirements, and local engagement.
- **SB 241 – Creation of Office of School Safety:** Creates Office of School Safety within Department of Public Safety, to oversee the school safety resource center.
- **SB 296 – Prevent Harassment and Discrimination in Schools:** Requires that public schools adopt a formal policy protecting students from harassment or discrimination, train staff annually, and collect and pass data on reported incidents to school districts and the state. Requires that schools allow excused absence to a student experiencing harassment or discrimination, and provide accommodations and supportive measures such as counseling, extended time for homework or tests, or modified class schedules.

Other

- **HB 1213 – Stop the Bleed School Training and Kits:** Requires CDPHE to distribute bleed control kits and training materials to schools that request them.
- **SB 023 – CPR Training in High Schools:** Encourages each public school to provide instruction on CPR and the use of an automated external defibrillator to students in grades 9 to 12.

- **SB 249 – False Reporting of Emergency:** Creates the new crime of falsely reporting a mass shooting and expands the crime of falsely reporting an emergency to include when a threat causes a shelter-in-place order.

CLINIC IMPLEMENTATION CHECKLIST

- **HB 1003 – School Mental Health Assessment**
 - **ACTION:** Clinics should learn whether schools or districts will be opting into these screenings and if you can offer a partnership for referrals. Schools that qualify must meet one of 3 criteria, one of which is that the school does not have a SBHC; however, the school could meet one of the other criteria and qualify while having a SBHC.
- **SB 004 – Employment of School Mental Health Professionals**
 - **ACTION:** Learn whether your schools or districts will be hiring these professionals and if you can offer a contract to hire and manage this person for better integration with the school.
- **SB 002 – Medicaid Reimbursement for Community Health Services**
 - **ACTION:** Ensure your patient navigators / community health workers/ promotor/as are enrolled in the registry. Ask Youth Healthcare Alliance for assistance if you would like them to be enrolled.
- **SB 176 – Protections for People with an Eating Disorder**
 - **ACTION:** Prepare clinics to make changes for patients on Medicaid and health insurance plans on July 1 and January 1, respectively, to use BMI as the sole measure of healthy weight.
- **HB 1116 – Contracts between Carriers & Providers**
 - **ACTION:** Prepare billing departments for related changes if needed.
- **HB 1300 – Continuous Eligibility Medicaid Coverage**
 - **ACTION:** Prepare enrollment staff on changes in case patients ask questions about communications from HCPF.
- **SB 182 – Temporary Suspension of Medicaid Requirements**
 - **ACTION:** Prepare enrollment staff on changes in case patients ask questions about communications from HCPF.
- **SB 189 – Increasing Access to Reproductive Health Care:**
 - **ACTION:** Prepare to bill for outlined services as relevant.
- **SB 222 – Medicaid Pharmacy and Outpatient Services Copayment:**
 - **ACTION:** If collecting copayments, consider removing that as a requirement.
- **HB 1130 – Drug Coverage for Serious Mental Illness**
 - **ACTION:** Prepare to change prescribing protocols once HCPF finalizes their rules.
- **SB 083 – Physician Assistant Collaboration Requirements**
 - **ACTION:** Any clinics with PAs should update their PA-physician protocols.
- **SB 170 – Extreme Risk Protection Order Petitions**
 - **ACTION:** Educate providers that they are now included as a petitioner if needed.

YOUTH HEALTHCARE ALLIANCE IMPLEMENTATION CHECKLIST

- **SB 174 – Access to Certain Behavioral Health Services**
 - **ACTION:** Monitor for stakeholder meeting to provide feedback and will loop in school-based clinics as needed.
- **SB 002 – Medicaid Reimbursement for Community Health Services**
 - **ACTION:** Engage in the public stakeholder meetings and will engage the school-based clinics for feedback as needed.
- **SB 189 – Increasing Access to Reproductive Health Care**
 - **ACTION:** Plans to participate in the Family Planning Access Collaborative once convened and will solicit feedback from the clinics as appropriate.
- **SB 223 – Medicaid Provider Rate Review Process**
 - **ACTION:** Monitor the provider rate review hearings to see how we can provide feedback into the process for how provider rates can be increased.
- **SB 260 – Individual Access to Publicly Funded Vaccines**
 - **ACTION:** Seek clarity on this legislation and provide that to the clinics.
- **HB 1183 – Prior Authorization for Step Therapy Exception**
 - **ACTION:** Monitor the regulatory process to see how “serious or complex medical conditions” is defined and share how this may impact school-based clinics.
- **HB 1077 – Informed Consent to Intimate Patient Examination**
 - **ACTION:** Monitor and share CDPHE’s forms in case clinics would like to keep those on hand. It is not required under this bill’s language.
- **HB 1223 – Task Force to Prioritize Grants Target Population**
 - **ACTION:** Monitor task force for relevancy to clinics and share updates as available.