



*Celebrating 60 years
of mental health leadership*

2013 Legislative Report

By Michael Lott-Manier, with assistance from Lauren Gallagher and Andrea Smith



Governor Hickenlooper Signing HB 13-1296 and SB 13-266 into Law at the offices of Jefferson Center for Mental Health

Summary of the 2013 Colorado Legislative Session

Colorado's sixty-ninth General Assembly convened in January in the shadow of heartbreaking tragedies here in Aurora and in Newtown, Connecticut. Governor Hickenlooper and legislators from both parties expressed their desire to respond to a perceived connection between these atrocious crimes and serious mental illness. [Mental Health America of Colorado](#) (MHAC), as it has done for 60 years, met with legislators and lobbyists to educate them about mental health. We reminded them that the vast majority of violent crimes (96%) are not committed by individuals with mental health conditions, that connecting violence and mental health in public policy further stigmatizes an already marginalized group of people, and that the best way to prevent violence in all its forms is to focus on the fundamentals of health and education.

The political expediency of taking action in response to tragic violence could have resulted in policies that would have harmed many of the 1.5 million Coloradans who have a behavioral health condition. Driven by the knowledge that mental illness and addiction are diagnosable and treatable health conditions, that recovery is possible, and that we have to do better as a state to get everyone the services they need, MHAC seized the opportunity created by renewed public attention to mental health.

After 120 days of intense debates, emotional advocacy, and legal fine-tuning, we are proud to say that 2013 truly was the **Year of Mental Health** at the Colorado legislature.

Leading the Way on Historic Behavioral Health Legislation

Working closely with the state's Office of Behavioral Health, MHAC played a leading role in developing two historic pieces of behavioral health legislation that reflect our core values. One deals with the issue of Colorado's civil commitment laws—statutes long overdue for a 21st century update. The other is a bill that included over \$20 million in funding to create a statewide behavioral health crisis response system. Both bills were signed into law by Governor Hickenlooper at the offices of Jefferson Center for Mental Health on May 16, 2013.

Updating Commitment Laws

Colorado's current laws governing how law enforcement and medical professionals can commit someone against their will for mental health or addiction treatment were passed in the 1970s. Back then a diagnosis-driven mindset led to three separate commitment statutes for alcohol, drug, and mental health treatment. At MHAC we advocate for a person-centered approach that recognizes the widespread issue of co-occurring mental health and substance use disorders. In October 2012 we began meeting with the Colorado Office of Behavioral Health about their initiative to combine the state's three statutes. From the outset our focus was on protecting individuals' rights, addressing the concerns of family members of people with serious mental illness and substance use disorder who often feel that they have nowhere to turn, and clarifying commitment procedures so that medical and law enforcement professionals are all working off the same set of rules and definitions.

The work that led to the final version of Colorado [House Bill 13-1296](#) pulled together a diverse set of stakeholders ranging from the Denver City Attorney's office, doctors and nurses from hospital emergency departments across the state, community mental health centers, and individuals who have experienced emergency holds and civil commitments. As weeks turned into months it became clear that fine-tuning language that would successfully combine all three statutes while simultaneously establishing clarified definitions of dangerousness and grave disability was not a feasible goal for a single bill. Nonetheless, state agencies knew that if they did not act this year to update Colorado's commitment statutes a tremendous amount of work and political momentum would be lost.

MHAC's President & CEO Don Mares worked extensively with the Office of Behavioral Health and the Department of Human Services to craft HB 13-1296. Having led a state agency in the previous administration and served as a state senator, he understood the contrasting tensions among the key players. Despite the state's reservations about turning the bill into a summer task force, Don advocated for this concept at the highest levels. Don, Moe, and other behavioral health leaders met frequently with the director of the Department of Human Services Reggie Bicha and the director of the Office of Behavioral Health Lisa Clements to work out the details of how a state task force could update civil commitment laws in a prudent and inclusive manner.

