



2019 LEGISLATIVE PREVIEW

Left Turn

New Governor, Democratic Majority
Promise Progressive Health Policies

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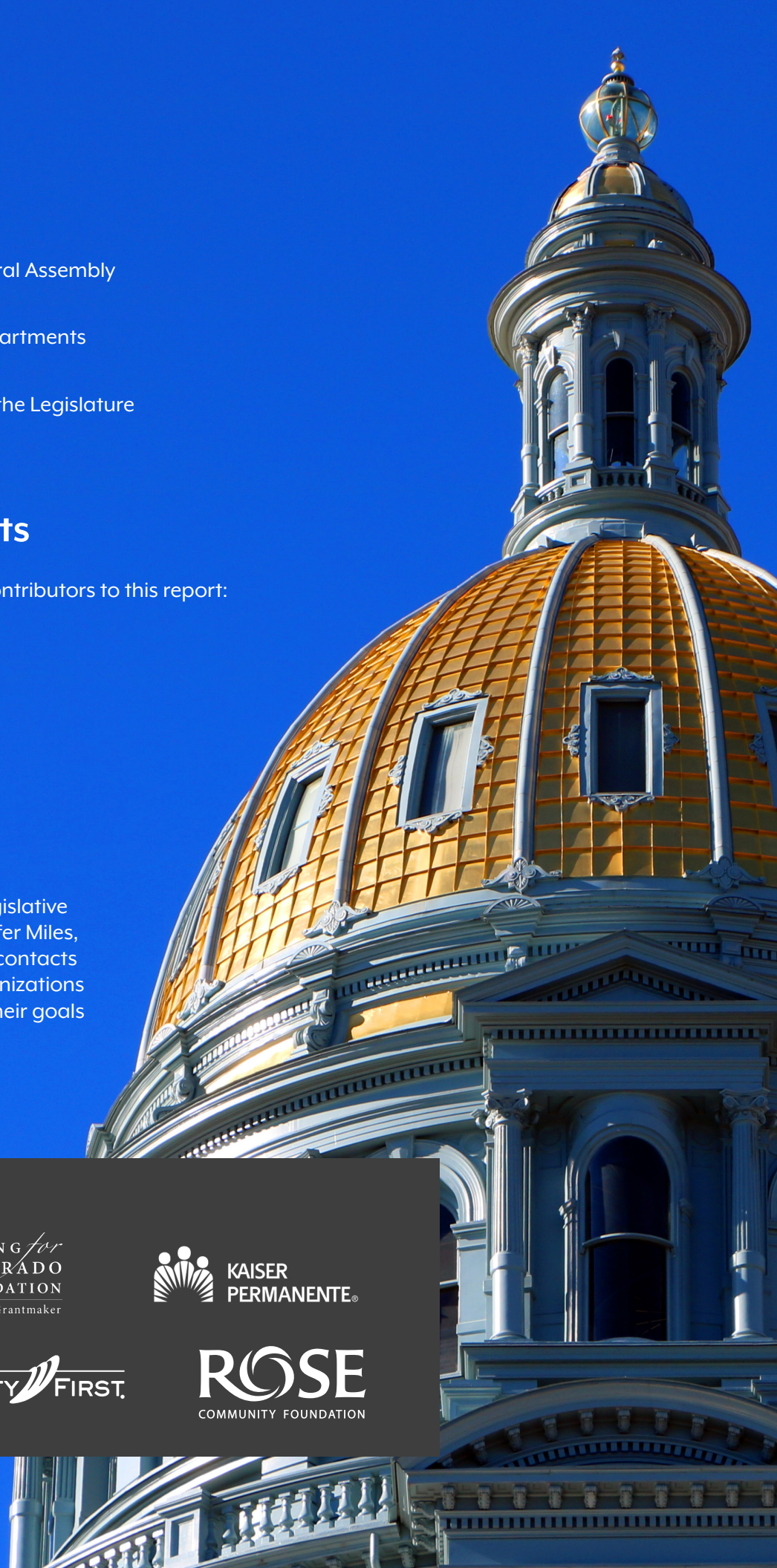
Acknowledgements

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Our Funders



This year is likely to be another momentous one for health care, marked by uncertainty and instability at the federal level and major policy opportunities for Democrats in Colorado.

The party scored resounding victories in the midterm elections that give it nearly absolute power for the next two years. In addition to capturing all statewide offices, such as attorney general, secretary of state, and treasurer, Democrats retained control of the governor's mansion and state House, and they succeeded in retaking control of the state Senate, which they narrowly lost four years ago. These results give them full control of the Capitol.

Many incoming elected officials are more progressive — and in many cases, younger — than those they are replacing. Governor-elect Jared Polis exemplifies the change.

A leftward shift mixed with unanimous control means the window is open for policies such as a Medicaid buy-in program and stricter regulations on oil and gas. In many cases, the limited state budget could function as the main roadblock to enacting significant change.

