Heading into the fall of 2015, CBHC’s policy team planned to divide our legislative focus into three areas:

**Budget Reform**

Because of the potential for budget cuts due to TABOR and the lack of success in striking a compromise on the hospital provider fee in 2015, maintaining funding for behavioral health services was identified as a critical priority – one in which we would invest significant time and resources.

**Administrative Alignment**

Members will recall that, late in the 2015 session, CBHC was engaged in talks with policymakers and other stakeholders about ways in which we could better align behavioral health in Colorado. We were preparing to lead this conversation again in the 2016 session before determining the need to shift priorities.

**Workforce Development**

CBHC prepared to address workforce policy and the team spent the summer engaged in research and stakeholder meetings to determine if changes needed to occur at the regulatory level or if legislation would be required to change existing statute. Our advocacy moved forward with Colorado’s Department of Regulatory Affairs (DORA) and we were pleased to have rules adopted by each of the mental health professional boards that make it easier for professionals licensed in other states to seek a licensure by endorsement in Colorado. Because of CBHC’s effort, DORA’s licensing initiative included three key components:

1. Improved inter-state mobility through streamlined licensure by endorsement.
2. Expedited education equivalency reviews for professionals.
3. Enhanced resources and assistance for the state jurisprudence exam.

**CBHC will continue to monitor the implementation of these regulations.**

CBHC policy staff presented 43 bills to the Legislative and Community Action Committee (LCAC) for consideration during the 2016 legislative sessions.

<table>
<thead>
<tr>
<th>Bills (As of 6/15/16)</th>
<th>Total</th>
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<td></td>
</tr>
<tr>
<td>Total</td>
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</table>

**Changing Course**

In October 2015, HCPF released a concept paper that outlined their vision for Phase II of the Accountable Care Collaborative (ACC). The concept included significant changes to how behavioral health services would be financed and delivered, including eliminating the carved-out mental health capitation program. CBHC quickly organized around this issue and made it a priority and a focus of our 2016 Day at the Capitol. Fortunately, our collective advocacy was successful and HCPF responded to the concerns voiced by advocates of the community-based behavioral health system.

On February 5th, HCPF announced that ACC Phase II would be delayed by one year and that the State would retain a modified version of mental health capitation. The outcome, a result of a swift and coordinated response, is an excellent example of what we can achieve when we work together on behalf of the people and the communities we serve.
CBHC LEGISLATIVE ADVOCACY

Beyond our planned policy priorities, CBHC’s policy team tracks legislation introduced at the Capitol with the potential to impact healthcare and the services our members provide or manage. The following bills are some of the highlights of the 2016 legislative session:

BUDGET AND FUNDING REFORM

- **HB16-1407: Extend Medicaid Payment Reform & Innovation Pilot**
  This bill removes the date by which HCPF must select payment projects to be included in the Medicaid payment reform and innovation pilot program, allowing the department to continue selecting new payment projects for the pilot program. Further, the bill removes the date for completion of pilot projects.
  - **CBHC Position:** Active Support
  - **Bill Status:** Governor Signed

- **HB16-1420: Healthcare Affordability & Sustainability Enterprise**
  The bill would have created the Colorado healthcare affordability and sustainability enterprise as a government-owned business within HCPF for the purpose of creating the Colorado Healthcare Affordability and Sustainability program on July 1, 2016.
  - **CBHC Position:** Active Support
  - **Bill Status:** Postponed Indefinitely

WORKFORCE DEVELOPMENT

- **HB16-1047: Interstate Medical Licensure Compact**
  This legislation authorizes the State to enter into a compact with other states that would provide license reciprocity to physicians (MDs and DOs).
  - **CBHC Position:** Support
  - **Bill Status:** Governor Signed

- **HB16-1103: License Pathways for Mental Health Workforce**
  This legislation allows graduates from psychology, social work, MFT, and LPC programs to apply for a license using an unofficial transcript. This would allow them to apply almost immediately after they graduate, instead of having to wait for the school to produce an official transcript.
  - **CBHC Position:** Support
  - **Bill Status:** Governor Signed

- **SB16-069: Community Paramedicine Regulation**
  This bill contains measures to define and provide community-based out-of-hospital medical services. It also defines agencies that can provide integrated community health services.
  - **CBHC Position:** Monitor
  - **Bill Status:** Governor Signed
Health care and mental and behavioral health systems and organizations throughout the state, including hospitals, state crisis services and regional health systems, community mental health centers, community health systems, health management organizations, and behavioral health organizations, including substance abuse treatment organizations, are encouraged to adopt the 7 core tenets of the national zero suicide model.