HB 13-1296 established a task force comprised of experts from the worlds of medicine, law enforcement, behavioral health advocacy, and individuals who have lived experience with involuntary commitment. The group is charged with defining improved procedures for behavioral health commitments and approving proposed definitions used in the standard emergency holds and longer term commitments. Starting in July 2013 the task force will hold a series of public meetings, and must finalize its work by November 1, 2013. Changes to law approved by the task force will go into effect in June of 2014, following the opportunity of another legislative session to make any additional statutory changes it finds necessary.

Historic Funding for Crisis Response

One of MHAC's founding goals is to reduce the need for involuntary treatment. MHAC has consistently advocated for increased funding of community-based services that encourage individuals with serious behavioral health problems to seek help voluntarily. This year, after nearly a decade of steady cuts to behavioral health at the state level, increases in both Colorado's general fund and public attention to the issue of mental health led to the possibility of restoring a significant amount of support for behavioral health services.

In December 2012, after meeting with state agencies to discuss improving mental health services in Colorado, Don and Moe stood with Governor Hickenlooper at a capitol press conference where he announced that he would be seeking over \$18 million in funding for behavioral health during the upcoming legislative session. The budget proposal included measures that would free up public psychiatric beds for non-criminal justice use, fund housing placements for adults with severe behavioral health conditions, and to start building a statewide behavioral health crisis response system. The legislature's Joint Budget Committee (JBC), after consulting with MHAC and surveying crisis response systems in other states, found that the figure allocated for this part of the budget was inadequate. In February the JBC announced that it was increasing proposed funding for behavioral health crisis response alone to \$20 million, and that this budget item would be approved in a stand-alone bill that would allow for advocates to ensure that these resources were properly distributed.

Moe met with the Office of Behavioral Health regularly, attending focus groups and leading stakeholder discussions about crisis response. We worked with our offspring organization [Metro Crisis Services](#) on crafting a bill that would be informed by the daily realities of dealing with behavioral health crises in Colorado both in-person and over the phone. Metro Crisis Services' guiding principles of crisis response, MHAC's values of trauma-informed care and peer-to-peer services, and a public information campaign to battle stigma were all woven into the bill. After years of painful cuts, the state's community mental health centers lobbied hard to secure as much funding as possible through this initiative. MHAC is a strong advocate for the centers, having founded many of them ourselves during our 60 year history, but we are also advocates for encouraging new and innovative ways of delivering services to those most in need of help. We worked to ensure that the bill would be open to the development of new resources that are specifically tailored to respond to behavioral health crises in the community.

The result of all this hard work was historic [SB 13-266](#), which sets up a competitive bidding process for funding to establish regional crisis treatment centers, mobile crisis response teams, and a statewide behavioral health crisis hotline. This new system will provide a desperately needed alternative to calling 911 or going to the emergency room, and improve overall public crisis services in Colorado. MHAC is poised to serve on a review panel that will approve proposals to build this system and oversee its work in the years ahead.

An All-Around Health Care Session

Colorado has been a leader among the states in implementing key provisions of the national Affordable Care Act (ACA). The ACA includes a strong behavioral health parity mandate, gives states the flexibility to tailor insurance regulations and Medicaid expansion to meet unique challenges, and empowers more individuals to seek health coverage and services on the open market. MHAC has championed Colorado-specific means of implementing these historic reforms, and worked hand in hand with our fellow advocates this year to continue to make Colorado a health care leader.

[SB 13-200](#), which expands the income eligibility standards for Medicaid coverage from 100% of the Federal Poverty Level to 133%, will help thousands of very low-income families across Colorado access health care—many for the first time in years. The expansion is part of the national Affordable Care Act and will serve in conjunction with expanded private insurance coverage to improve population health and lower overall health care costs. The federal government will pay 100% of the costs for the expansion population through 2017, after which they will step down gradually and by 2020 pay 90%. MHAC’s Vice President of Public Policy, Moe Keller, testified in support of Medicaid expansion in the House committee on Health, Insurance and Environment. During this session Moe received many resounding “welcome back” greetings from her former colleagues in the legislature, including a standing ovation on the floor of the Senate.