Republicans, as well as some Democrats, are concerned that the party could overreach given its newfound power. Single-party control hasn't traditionally lasted long in Colorado, and ambitious policy decisions by Democrats will either set them up for a rebuke from voters or a longer stretch in power. Health and health care issues are at the heart of the policy options they will debate.

Among the major topics to watch: substance use and mental health, health care transparency, and solutions to high insurance prices. Discussions of health are always wide-ranging, and legislators will likely consider issues such as care for pregnant women, housing affordability, advance directives, and medical malpractice rules. Outside decisions and distractions will continue to impact state lawmakers' work, from changes ordered by the Trump administration to anger and frustration over sexual harassment in their own building.

Going into 2019, many political pundits have asked: What color is Colorado now? Our purple state looks increasingly blue, but at local levels it's colored by seas of red. Some analysts have cautioned against assigning any shade to the state's politics, saying Colorado is and will remain something increasingly rare in U.S. politics: a swing state. But the ball is in Democrats' court now.

Here's what health policy stakeholders need to know as Colorado kicks off the 2019 legislative session.

The Political Landscape

Colorado voters turned out in historic numbers to sweep Democrats into firm control of the state government in the November election.

Nearly 63 percent of eligible Colorado adults voted. Only Minnesota had higher turnout.

Nationally, the “blue wave” that gave Democrats control of the U.S. House of Representatives was more like a blue tsunami in Colorado. Democrats retook the state Senate and claimed every statewide office. That hasn’t happened since the era of the New Deal in the 1930s.

Governor’s Race

After a drawn-out, crowded, and expensive gubernatorial campaign, Democrat Jared Polis defeated Republican Walker Stapleton by more than

10 percentage points. Polis has represented Colorado’s 2nd Congressional District since 2009. While the party in control of the governor’s mansion remains the same, Polis is not another John Hickenlooper, the moderate Democrat who has led the state for eight years. Polis is an outspoken advocate for universal health care, full-day kindergarten, and 100 percent renewable energy.



Gov.-elect Jared Polis

Ballot Measures

Progressive ballot initiatives did not fare as well. Voters soundly rejected Amendment 73, an income tax increase for schools; Proposition 110, a sales tax for transportation infrastructure; and Proposition 112, an increase in mandatory setback distances for oil and gas developments. That proposal fell under the weight of a multimillion dollar campaign convincing Coloradans that the measure would result in massive job losses.

But the story was different at the local level. Tax increases for behavioral health services passed in 10 counties around the state — everywhere that such a proposal was on the ballot except for Pueblo. Among the successful measures is the Caring 4 Denver initiative, which will funnel an estimated \$45 million in new revenue to mental health and substance use services in the state’s largest city.

State Legislature

Democrats ended four years of split-party control in the legislature. The party widened its margin in the House, picking up five seats for a total of 41 Democrats and 24 Republicans in 2019, and it had a perfect record in battleground races for the Senate. That chamber will shift from a one-seat Republican majority to a three-seat Democratic majority (19 to 16) this session.



The party will control all House and Senate committees. New committee assignments and structures — for example, the creation of an “Energy and Environment” committee in the House — send a message about Democrats’ priorities. The following page contains more detail on the legislature’s three health committees.



Women of the Legislature

Prior to the election, Colorado ranked fourth nationally for the highest proportion of women in its state legislature. After the election, it moves up to second place, behind Nevada, with 45 percent of the legislature’s seats held by women. For the first time in state history and only the third time nationally, one chamber (the House) will be majority female, with 33 seats held by women and 32 by men. Just over one-third of Senate seats are held by women.



The 72nd Colorado General Assembly

The House 33 votes to pass a bill

41 D
24 R

Speaker
K.C. Becker
Democrat,
Boulder

18 votes to pass a bill **The Senate**

19 D
16 R

President
Leroy Garcia
Democrat,
Pueblo

Health Committees

Senate Health and Human Services

- Democrats**
- Sen. Rhonda Fields, chair
 - Sen. Brittany Pettersen, vice chair
 - Sen. Faith Winter
- Republicans**
- Sen. Jim Smallwood
 - Sen. Larry Crowder

House Health and Insurance

- Democrats**
- Rep. Susan Lontine, chair
 - Rep. Yadira Caraveo,* vice chair
 - Rep. Janet Buckner
 - Rep. Dominique Jackson
 - Rep. Kyle Mullica*
 - Rep. Brianna Titone*
- Republicans**
- Rep. Marc Baisley*
 - Rep. Susan Beckman
 - Rep. Marc Caitlin
 - Rep. Matt Soper*

*New to Legislature

House Public Health Care and Human Services

- Democrats**
- Rep. Jonathan Singer, chair
 - Rep. Dafna Michaelson Jenet, vice chair
 - Rep. Yadira Caraveo*
 - Rep. Lisa Cutter*
 - Rep. Serena Gonzales-Gutierrez*
 - Rep. Sonya Jaquez Lewis*
 - Rep. Kyle Mullica*
- Republicans**
- Rep. Lois Landgraf
 - Rep. Colin Larson*
 - Rep. Larry Liston
 - Rep. Rod Pelton*

The Budget

Polis takes office at an opportune time. Colorado's economy continues to boom, generating jobs and tax revenue.

