

# Colorado

## State and Local Health Equity Policy Checklist

APRIL 2021

### KEY

-  = state requires/mandates
-  = some local and/or state policies, but there is room for improvement
-  = no state/local requirements
-  = n/a

### Legislative Reform

POLICY	SCORE	NOTES
Implement Racial Equity Impact Statements for legislation at the state or local levels, including environmental, health and criminal justice areas.		In May 2019, the Governor signed the Demographic Notes for Certain Legislative Bills act into law ( <a href="#">HB 19-1184</a> ), which allows the speaker and minority leader of the House, as well as the president and minority leader of the Senate, to request demographic notes for pending legislation. A demographic note uses available data on race, ethnicity, sex, gender identity, sexual orientation, disability and geography to outline the potential effects of a bill on disparities in the state. <sup>1</sup>  Boulder uses a <a href="#">Racial Equity Assessment</a> , which applies a health equity focus to assessing city practices, programs and policies. Boulder recently created five equity questions for making COVID-19 process, budget, activity and service decisions to avoid disproportionate impacts on people of color. <sup>2</sup>
Expand Health Impact Assessments attached to state and local legislation to include equity considerations.		Although Denver does not require Health Impact Assessments (HIAs) to be attached to certain proposed ordinances and include equity considerations, the city <a href="#">used HIAs in their redevelopment plans for several neighborhoods</a> . Many of these HIAs provided neighborhood-level data on health disparities and considered the impact of the proposed projects on health equity. <sup>3</sup>

### State Health Planning & Programs

POLICY	SCORE	NOTES
Declare racism a public health crisis and implement steps to address it.		In June 2020, the Colorado Department of Public Health and Environment <a href="#">declared racism a public health injustice</a> in an open letter. <sup>4</sup> In August 2020, Governor Polis signed an <a href="#">executive order</a> that directed the Department of Personnel & Administration to create a long-term strategic plan to advance equity, diversity and inclusion (EDI); develop EDI trainings for employees; and guide agencies in addressing systematic inequities. The executive order also directed state agencies to take an active role in addressing inequities in their policies, programs and services. <sup>5</sup>

Summary and scoring methodology reports are available at [www.HealthValueHub.org/Health-Equity-Checklist](http://www.HealthValueHub.org/Health-Equity-Checklist).

If you know of a policy we overlooked, please contact [hubinfo@altarum.org](mailto:hubinfo@altarum.org).

**State Health Planning & Programs** *(continued)*

POLICY	SCORE	NOTES
<p><b>Declare racism a public health crisis and implement steps to address it.</b> <i>(continued)</i></p>		<p>In addition, <b>Boulder County Board of Commissions and Board of Health</b>, <b>Denver City Council</b> and <b>Jefferson County Board of Health</b> declared structural racism as a public health crisis. Boulder County outlined a series of specific next steps, which include mandating Courageous Conversations about Race trainings for all Boulder County employees and requiring Boulder County departments to report data by race and ethnicity.<sup>6,7,8</sup></p>
<p><b>Develop a ‘Health in All Policies’ strategy at the state or local level.</b></p>		<p>The Colorado Department of Public Health and Environment is trying to advance a <b>Health in All Policies approach</b> across the state.<sup>9</sup> To date, the department hosted a statewide equity forum, published an <b>Equity Action Guide</b> and created the Colorado Equity Alliance.<sup>10</sup></p> <p>One goal in <b>Colorado’s Plan for Improving Public Health and the Environment (2015-2019)</b> was to have at least 170 local governments in Colorado adopt or implement policies related to Health in All Policies by 2020. As of 2014, 120 local governments had adopted a Health in All Policies approach.<sup>11</sup> For example, <b>Denver</b> is using a Health in All Policies approach to incorporate health considerations into neighborhood plans and policies.<sup>12</sup> <b>Lake County and Mesa</b> have also used this approach at the county level.<sup>13</sup></p>
<p><b>Establish Health Equity Zones to better address social determinants of health.</b></p>		
<p><b>Create an Equity Strategic Plan to lay out how the state (or local entity within the state) will reduce health disparities.</b></p>		<p>The <b>El Paso County</b> 2018-2022 strategic plan, the <b>Tri-County</b> (Adams, Arapahoe, and Douglas counties) 2019-2024 strategic plan and the <b>Denver</b> 2017-2019 strategic plan describe in detail how the county/counties will prioritize health equity and reduce health disparities.<sup>14,15,16</sup></p>
<p><b>Fund community-driven health equity action plans.</b></p>		
<p><b>Implement participatory budgeting at the state and/or local level for initiatives that focus on health and social determinants of health.</b></p>		<p>In the 2021 budget, Denver <b>allocated \$1.7 million</b> for the city’s first participatory budgeting program. The program will enable Denver residents to submit neighborhood-level project ideas and vote to decide which project(s) should receive funding.<sup>17</sup></p>
<p><b>Emphasize health disparities and equity when developing State Health Assessments &amp; State Health Improvement Plans.</b></p>		<p>In 2015, the Colorado Department of Public Health and Environment released a <b>5-year plan</b> for improving public health and the environment. Health equity, environmental justice and social determinants of health were identified as “guiding frameworks.”<sup>18</sup></p>