Colorado’s Division of Insurance completed an Augean task with [HB 13-1266](#), which aligns Colorado’s health insurance statutes with the Affordable Care Act. This bill expands two historic Colorado mental health parity laws—championed by Moe during her time in the legislature—to the small and individual private insurance markets. MHAC worked behind the scenes to ensure that expanded behavioral health parity mandates would be included in this highly technical omnibus legislation. We have strong relationships with the director and senior staff of the state’s Division of Insurance, and we will continue to work with them to hold insurance companies accountable to these new parity regulations.

MHAC also partnered with the Center for Improving Value in Health Care (CIVHC) to pass [HB 13-1015](#). This bill updated insurance information sharing laws that prevented private carriers from sharing any information about claims in the small group market. The exemption was based on a decades-old ban on sharing claims data that included payments for mental health services. By signing HB 13-1015 into law, the state will empower the already up-and-running All Payers Claims Database, administered by CIVHC, to paint a more complete picture for policymakers about where healthcare dollars are being spent in Colorado, and how that spending translates into health.

[SB 13-242](#) brings Colorado into line with most other states in offering an adult dental program as part of Medicaid coverage. We believe oral health, just like mental health, is often overlooked and treated separately from “Health” in public policy. MHAC lent its logo to fact sheets created by our allies in support of this bill.

Points of Controversy

During the 2012 session there were over a half a dozen bills attempting to halt or repeal health care reforms connected to the Affordable Care Act. This year lawmakers introduced only two such pieces of legislation. MHAC opposed [HB 13-1175](#) and [SB 13-006](#), bills designed to pit support for healthcare, specifically expanding Medicaid eligibility, against support for education. Both bills were postponed indefinitely during their first hearing.

MHAC actively opposed [SB 13-144](#), a bill that would have exempted stand-alone private mental health facilities and long-term acute care hospitals (rehabilitation centers, hospitals serving primarily older people and people with disabilities) from the Colorado Hospital Financial Assistance Program. The program, created by a 2012 bill which MHAC supported, requires that hospitals charge uninsured patients the lowest negotiated rate they charge insurance companies, that they disclose information about their charity care options, and that the public has access to information about certain aspects of hospital billing practices. MHAC met several times with the bill's sponsor and the Colorado Hospital Association to stress the need for equality between physical and behavioral health provider regulations. This bill was also postponed indefinitely in its first committee.

The most emotionally laden issue of the 2013 session was undoubtedly gun control. Several pieces of firearms-related legislation dominated the Capitol for months. In the wake of the Aurora and Newtown shootings, the issue of mental health and gun violence was especially prominent. MHAC's position on the issue was clear and unwavering: the vast majority of gun violence against others is committed by people who do not have a mental illness; connecting mental health and such violence in public policy would only harm an already stigmatized group of people; and the true intersection of mental health and gun violence is suicide, not homicide. MHAC and our partners worked together and stopped legislation that would have resulted in anyone who is placed on a 72-hour involuntary hold being added to the federal gun purchase background check system.

Even though linking all emergency mental health holds to background checks would have gone too far, MHAC was committed to seizing the opportunity that this session posed to do something about the issue of behavioral health, firearms, and suicide. During weeks of debate on gun control suicide remained in the shadows, despite representing 76% of gun deaths in Colorado. When Representative Beth McCann introduced [HB 13-1306](#), which would have created a study group to look at the issue of gun violence and behavioral health, MHAC's public policy committee and Board, backed by staff research, chose to support the bill. We took a bold stand and challenged all parties involved in the debate over gun violence and mental illness to rethink how stigma affects public policy. Our active support of HB 13-1306 was based on the fact that the stigmatization of mental illness and suicide has led to policies in Colorado that ignore the serious public health issue of people—especially individuals with untreated behavioral health conditions—ending their lives with guns. HB 13-1306 ultimately became the victim of the political strife surrounding the broader gun debate. Two days before the end of the session the bill was postponed indefinitely in the Senate Committee on Business, Labor and Technology.