The General Fund is projected to have nearly \$1.2 billion more in Fiscal Year 2019-20 than the current budget — a 9 percent increase. It's an enviable position for the new governor. His predecessor, Hickenlooper, took office during a deep recession and had to cut funding for schools and colleges.

But don't expect a spending bonanza. The legislature will need much of the new money to cover inflation and increasing pressures on schools, Medicaid, and social services brought about by Colorado's population boom.

With Democrats firmly in control of the Capitol, the budget may act as the strongest brake on their agenda, especially for big-ticket ideas.

For example, Polis has proposed full-day kindergarten. Right now, the legislature only pays for a partial day of kindergarten. Moving to full-day kindergarten would cost at least \$300 million a year, according to analyses of past bills.

Kindergarten advocates will have to compete with other priorities. State funding for schools has lagged by \$7 billion in the past decade, and state departments want to boost reimbursement for medical and social service providers.

Before going on a spending spree, legislators will have to consider what happens when the economic boom is over. Adding programs now could mean that something else will have to be cut during the next downturn.

The legislature's economists aren't predicting a recession in the next two years, but they note that the national economy has been expanding for nearly a decade — one of the longest expansions in U.S. history. That means Polis should expect to see a recession sometime during his tenure.

No Help from Voters

Colorado voters rejected two tax increases in the November election that could have transformed the state budget.

Amendment 73 sought to raise income taxes on people making more than \$150,000 a year. It would have provided an additional \$1.6 billion annually for schools — boosting current school funding of \$4.5 billion by a third.

Proposition 110 would have raised sales taxes to provide \$767 million a year to the state's underfunded transportation system.

Schools and roads still need funding, but voters have made clear they're not interested in raising taxes — even in a "blue wave" year.



Marijuana to the Rescue?

People in and outside Colorado sometimes mistakenly believe the state is flush with cash from taxes on legalized marijuana. In fact, the Marijuana Tax Cash Fund sits at a modest \$118 million — enough to pay for marijuana law enforcement and some public health programs, but not enough to count for even 1 percent of the General Fund.

Economists project that marijuana tax revenue will grow by 6 percent in 2019-20.

TABOR: A Burden or an Opportunity?

In Colorado’s lengthy constitution, Democrats loathe the Taxpayer’s Bill of Rights (TABOR) more than anything. But savvy lobbyists and advocates know that TABOR also presents a funding opportunity.

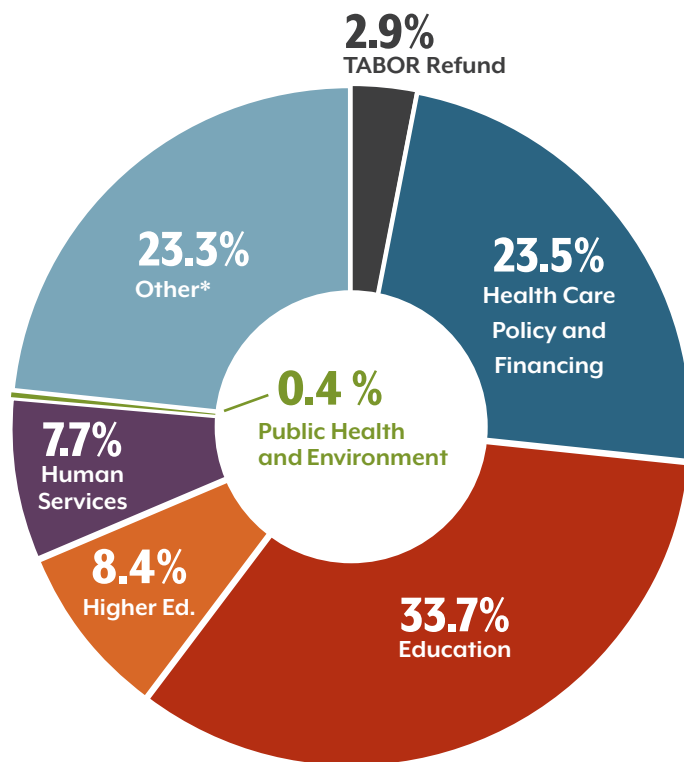
TABOR constrains government revenue by requiring a vote on all tax increases and mandating refunds when state revenue exceeds a formula based on inflation and population. Only voters can repeal TABOR.

The economy is doing well, which usually triggers a TABOR refund. For 2019-20, Hickenlooper has budgeted for a refund of almost \$400 million, which must be paid out of the General Fund. Democrats typically see TABOR refunds as robbing education.

