



**COLORADO**

Department of Health Care  
Policy & Financing

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# 2024 HCPF Legislative Session Wrap-Up

June 2024

During the 2024 Legislative Session, HCPF worked with bill sponsors to introduce and pass five agenda bills. HCPF engaged on three critical priority bills and worked with stakeholders on countless other healthcare related bills to improve health care equity, access and outcomes for Medicaid members and more broadly, save Colorado money on health care.

## HCPF AGENDA BILLS

### **HB24-1229: Presumptive Eligibility for Long-Term Care**

This bill will give HCPF statutory authority to pursue an 1115 waiver to expand the population eligible for Presumptive Eligibility (PE) to include individuals with disabilities. PE for people with disabilities facilitates prompt delivery of services in a community setting and can prevent nursing home admissions, or reduce length of stay in a nursing home. PE for Home and Community Based Services (HCBS) can also shorten the length of stay in a hospital while members wait for Medicaid eligibility determination to discharge.

This bill is a technical adjustment to existing language that:

- Ensure PE is available to both individuals with Intellectual or Developmental Disabilities (IDD) and those who use Long-Term Services and Supports (LTSS);
- Ensure HCPF can request the appropriate federal authority to implement PE, as current authority only allows amendments to the state plan and HCBS waivers;
- Allows both financial (meeting income and asset limits requirements) and functional (meeting level of care requirements) PE.

### **HB24-1399: Discounted Care for Indigent Patients**

This bill sunsets the Colorado Indigent Care Program (CICP) as a distinct program because the funding for CICP clinics was repealed in 2021. This bill is a companion bill to the Department's [R-6 "Provider Rates Adjustments"](#) budget request.

### **SB24-135: Modification of State Agency & Department Reporting Requirements**

This bill makes a variety of technical changes to multiple state agencies' required legislative reports to ensure relevancy, timeliness, accountability and transparency. It removes

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saving Coloradans money on health care and driving value for Colorado.

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duplicative and outdated reporting, reduces administrative burden, aligns due dates to improve statutory alignment, and creates implementation efficiencies.

### **HB24-1465: Program Changes Refinance Coronavirus Recovery Funds**

This technical change extends the Department's authority to use existing *administrative* funds appropriated from the Rural Provider Stimulus Grant Program. Currently, SB22-200 requires that all money in the fund not expended by July 1, 2024, be reverted to the Economic Recovery and Relief Cash Fund. The federal requirements for these funds must be closely followed, and this proposal extends the deadline through December 2024, allowing HCPF to administer, monitor, and revise grant agreements, if needed, in accordance with federal requirements.

### **HB24-1146: Medicaid Provider Suspension for Organized Fraud**

This bill would give HCPF the authority to suspend Medicaid providers if HCPF has identified the provider as participating in an ongoing, alleged, organized crime or organized fraud scheme, impacting the Medicaid or CHP+ program. Providers would maintain appeal rights as afforded under CRS §24-4-105(2). This bill was signed into law on February 20.

## **HCPF PRIORITY BILLS -**

### **Colorado's Child Welfare System Interim Study Committee**

#### **HB24-1038 - High-Acuity Crisis for Children & Youth**

This bill creates and expands programs for youth who are in, or are at risk of being placed in, out-of-home care. Full summary is available at the [Committee's webpage](#).

### **Opioid and Other Substance Use Disorders Study Committee**

#### **SB24-047 - Prevention of Substance Use Disorder**

The bill creates several measures regarding the prevention of substance use disorders, including creating a grant program, modifying the Prescription Drug Monitoring Program (PDMP), creating a data linkage project, establishing procedures for local drug overdose fatality review teams, and providing additional modifications to existing programs, including a provision to give HCPF access to the PDMP for specific purposes.

#### **HB24-1045 - Treatment for Substance Use Disorder**

The bill creates and expands programs and services for substance use disorder (SUD) treatments. Specifically, the bill:

- Creates the Behavioral Health Diversion Pilot Program
- Provides reentry services under Medicaid
- Provides partial hospitalization services for SUD under Medicaid
- Expands the Colorado Child Care Assistance Program
- Provides safety net Provider Application support services.



- Creates the Contingency Management Grant Program

### **Other Major Bills Impacting the Department:**

**[HB24-1322](#): Medicaid Coverage Housing & Nutrition Services** provides the department with the authority to conduct a feasibility study to assess the potential of using an 1115 waiver to receive a federal match on previously allocated funds for housing and nutrition services within the state. This process was initiated through [HB23-1300](#). HB24-1322 expedites the study and provides the department with additional authority to pursue an 1115 waiver if the study concludes budget neutrality for the state.

**[SB24-116](#): Discounted Care for Indigent Patients** addresses administrative challenges identified after the implementation of [HB21-1198](#), which established billing requirements for indigent patients. SB24-116 also establishes presumptive eligibility for certain low income adults in hospital settings.

**[SB24-110](#): Medicaid Prior Authorization Prohibition** changes the prior authorization process for antipsychotic medications. Members now must fail on only one preferred antipsychotic drug, rather than the previous two, before receiving coverage for antipsychotic medications that are not on the department's preferred drug list.

**[SB24-168](#): Remote Patient Monitoring for Medicaid Members** promotes the use of remote patient monitoring for Medicaid members. The bill appropriates funds to be granted to rural hospitals for the purchase of remote monitoring technology to increase access to care in rural Colorado. This law also increases the coverage of continuous glucose monitors for Medicaid members who meet certain criteria beginning November 1, 2025.

**[SB24-175](#): Improving Perinatal Health Outcomes** directs the department to cover over the counter choline supplements for pregnant members by July 1, 2025, as they become available in pharmacies for reimbursement.

**[SB24-221](#): Funding for Rural Health Care** creates the Rural Hospital Cash Fund to further implement the rural health-care workforce initiative created under [SB22-172](#). The department will distribute the \$1.7 million to rural hospitals within the state.

**[HB24-1312](#): State Income Tax Credit for Careworkers** creates a refundable income tax credit in the amount of \$1,200 (single filer) or \$2,400 (joint filer) for many care workers providing community based and long term care services. To be eligible for this credit, a single filer must make no more than \$75,000 or \$100,000 as a joint filer and be employed in the care workforce. The bill requires the department to provide a report to the Department



of Revenue listing the federal identification numbers of every long-term care employer in Colorado.

**SB24-086: Breast Cancer Screening Fund Transfer** directs the department to transfer \$500,000 from the breast cancer screening fund to the Prevention Services Division within the Colorado Department of Public Health and Environment (CDPHE) for the next three fiscal years, ending in fiscal year 2026-2027. This money must be used by CDPHE for breast and cervical cancer screening.

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