A bill to convert a former correctional facility into a housing and treatment center for Colorado's homeless men and women started out with broad sponsorship and bipartisan support. [HB 13-1261](#) provided a framework for the Fort Lyon facility in southeast Colorado to become a transitional housing center for people experiencing homelessness where they could receive treatment for behavioral health conditions. The Division of Housing in the Department of Local Affairs is directed in the bill to seek private and public grants to support the project. The bill also included about three million dollars in state funds for mental health and substance use disorder treatment at the facility. MHAC recognizes that homelessness is a serious and persistent issue throughout Colorado, frequently connected with untreated behavioral health problems, and state government has done little in recent years to improve the situation. We believe that a comprehensive approach has to include building capacity, so we took a non-active support position on the bill. During the increasingly contentious session this

bill became the focus of partisan debates, and it was postponed indefinitely in the Senate Appropriations Committee. Undeterred by this setback the bill’s sponsors managed to include HB 13-1261 in a different corrections bill (SB 13-210), which passed with bipartisan support.

The Year of Mental Health

The renewed focus on mental health during the 2013 legislative session was sparked by tragedies that the public saw as horrific byproducts of severe mental illness. That perception could have led to policies that would have further stigmatized the people we serve. Rather than jumping on our soap box and simply condemning those who incorrectly link violence in our society to mental health, we fought stigma with good public policy. MHAC seized the opportunity presented by this focus and used it to help pass two historic pieces of mental health legislation that will improve the lives of many of the 1.5 million men, women, and children in Colorado who have a behavioral health condition. We served as an amplifier for the most compelling voices around involuntary commitment—including our own Board member and peer Evan Silverman—so that they could make their way to the Governor and legislators. We treated behavioral health crisis response like the public health initiative that it is. We defied stigma and brought the issues of suicide by firearm and the victimization of individuals with mental illness out of the shadows.

The most important aspect of both the crisis response and the involuntary commitment legislation is that they are starting points, not destinations. We will remember 2013 as the **Year of Mental Health** at the capitol not because tragedies forced us to take action, but because in the face of that pressure we stood by the principles on which we were founded 60 years ago. Our journey will never be defined by one year, but rather by our continuing mission to help all Coloradans live healthier, happier lives through good mental health.



MHAC’s President & CEO Don Mares testifies in support of SB 13-266, which will create a statewide behavioral health crisis response system in Colorado

2013 Legislative Scorecard

Our hard work in the 2013 session led to historic legislation, a raised profile for behavioral health among political leaders, and an expansion of MHAC's strategic policymaking initiatives. We took supportive or opposing positions on 21 bills this year. Our success is defined more by the substance of what was passed than our overall success rate, but nonetheless all but two bills that we supported passed and no bills that we opposed moved forward.

Actively Support: 83%

HB 13-1015 SIGNED
HB 12-1266 SIGNED
HB 13-1296 SIGNED
HB 13-1306 LOST
HB 13-200, SIGNED
SB 13-266, SIGNED

Support: 91%

HB 13-1065, SIGNED
HB 13-1104, SIGNED
HB 13-1202, SIGNED
HB 13-1261, PASSED*
HB 13-1290, PASSED
HB 13-1290, SIGNED
SB 13-008, SIGNED
SB 13-014, PASSED
SB 13-026, PASSED
SB 13-116, PASSED
SB 13-253, LOST
SB 13-277, PASSED

Oppose: 100%

HB 13-1175, LOST
SB 13-006, LOST

Actively Oppose: 100%

SB 13-144, LOST



Moe Keller leads legislators in a Behavioral Health Caucus discussion on involuntary commitment



MHAC Board member and peer Evan Silverman shakes hands with Governor Hickenlooper at the signing ceremony for SB 13-266 and HB 13-1296

* HB 13-1261 was postponed indefinitely by the Senate Appropriations Committee, but later was attached to SB 13-210, a bill concerning the Department of Corrections. That second bill was passed and signed by the Governor, so the substance of HB 13-1261 is now part of Colorado law. We assign the status "Passed" to this and other bills until the Governor actually signs or vetoes the act.