However, legislators can decide to direct the refund to favored causes. In the past, legislators used the refund to create a state Earned Income Tax Credit to fight poverty and for a property tax reduction for older Coloradans. Alternatively, they can minimize the TABOR refund by creating tax credits that reduce state revenue. Democrats have typically shied away from this approach, because a tax credit that sounds like a good idea during boom years can drain the treasury during a recession.

Nevertheless, creative legislators could see the \$400 million refund as a source of funding for any bill that seeks to reward certain taxpayers – for example, people who enroll in job training programs or parents with kids in daycare.

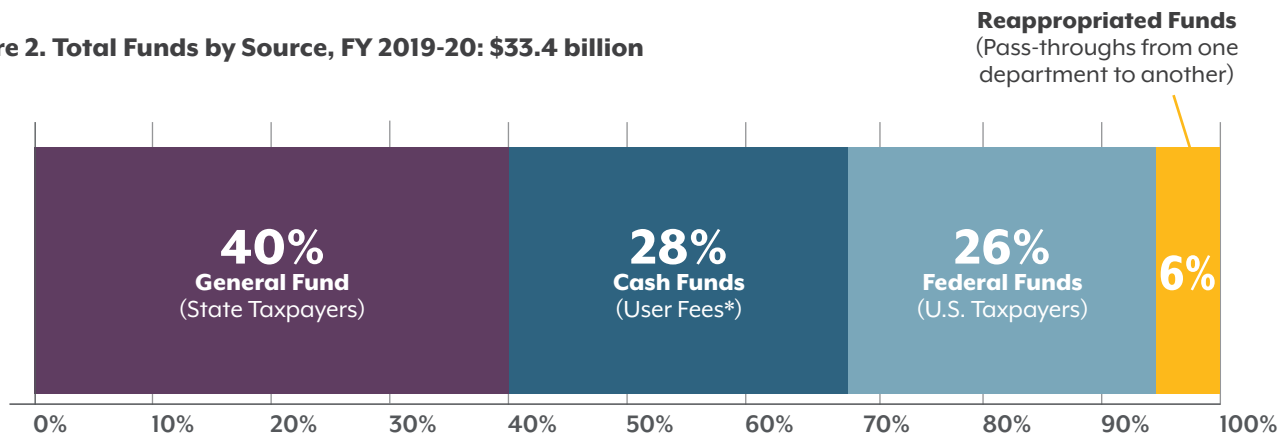
Figure 1. General Fund, FY 2019-20: \$13.2 billion



Source: FY 2019-20 Governor’s Budget Request, Nov. 1, 2018.

*Includes non-departmental expenses and the following departments: Treasury, Public Safety, Local Affairs, Revenue, Natural Resources, Military and Veterans Affairs, Governor, Personnel and Administration, Labor and Employment, Regulatory Agencies, Law, Agriculture, Legislature and Department of State.

Figure 2. Total Funds by Source, FY 2019-20: \$33.4 billion



*Includes, for example, hunting licenses and college tuition.

Health-Related State Departments

Health Care Policy and Financing (HCPF)

\$10.2B

Total appropriation 2018-19
(\$2.9 billion from the
 General Fund)

25.4%

Percentage of
 state General Fund

- **Proposed Request 2019-20:** \$10.6 billion
 - **Total Increase:** \$462.4 million
 - **Percentage Increase:** 4.6 percent
- **Full-Time Equivalent (FTE) Employees 2018-19:** 506.3
- **Proposed FTE Employees 2019-20:** 528.7
 - **Total Increase:** 22.4 FTEs
 - **Percentage Increase:** 4.4 percent

What to Watch

HCPF runs Medicaid and Child Health Plan *Plus*. Innovation in delivery systems, controlling costs, and coordinating programs to improve health are all priorities for the department. It wants more money to cover increased costs of care, boost provider reimbursements, and fund the All-Payer Claims Database. More than half of the department's budget comes from the federal government.

Public Health and Environment (CDPHE)

\$590.7M

Total appropriation 2018-19
(\$52.0 million from the
 General Fund)

0.5%

Percentage of
 state General Fund

- **Proposed Request 2019-20:** \$598.6 million
 - **Total Increase:** \$7.89 million
 - **Percentage Increase:** 1.3 percent
- **FTE Employees 2018-19:** 1,345.8
- **Proposed FTE Employees 2019-20:** 1,362.1
 - **Total Increase:** 16.3 FTEs
 - **Percentage Increase:** 1.3 percent

What to Watch

While CDPHE makes up less than 1 percent of the General Fund, the department oversees a variety of programs that connect to Coloradans' overall health. CDPHE is requesting more funding to expand family planning services, support new electronic health record systems for local public health agencies, and enhance quality of life and safety for residents of assisted living facilities.

