



Colorado Medical Society

"Advocating excellence in the profession of medicine"

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2008 Legislative Recap – A Great Session for CMS!

Colorado physicians can point to the 2008 legislative session with pride. Our agenda succeeded on every level: we passed (with broad bipartisan support) the bills we had developed, we defeated the bill that threatened physicians' livelihood, and we engaged constructively with allies and opponents on all issues affecting medicine, to minimize adverse impacts and maximize benefits to physicians and patients.

Medicine also had a win with Gov. Ritter's Medicaid reimbursement increase for primary care services. That came directly from the recommendations of the CMS/Specialty Medicaid Reform Task Force, and represented a good-faith effort on the part of the governor to respond to physicians' needs. He found unexpected savings in this year's budget to fund the reimbursement increase, and staked political capital on funneling those extra dollars to Medicaid rather than other competing priorities.

More than 100 health care-related bills were introduced this session; here's an overview of the legislation and executive action on which CMS was most engaged.

Comprehensive Health Reform

Gov. Ritter's Building Blocks for Health Care Reform - Highlights

Medicaid payment increase – Included in budget "long bill"

Gov. Ritter stepped up to the plate for physicians with a funding request to legislators to enable a sizable increase in Medicaid fees – from approx 68% of Medicare to 90% of Medicare for evaluation and management codes. (Dentists received a separate increase.) The executive branch had to make a strong case to skeptical legislators that this funding should take precedence over other priorities – and, as a result, physicians in Colorado's Medicaid program will benefit. CMS will continue to work with HCPF and the governor's office on Medicaid reforms, including payment reform.

SB 160/161, CHP+ expansion, Medicaid/CHP+ administrative streamlining – Passed, signed by Governor

As part of the Building Blocks package, Gov. Ritter worked with legislators to increase eligibility for CHP+, enabling 55,000 more children to enroll in the program. And, with changes to eligibility determination rules, he and legislators made it easier for families to enroll (and maintain their enrollment in) CHP+ and Medicaid.

Center for Improving Value in Health Care – Established by Executive Order

The Center, to be overseen by HCPF Director Joan Henneberry, will be the locus for all efforts to reduce costs and improve quality. CMS will work to ensure that medicine is an active participant in the Center's work and that it builds upon existing efforts such as CCGC and others.

Other Health Reform Milestone Bills

SB 217, “Centennial Care Choices” – Passed, awaiting Governor’s signature

This legislation begins the process of implementing the 208 Commission’s recommendations for changes to private insurance, establishing a process for creating minimum benefit packages in the individual market and laying the groundwork for a public subsidy program to enable middle-income working families to afford coverage. A panel of experts to oversee the process, including physician representation, will be named by Gov. Ritter this summer.

Liability

SB 164, raising limits on medical liability – Defeated

CMS’ multi-pronged strategy – encompassing statewide grassroots activity at an unprecedented level; alliances with health care and business organizations; direct lobbying; and effective media outreach, including nine editorial opposing the bill – paid off with the defeat of the most important bill facing the medical profession this session. CMS members deserve special kudos for turning out in droves at the Capitol for hearings on the bill, and for deluging legislators with calls and e-mails about the bill. More than one legislator commented that they had never heard from so many constituents on one issue as they did on this bill. Over the interim, CMS (as directed by the Board of Directors) will continue dialogue with CTLA and efforts to structure a comprehensive study of the medical liability system.

Managed Care

SB 135, health plan swipe cards – Passed, awaiting Governor’s signature

Part of Gov. Ritter’s Building Blocks package, and a first step toward implementing the 208 Commission’s recommendations for administrative streamlining, this bill establishes a process and timeline for health plans to standardize and electronically enable membership cards. A work group of plans, physicians, consumers and regulators will make recommendations about the information to be included on the cards; the Commissioner of Insurance will oversee the process.

SB 138, physician profiling – Passed; bill-signing ceremony tentatively scheduled for June 3

A national model governing physician designation by health plans, the bill is the fruit of constructive dialogue between CMS and health plans. It requires plans to disclose the process and data used to designate physicians and creates appeals mechanisms for physicians who believe they have been inappropriately profiled. While the bill is similar to the Cuomo directive in New York, it is specifically tailored to Colorado physicians.

HB 1131, health plan mergers – Passed, awaiting Governor’s signature

Like SB 138 and last year’s contracting bill, HB 1131 emerged from the United/PacifiCare merger and concerns expressed by physicians about the minimal oversight of that merger. The bill creates a mandatory independent investigation of health plans mergers/acquisitions that meet a threshold level of market penetration, etc.

HB 1389, “FAIR” – Passed, awaiting Governor’s signature

As a result of this legislation, DOI will now have the authority to review and approve health plan’s expected premium changes before the changes take effect. While plans will not be held to a specified ratio of benefits expenses to administrative expenses, the review of their rate increases may be expedited if they achieve certain benchmark ratios.

HB 1407, penalizing unreasonable conduct by insurers – Passed, awaiting Governor’s signature

This bill increases DOI’s ability to fine health plans for unreasonably delaying and denying claims, and creates a new opportunity for patients to take insurers to court after exhausting administrative remedies.

HB 1410, colorectal screening mandate – Passed, awaiting Governor’s signature

What started out as a broad bill mandating coverage for an array of preventive and primary care services was narrowed to a requirement that health plans cover colorectal screening with relatively low patient cost-sharing. CMS worked to ensure that the bill refers to recommendations of the U.S. Preventive Services Task Force, rather than listing a series of tests that may or may not be appropriate. Over the interim, CMS will work with consumers, advocacy groups and health plans on a new approach to preventive coverage.

HB 1411, “anti-kickback bill” – Defeated

This bill was designed to bar health plans or other entities from rewarding physicians for unreasonably delaying, denying, reducing or limiting care. As drafted, CMS was concerned that it would preclude physicians from engaging in appropriate disease management, quality improvement and pay-for-performance programs. We worked with Pfizer, the bill’s backer, and Kaiser (representing all the health plans) to develop revised language. Ultimately, all groups were not able to reach consensus and the bill was defeated.

Scope of Practice

HB 1061, advanced practice nurses – Passed, signed by Governor

CMS worked closely with legislators and the Colorado Nurses Association to ensure that the bill retains appropriate physician involvement in APN decision-making. A “Collaborative Scopes of Care Advisory Committee” established by Gov. Ritter as part of the Building Blocks will continue to explore issues related to APN practice; CMS members have been appointed to that committee.

HB 1064, regulating naturopaths – Defeated

What began as a bill to license naturopaths and expand their legal authority was reduced, as a result of CMS’ input, into a bill calling for registration and narrowly-defined limits on naturopaths’ authority. The medical community still expressed significant opposition, however, and the bill was defeated. CMS and CAFP will continue dialogue with naturopaths over the summer.

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