2013 Legislative Tracking Chart

Below you will find a chart of all the bills MHAC tracked in 2013, our official positions on them, the legislators who sponsored them, and their final status.

Bill #	Sponsor(s)	Bill Title and Summary	Final Status	Position
HB 13-1015	Kraft-Tharp/Kefalas	Disclose Mental Health Claims All-payer Database:	3/15/13: Signed by Governor	Actively Support
HB 13-1065	Stephens/ (None)	Definition of Professional Persons Under the Mental Health Statutes:	3/15/13: Signed by Governor	Support
HB13-1068	Young/Roberts	On-Site Inspections of Medicaid Providers	4/8/13: Signed by Governor	Monitor
HB 13-1104	Kraft-Tharp/Newell	Mental Health Professionals Repeal Mandatory Oral Disclosure	3/29/13: Signed by Governor	Support
HB 13-1115	McCann, Fields, Labuda, Levy, Schafer, Swalm, Tyler, Joshi, Primavera, Ryden, Young/Steadman, Roberts	Repealing Cover Colorado	5/7/13: Sent to Governor	Monitor
HB 13-1121	Schafer and Murray, Priola, Ginal, Joshi, McCann, Singer, Sonnenberg, Stephens, Young, Landgraf, Primavera/Heath and Roberts, Tochtrop, Brophy, Todd, Johnston	Empowering Pharmacist to Substitute Biosimilars:	5/2/13: Postponed Indefinitely	Monitor
HB 13-1127	McNulty, Stephens, Coram, DelGrosso, Gardner, Holbert, Lawrence, Scott, Szabo, Waller/Lundberg, Grantham, Scheffel	Requiring Defendant to Prove Affirmative Insanity Defense	2/13/13: Postponed Indefinitely	Monitor
HB 13-1129	Pettersen/Newell	Evidence-Based Practices in Department of Corrections	5/2/13: Signed by Speaker, President	Monitor
HB 13-1175	DelGrosso/(None)	Medicaid Expansion and Higher Education	2/19/13: Postponed Indefinitely	Oppose
HB 13-1202	Gerou and Ferrandino/(None)	Medicaid Providers Counseling on Scope of Treatment	4/8/13: Signed by Governor	Support
HB 13-1229	Fields, McCann/Carroll	Universal Gun Transfer Background Checks	3/20/13: Signed by Governor	Monitor
HB 13-1239	McCann/Hodge	Statewide Youth Development Plan	5/8/13: House re-passed committee report	Monitor
HB 13-1245	McCann/Steadman	Funding Mechanisms for Health Benefits Exchange	5/6/13: Senate third reading passed	Monitor
HB 13-1261	Garcia and Dore, Buck, Buckner, Conti, Coram, Court, Exum, Fischer, Foote, Hamner, Hullinghorst, Joshi, Kagan, Labuda, Landgraf, Lawrence, Lebsack, Lee, McLachlan, McNulty, Melton, Mitsch Bush, Moreno, Murray, Navarro, Pabon, Primavera, Rankin, Rosenthal, Ryden, Salazar, Singer, Stephens, Szabo, Tyler, Vigil, Wilson, Ferrandino, Ginal, Pettersen/(None)	Repurposing Fort Lyons Correctional Facility	5/3/13: Attached to SB 210, passed on Senate third reading: PASSED >>>SB 210 FINAL STATUS: Re-passed on Senate third reading	Support
HB 13-1266	McCann, Gardner/Aguilar	Aligning Colorado Health Insurance Law with the ACA	5/13/13: Signed by Governor	Actively Support