Human Services (CDHS)

\$2.2B

Total appropriation 2018-19
(\$982.6 million from the
 General Fund)

8.6%

Percentage of
 state General Fund

- **Proposed Request 2019-20:** \$2.2 billion
 - **Total Increase:** \$78.2 million
 - **Percentage Increase:** 3.6 percent
- **FTE Employees 2018-19:** 5,052.9
- **Proposed FTE Employees 2019-20:** 5,110.8
 - **Total Increase:** 57.9 FTEs
 - **Percentage Increase:** 1.1 percent

What to Watch

Human Services plays a large role in behavioral health programs. The department is seeking money to supplement its workforce through salary and staffing increases. Other proposals include enhancing the Colorado crisis system and adding beds at the Colorado Mental Health Institutes at Pueblo and Fort Logan.

Regulatory Agencies (DORA)

\$99.6M

Total appropriation 2018-19
(\$2.0 million from the
 General Fund)

<0.1%

Percentage of
 state General Fund

- **Proposed Request 2019-20:** \$102.7 million
 - **Total Increase:** \$3.0 million
 - **Percentage Increase:** 3.0 percent
- **FTE Employees 2018-19:** 574.7
- **Proposed FTE Employees 2019-20:** 574.9
 - **Total Increase:** 0.2 FTEs
 - **Percentage Increase:** 0.0 percent

What to Watch

The department protects Colorado consumers through regulating various professions, including insurance providers. This is the job of the Division of Insurance (DOI). Polis wants to use the DOI to act more as a consumer watchdog against high insurance prices. This could require legislation.

The Polis Administration

Jared Polis replaces two-term Governor John Hickenlooper. Although both are Democrats, their approaches to governing will not be the same, and the governor's office is likely to shift to the left.

Born in Boulder, Polis, 43, is a career entrepreneur who launched several internet-based businesses. He served on the Colorado State Board of Education and then was elected to represent Colorado in the U.S. House of Representatives. He served on the Education and Workforce, Natural Resources, and Rules committees.



Photo by Polis for Colorado

Gov.-elect Jared Polis and Lt. Gov.-elect Dianne Primavera celebrate on election night.

The 100-Day Agenda

Polis has made health care a top priority. His 100-day agenda has big goals:

- Consolidating Colorado's nine insurance rating regions to bring down rural prices;
- Strengthening the role of the DOI as a consumer watchdog;
- Implementing a reinsurance program;
- Expanding access to mental health services;
- Addressing prescription drug prices;
- Tackling health care workforce shortages.



Inauguration

Jared Polis will be sworn in as the state's 43rd governor at 11 a.m., January 8, on the west steps of the state Capitol.

The Polis Health Team

Dianne Primavera, Lieutenant Governor

Polis underscored the focus he will place on health by choosing Primavera as his lieutenant governor. A Denver native, Primavera brings health policy experience from her four terms in the legislature, during which she passed bills to expand insurance coverage and protect patient medical information. Primavera has also served as CEO of Susan G. Komen Colorado and is a four-time cancer survivor.

Kim Bimestefer, Director of Health Care Policy and Financing

Polis chose Bimestefer to remain in the role she has held for the past year as head of the state's largest department. Bimestefer has sought to leverage Colorado's Medicaid program to address high health care prices, especially for prescription drugs and hospital care. Her appointment is a sign that Polis wants to take action on prices, even if influential groups like hospitals are not on board.



Michael Conway, Insurance Commissioner

Conway has served as interim commissioner for the past year. He has focused publicly on maintaining Colorado's high rate of insurance coverage while lowering costs. Under Conway, the DOI has worked on a reinsurance proposal and has helped Summit County to design a local coverage system to address its high insurance costs. Conway will take a lead role in carrying out any pro-consumer reforms Polis proposes for the DOI.



Bills and Issues to Watch

For the past four sessions, many Democratic proposals have met their demise in the Senate's State, Veterans, and Military Affairs Committee, while Republican bills often failed in House committees. Democrats now control all legislative committees, removing a major roadblock. There are plenty of pent-up ideas and frustrations poised to flood the calendar.

In addition to new bill topics, expect to see the return of many familiar measures. Chief among them will be recent bills that failed on a 3-2 party-line vote in Senate State Affairs. This includes proposals targeting behavioral health, transparency and accountability, and health care and insurance costs.



Substance Use

The Opioid and Other Substance Use Disorders (SUD) Study Committee will endorse only two bills (focused on recovery support services and criminal justice) in contrast to six in 2018. The committee had recommended five bills for introduction, but in a rare move, three were rejected in the Legislative Council Committee. These bills — all larger and more complicated proposals focused on treatment, harm reduction, and prevention — were hurt by a combination of their estimated price tag and election-year politics.

However, these rejected bills likely will be introduced by individual legislators, perhaps as a single comprehensive SUD bill. Both Republican and Democratic legislators are in the mix as sponsors. There's a strong chance this SUD bill or bills will pass — including a measure to allow supervised injection sites, which failed in 2018.