**CBHC Position:** Support  
**Bill Status:** Governor Signed

### Criminal Justice Reform

**HB16-1278: Residential Drug Treatment for Probationers**

Under current law, a court may only require a person on probation to participate in a residential drug treatment program if the person was sentenced for a drug offense. The bill authorizes a court to require any person as a condition of probation to participate in a community corrections residential drug treatment program.

**CBHC Position:** Support  
**Bill Status:** Governor Signed

**HB16-1410: Competency Evaluation Locations**

Under current law, the court determines the location of a competency evaluation. The bill specifies the evaluation must be done on an outpatient basis or where the defendant is held in custody. The court is prohibited from considering whether the defendant is going to have a competency evaluation when deciding whether to grant bond to the defendant. If a defendant needs to return to the county jail after completing the evaluation, the bill directs the county sheriff to make all reasonable efforts to return the defendant to the jail as soon as possible after the defendant’s evaluation is completed.

**CBHC Position:** Active Support  
**Bill Status:** Governor Signed

**HB16-147: Suicide Prevention through Zero Suicide Model**

Health care and mental and behavioral health systems and organizations throughout the state, including hospitals, state crisis services and regional health systems, community mental health centers, community health systems, health management organizations, and behavioral health organizations, including substance abuse treatment organizations, are encouraged to adopt the 7 core tenets of the national zero suicide model.

**CBHC Position:** Support  
**Bill Status:** Governor Signed

**SB16-147: Suicide Prevention through Zero Suicide Model**

The bill clarifies the difference between a "designated facility", an "emergency medical services facility", and a "law enforcement facility", as those terms are used in connection with the 72-hour mental health procedure.

**CBHC Position:** Support  
**Bill Status:** Governor Vetoed

**SB16-169: Emergency 72-Hour Mental Health Hold Procedures**

The bill clarifies the difference between a "designated facility", an "emergency medical services facility", and a "law enforcement facility", as those terms are used in connection with the 72-hour mental health procedure.

**CBHC Position:** Support  
**Bill Status:** Governor Signed
**SUBSTANCE USE DISORDER TREATMENT SYSTEMS**

**HB16-1068: Regulation of Methadone Treatment Facilities**
OBH currently has the authority to regulate methadone clinics. This bill required additional standards associated with a facility's location and disclosure of infractions by owner(s). The bill also would have specified that a methadone treatment facility is not a medical clinic for zoning purposes.

CBHC Position: Oppose  Bill Status: Postponed Indefinitely

**HB16-1168: Sunset Rural Alcohol & SUD Treatment Program**
The bill extended the rural alcohol and substance abuse prevention and treatment program through 9/1/25.

CBHC Position: Support  Bill Status: Governor Signed

**HB16-1358: Protect Privacy of Substance Use Disorder Patients**
Under current law, each approved public and private treatment facility must file with OBH, on request, data, statistics, schedules, and information the unit reasonably requires. The bill states that the unit is not authorized to collect information or records that disclose an individual patient's name, social security number, or other personal identifying information.

CBHC Position: Monitor  Bill Status: Postponed Indefinitely

**SB16-202: Increasing Access to Effective Substance Use Services**
The bill requires each of the State's regional managed service organization (MSO) to assess the sufficiency of substance use disorder services (SUDs in its geographic region, and to prepare a community action plan to address the most critical service gaps. The bill provides for an annual appropriation from the Marijuana Tax Cash Fund to support the implementation of these plans.

CBHC Position: Actively Support  Bill Status: Governor Signed

**Looking Ahead...**
As we look ahead to the 2016-2017 session, we also want to thank you for speaking up on policy issues by attending our Day at the Capitol event, testifying at the Statehouse, engaging your legislators, and taking other actions to advance behavioral health policy.

CBHC will be celebrating its 50th year in 2017. As ever, our goal is to ensure that Colorado’s community-based behavioral health system is strengthened and always there for anyone in need. We look forward to engaging our members and others so that we are prepared for 2017 and beyond.

CBHC welcomes any and all feedback as we finalize our future direction.

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