HB 13-1290	McCann/Aguilar	Stop-Loss Health Insurance	5/21/13: Sent to Governor	Support
HB 13-1296	McCann, Kraft-Tharp/Newell	Civil Commitment Statutes and Task Force	5/13/14: Signed by Governor	Actively Support
HB 13-1306	McCann/Todd	Mental Health and Firearms Task Force	5/6/13: Postponed Indefinitely	Actively Support
SB 13-006	Balmer/(None)	No Reduction to K-12 Education to Expand Medicaid	1/31/13: Postponed Indefinitely	Oppose
SB 13-008	Newell/McCann	Eliminate Waiting Period Under CHP +	3/29/13: Signed by Governor	Support
SB 13-014	Aguilar/Pettersen	Use of Opiate Antagonists to Treat Overdoses- Immunity for Providers	5/8/13: Signed by Speaker, President, sent to Governor	Support
SB 13-026	Carroll, Aguilar/(None)	Update Michael Skolnik Medical Transparency Act:	5/21/13: Signed by Speaker and President	Support
SB 13-116	Ulibarri, Newell, Giron, Guzman, Aguilar, Roberts/ Lee	Psychologists Evaluate Defendant's Mental State	4/8/13: Signed by Governor	Support
SB 13-144	Aguilar/McCann	Exempting Hospitals from the Hospital Financial Assistance Program	4/4/13: Postponed Indefinitely	Actively Oppose
SB 13-200	Aguilar, Kefalas/Ferrandino	Medicaid Eligibility Income Increase to 133% of FPL	5/13/13: Signed by Governor	Actively Support
SB 13-205	Hodge, Roberts/Gardner	Medicaid False Claims- Comply with Federal Law	5/3/13: House third reading passed	Monitor
SB 13-207	Giron/Levy	Auricular Acudetox by Mental Health Professionals	5/1/13: House third reading passed	Monitor
SB 13-215	Jahn, Aguilar, Newell, Nicholson, Ulibarri, Crowder, Marble, Todd/Ginal, Stephens	"Colorado Natural Health Consumer Act"	5/7/13: Senate re-passed	Monitor
SB 13-239	Ulibarri, Guzman/Salazar	Avoiding Conflicts of Interest in Probation Services	4/22/13: Senate second reading lost	Monitor
SB 13-242	Nicholson/Primavera	Adult Dental Medicaid Benefit	5/10/13: Signed by Speaker, President, sent to Governor	Support
SB 13-253	Steadman/Levy	Deferred Judgment for Certain Drug Offenses	4/17/13: Refer unamended to Senate Cmte of the Whole	Support
SB 13-266	Aguilar and Nicholson, Carroll, Giron, Guzman, Jahn, Kefalas, Kerr, Newell, Ulibarri, Todd, Hudak, Roberts/Kraft-Tharp and Young, McCann	Behavioral Health Crisis Response	5/16/13: Signed by Governor	Actively Support
SB 13-277	Aguilar, Morse/Ginal	Prior Authorization of Drug Benefits	5/14/13: Sent to Governor	Support

Description of MHAC Official Positions

Actively Support – MHAC publicly supports bill becoming law and utilizes all necessary and available means to ensure its passage, including testifying at hearings, courting and counting votes of legislators, pushing for amendments, and building coalitions or appeasing opponents.

Actively Oppose –MHAC publicly opposes bill becoming law, using all necessary and available means (see above), including drafting amendments to neutralize the bill or lower the likelihood of its passage, and lobbying the Governor to veto the bill if it is passed.

Support/Oppose – MHAC publicly endorses a position on a bill, may offer advice or feedback behind the scenes, talk to legislators and use some lobbyist time to either pass or defeat a bill. MHAC may advocate for or against amendments.