What Chance Does This Bill Have?

Does it cost money? If so, is the price low or high?

The higher the estimated price of a bill, the more difficult it is to pass. An example of a Democrat-backed bill that wouldn't cost anything and is therefore likely to pass: a ban on conversion therapy — counseling aimed at changing a person's sexual orientation if they don't identify as heterosexual. Democrats have tried and failed to prohibit the practice in recent sessions, but 2019 will likely be the year that it passes.

Does it focus on saving money or is it aimed at improving care or expanding benefits?

It is easier to pass bills that save money, given the many pressures on Colorado's state budget. But it's certainly not impossible to pass benefit expansions. The successful 2018 effort to add inpatient and residential substance use disorder treatment as a Medicaid benefit demonstrated that with the right confluence of circumstances and values, even bills with a high price tag can become law.

Will it provoke opposition from powerful groups like hospitals, insurance carriers, or pharmaceutical companies?

Such groups have clout at the Capitol. They have repeatedly (and successfully) led the charge to kill bills to require more transparency in prescription drug pricing, clearer public reporting of hospital finances, or changes to the state's insurance rating regions.

Mental Health

CHILDREN'S COUNSELING

Mental health services will continue to be a big focus in Colorado, which has one of the highest suicide rates in the country. A population in the brightest spotlight: children and youth. Legislators will consider more funding for mental health counseling in schools, and they will likely see a renewed effort to lower the age at which kids can get counseling without their parents knowing. A bill to change that age from 15 to 12 failed last year.

RED FLAG

Another notable measure returning from 2018 is the extreme risk protection order, or “red flag” bill. It would allow family members or law enforcement to ask a court to temporarily confiscate guns from someone who is a risk to themselves or others. Bipartisan sponsorship was not enough to get the bill to the governor’s desk last year, but a unified Democratic legislature probably will support it.

PARITY

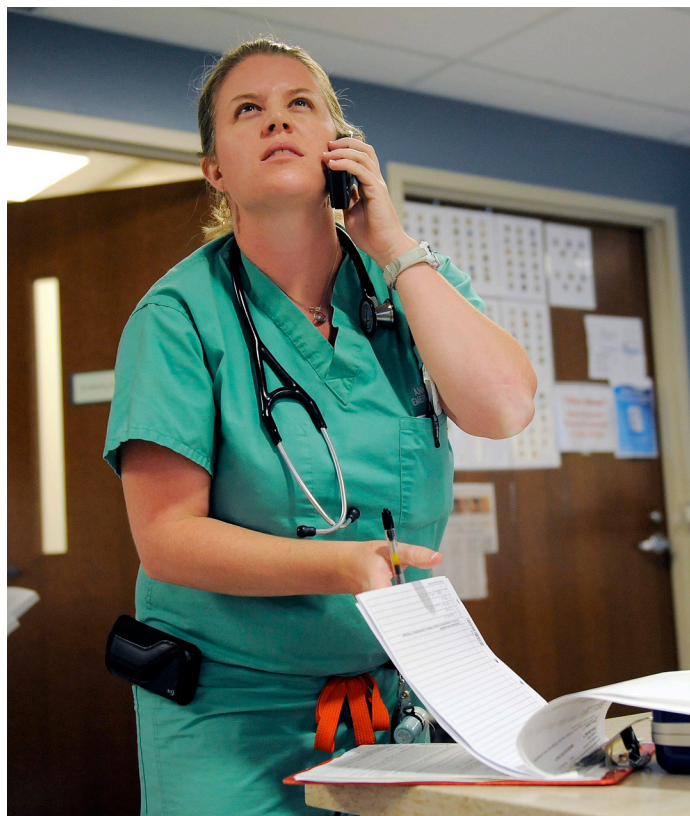
Parity — the concept that mental health services must be made available and covered at the same level as physical health services — also will be top of mind. Colorado has existing parity laws on the books, but advocates say they often are not enforced. Bills will propose better enforcement of those laws, expanding them, or both.

Transparency

Legislators from both parties regularly trumpet the importance of greater transparency in the health care system, especially when it comes to prices. But progress has been complicated by philosophical differences — for example, over how much health care can and should work like a traditional free market — and mixed evidence on the usefulness of transparency measures. Debates are sure to continue.

HOSPITAL AND PHARMA FINANCES

Colorado hospitals face mounting questions over new construction and, in some cases, large profit



margins. Insurance carriers blame hospitals for their financial struggles and rising premiums, while hospitals point the finger right back at carriers. Legislators will likely push for greater transparency in hospitals’ finances, an effort that has failed twice in recent years, and they also may consider a bill to increase community benefit reporting.

Hospitals are working on their own idea to publish self-pay prices for more services, a practice that has gained traction since a bill on this topic passed in 2017.

And pharmaceutical companies will face more bills to reveal the costs of certain drugs for specific conditions like diabetes or for a broad range of drugs.

OUT-OF-NETWORK BILLS

There will also be proposals to extend consumer protections, including a renewed attempt to limit surprise bills for out-of-network care. Hospitals may lead a more sweeping effort to streamline the billing process by removing providers from the equation entirely. If successful, patients would make co-payments directly to their insurance companies, instead of to providers.

Cost Control Options for the Legislature

Colorado lawmakers have struggled in recent years to find solutions to health care costs, and especially the high price of insurance on the individual market, where about 8 percent of Coloradans buy their coverage.

It's not for lack of trying. Legislators have floated several bills that did not pass for various reasons — urban-rural divides, opposition from key industries, or political gridlock.

But the clamor for action continues to grow, and Polis campaigned on tackling health costs. The time seems ripe in 2019 for action.

CHI analyzed seven ideas that seek to lower costs. Three address the price of insurance, and four go after the price or volume of health care, which largely drives insurance prices. The chart on the opposite page summarizes these ideas side-by-side.

Insurance Prices

SINGLE RATING REGION

Colorado has nine insurance rating regions, and carriers can charge different prices from region to region. Western Slope lawmakers want to consolidate to one region, so prices for the same policy could not vary throughout Colorado. Polis supports the idea.

Who benefits: Insurance customers outside Denver, Boulder, and Colorado Springs would get modest price cuts, and Western Slope customers would get a discount of more than 20 percent, according to a 2016 analysis for the DOI. About 52,000 customers on the Western Slope would benefit, according to the Colorado Health Access Survey.

Who pays: Customers in the Denver metro area, Boulder, and Colorado Springs would see increases of up to 9 percent. These areas account for most customers statewide, with 307,000 people potentially paying more.

Side effects: The DOI study warned that some insurers might choose not to offer policies in rural counties if they can't charge more and recommended against the idea.

REINSURANCE

Think of this as insurance for insurance companies, using a reinsurance fund to pay some of the bills for insurance companies' most expensive customers. This lowers risk

for the carriers and gives them the option to lower prices for all customers. The idea would cost an estimated \$270 million, split between federal and state funding.

Who benefits: A projected 124,000 individual market customers would see lower premiums, according to an analysis by Milliman, a consulting firm.

Who pays: The state would have to come up with \$135 million. A failed 2018 reinsurance bill proposed fees on about 2 million Colorado insurance customers. Proponents are looking for another source.

Side effects: A variation of a reinsurance bill would cap payments to medical providers from the reinsurance fund. This could hurt providers' bottom lines.

EXPANDED SUBSIDIES

The Affordable Care Act (ACA) subsidizes insurance premiums for people who make less than four times the federal poverty level, or about \$49,000 for a single person. People who make more than this get no subsidy, and they have suffered the most from skyrocketing prices on the individual market. Legislators have proposed a state subsidy for people making between four and five times the poverty level.

Who benefits: A 2018 bill would have aided 2,400 insurance customers, with an average subsidy of \$3,000, or \$4,500 for people who were uninsured.

Who pays: The General Fund would pay \$6 million.

Side effects: This plan subsidizes the purchase of high-priced plans, but it does nothing to bring down the underlying cost of health care.

Health Care Prices

HOSPITAL FINANCIAL TRANSPARENCY

Legislators have tried to require hospitals to report financial and price data directly to the state. They have succeeded in getting hospitals to post some of their prices for people who pay cash (without insurance), but this is a small part of overall hospital charges.

Who benefits: Consumers and payers would be able to better understand hospital prices.

	Who is Helped	How Much	Who Pays	What It Costs
Single Rating Region	Western Slope (mostly) 52,000 customers	Up to 21% premium reduction	Front Range 300,000 customers	Premium increases of 9%
Reinsurance	124,000 individual market customers	Up to 19% premium reduction (\$1,300/year)	To be determined	\$135 million for state share
Expanded subsidies	2,400 insurance customers making 4-5 times poverty	Average \$3,000 to \$4,500 per person	State General Fund	\$6 million
Certificate of need	Health consumers and payers	Mixed evidence for savings	Hospitals	Regulations, unwanted changes to business model
Transparency	Health consumers and payers	Weak evidence for savings	Regulatory costs on providers	Not determined
Medicaid work requirements	State budget	\$11 million/year	65,000 Medicaid members	Loss of coverage
Medicaid public option	Individual market customers	Up to \$2,200 per person	Providers	Possible savings for state

Who pays: Hospitals would face added regulatory costs and administrative burden.

Side effects: Studies show that consumers can't — or won't — shop around for most health care services.

HOSPITAL FACILITIES

Hospitals are taking heat for expanding facilities, especially in wealthier neighborhoods, while their revenues are up after the ACA and the cost shift to private payers continues to grow. Lawmakers have tried to adopt a certificate of need law to require state permission to build freestanding emergency rooms. Many states have this type of law, but Colorado does not.