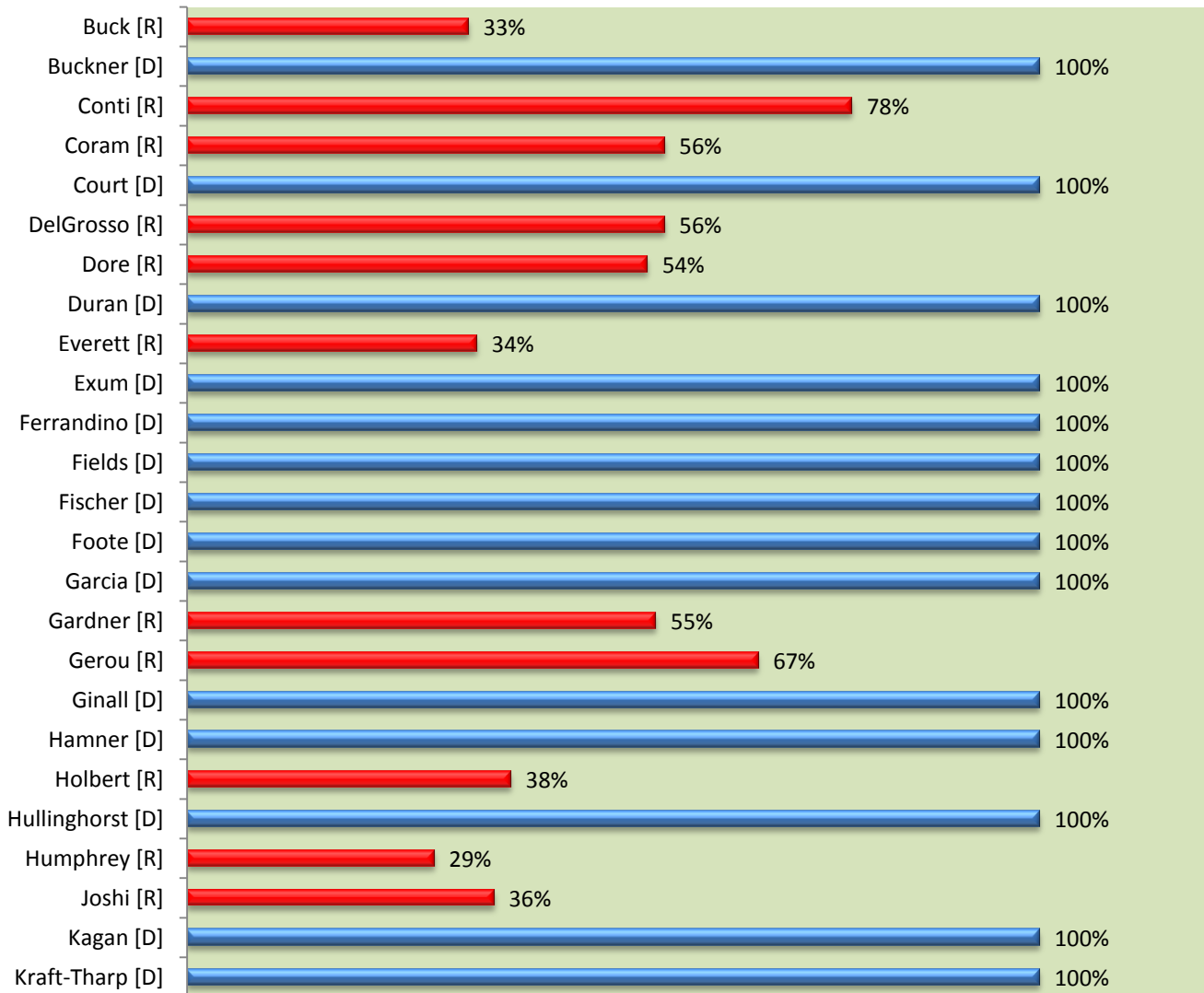
Monitor – No public position is taken, but MHAC tracks the progress of the bill and analyzes its potential effects.

2013 Legislator Scorecards

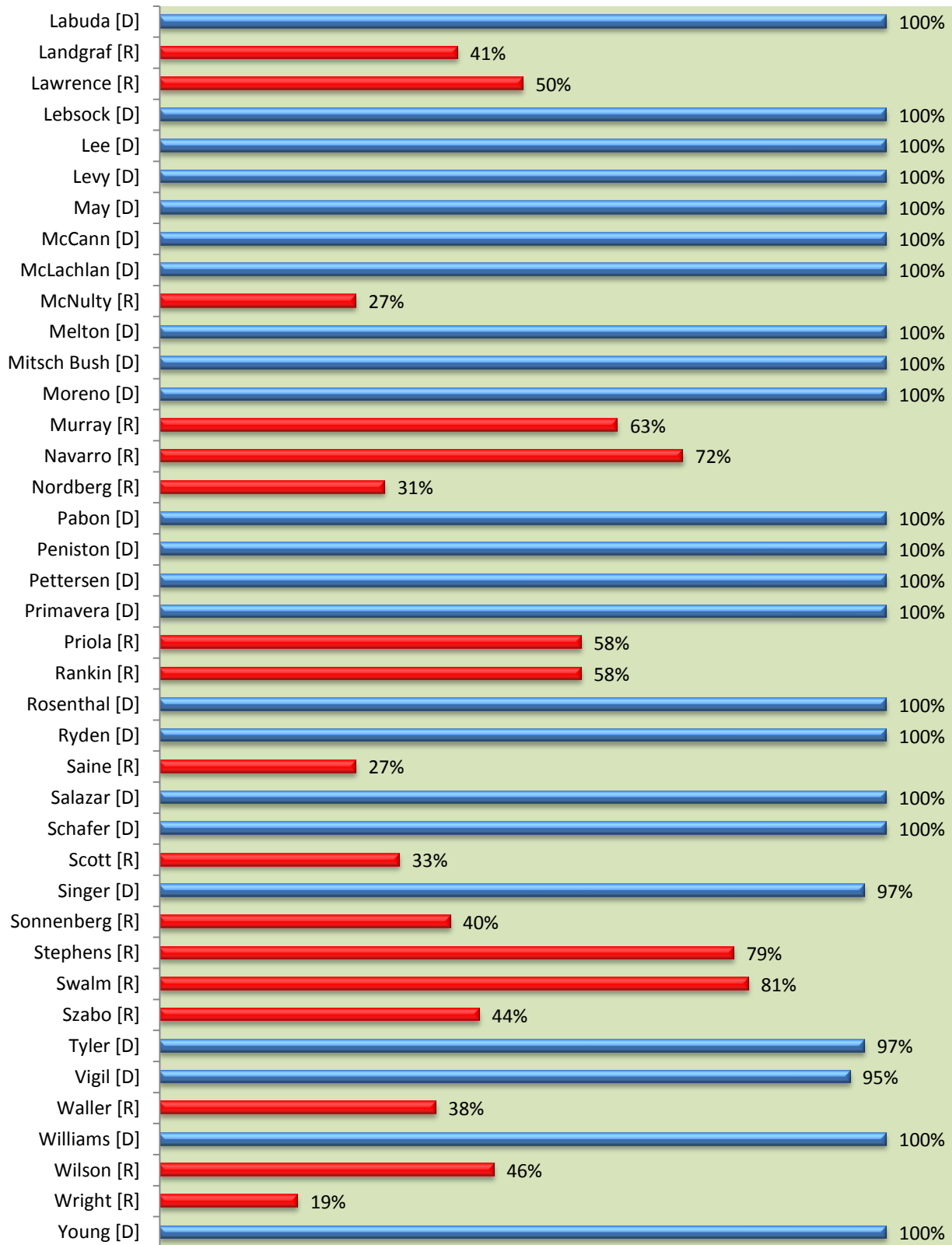
MHAC monitors the votes of each legislator on all of the bills we support or oppose. We use that information to improve our legislative advocacy efforts, to determine which legislators we need to educate, and to acknowledge elected officials who have a strong record of supporting our issues.

We calculate the “score” of each legislator by dividing the total number of times they voted with us by the total number of opportunities they had to do so, expressing their support as a percentage. We count all committee referral votes and third reading votes. If a legislator is properly excused from voting on a bill, we do not count that against him or her, but we do count an unexcused absence as a “No” vote.

Colorado House of Representatives



Colorado House of Representatives (continued)



Colorado Senate