Who benefits: Payers and consumers might benefit from halting the expansion of high-priced freestanding emergency rooms.

Who pays: Freestanding emergency room owners.

Side effects: The evidence is scant that certificate of need laws lower costs. Also, Colorado already has 50 freestanding emergency rooms that would not be subject to a certificate of need requirement.

MEDICAID WORK REQUIREMENTS

Under a federal waiver, legislators could require Medicaid members to show that they are working or have a valid reason not to, such as being disabled, attending school, or caring for a family member. If

people didn't comply, they would lose their coverage.

Who benefits: The state General Fund would save a projected \$11 million, and the federal government would save around \$130 million.

Who pays: An estimated 65,000 Coloradans would lose their Medicaid coverage.

Side effects: People who become uninsured would still have health costs that would be passed on to hospitals, government, and consumers.

MEDICAID PUBLIC OPTION

This idea has many variations. It would allow people who make too much to qualify for Medicaid to pay a monthly premium to join the government-run program. Legislators could decide to limit the option geographically or by income, or they could open it to anyone in the state.

Who benefits: Individual market customers could see an average premium price cut of 28 percent if they used the public option, according to an analysis commissioned by advocates of this plan.

Who pays: Providers would be paid less than they receive from private insurance.

Side effects: The public option could strain Medicaid's provider network. Private insurers might object or even leave the market if the public option took away too much of their customer base.

Grab Bag

FAMILY LEAVE

A bill to mandate statewide paid family leave has failed several times, but Democratic proponents will bring the proposal back. The new program would be paid for through employer and employee contributions and would allow workers to take paid leave while caring for their own health or for a family member. Business groups have fought this idea in the past.

HOUSING

Affordable housing is an important issue for all Coloradans, and health policy stakeholders increasingly think about it in the context of an aging population. Legislators will debate bills focused on housing navigators, vouchers, and support services for older Coloradans.

ADVANCE DIRECTIVES

Several partners, including hospitals and the state's health information exchanges, will run a bill to create a statewide advance directive registry — an electronic system for “living wills” that outline people's wishes for future medical treatment. This hasn't succeeded in previous sessions, but stakeholders say this year will be different.

MALPRACTICE

Lawyers and doctors are often at odds over medical malpractice rules. With Democrats firmly in charge, lawyers may have the upper hand in 2019. Keep an eye on efforts to raise malpractice damage caps through the Medical Practice Act and the Professional Review of Health Care Providers Act, both of which are up for periodic “sunset” reviews in 2019.



E-CIGARETTES

E-cigarette use is growing rapidly in Colorado, especially among young people. Thanks to the popularity of brands like JUUL, Colorado teens have the highest rate of e-cigarette use in the country. At the same time, the state is getting less tobacco tax revenue than expected because e-cigarettes are not taxed like other tobacco products. Other states have stricter regulations on the books for these products, and legislators are considering how to tighten Colorado's laws.

MATERNAL HEALTH

A handful of bills will focus on helping kids and pregnant women, including proposals to reduce infant mortality rates in Colorado, expand free and reduced cost lunch programs for students, strengthen the state's existing Maternal Mortality Review Committee, and add a dental benefit for pregnant women covered by Child Health Plan *Plus*.



Outside Issues

Focusing on bills takes plenty of energy and time, but lawmakers also must contend with issues beyond legislation. Among them: reacting as needed to decisions from the Trump administration, which has proved unpredictable in many of its health policy actions; discussing how to ensure an accurate count of Coloradans in the 2020 U.S. Census and how much state money — if any — to put toward supporting Census outreach efforts; and continuing to confront allegations of sexual harassment and misconduct by legislators.

Conclusion

In a typical session, legislators consider about 700 bills — about 200 of which are usually related (directly or indirectly) to health. In other words, we've only scratched the surface with this legislative preview.

Expectations are high for the 2019 legislative session. A new governor is taking command and promises to pursue an active, progressive agenda on health policy. With Democrats fully in charge of the legislature, there's little standing in their way. For better or worse, this will likely be the year that Colorado Democrats get to enact bills they couldn't pass the past four years.

CHI Legislative Services

The Colorado Health Institute is Colorado's leading non-profit health and health policy research institute. Our goal is to inform policy and advance health. We do that every day by providing non-partisan research and support to policy makers and elected officials from every corner of the state. CHI can provide everything from district-specific data and analyses, to background information for legislature, to town hall presentations. Let us know how we can help you.

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- Our annual legislative preview.

- Our annual session wrap-up publication, "Legislation in Review."

- Research and counsel on state health topics, including current or potential bills.

- Briefings at the Capitol for individual legislators, committees and party caucuses.

- Town hall presentations featuring health data customized for a specific district.

- Weekly legislative blogs that recap bill hearings and relevant debates.

- Hot Issues in Health conference December 5 and 6, 2019.

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