### State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
<b>Fund community-based organizations operating in the state to reduce disparities and/or provide culturally competent health-related supports.</b>	 The state provides funding to community-based organizations to reduce disparities and/or provide culturally competent health-related supports within the state.	Colorado’s <b>Health Disparities Grant Program</b> provides 2-year funding for local initiatives to address social determinants of health and reduce health disparities related to cancer, cardiovascular disease and pulmonary disease. <sup>19</sup>
<b>Implement strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others.</b>		In 2015, the Colorado Department of Public Health and Environment released a <b>5-year plan</b> for improving public health and the environment. The report identified state and local goals, strategies and measurable objectives to improve health outcomes and reduce disparities. Priority health topics included obesity, mental health, substance abuse, healthcare access and coverage and marijuana. <sup>20</sup>
<b>Participate in the Government Alliance on Race &amp; Equity (GARE), a national network of local and regional governments to address racial equity.</b>		Durango, Aurora, Northglenn, Longmont, Denver, Boulder and Fort Collins <b>participate in GARE</b> . <sup>21</sup>

### Data & Reporting

POLICY	SCORE	NOTES
<b>Create equity reporting requirements for state and local government agencies.</b>		In 2015, Colorado passed the <b>Community Law Enforcement Action Reporting (CLEAR) Act</b> , which mandates the Division of Criminal Justice to analyze and report data by race, ethnicity and gender. <sup>22</sup> In addition to submitting statewide reports to the Colorado General Assembly annually, the Division of Criminal Justice also <b>publicly reports</b> this data on an interactive dashboard. <sup>23</sup>
<b>Use the state’s Office of Health Equity/Disparities/Minority Health to analyze and report on existing health disparities and/or equity concerns within the state.</b>		The Colorado Department of Public Health and Environment analyzes and publicly reports <b>disparities in geographic regions (counties)</b> for health indicators related to health behaviors and conditions, mental health and population health outcomes. <sup>24</sup>

**Data & Reporting** *(continued)*

POLICY	SCORE	NOTES
<p><b>Require non-profit hospitals to incorporate an equity component into their community health needs assessments and community health improvement plans and/or establish a minimum percentage of non-profit hospitals' Community Benefit that must be invested in programs targeted at reducing health disparities by addressing root causes.</b></p>	<p>  <i>The state requires non-profit hospitals to incorporate an equity component into their community health needs assessments and community health improvement plans.</i></p>	<p>In 2019, Colorado passed legislation (<a href="#">HB 19-1320</a>) that requires all Colorado hospitals to complete a community health needs assessment and community benefit implementation plan every three years, which aligns with federal guidelines. Hospitals must describe their community benefit investments, costs and shortfalls and report how much they invested in the following areas as part of their community benefit spending: free or discounted healthcare services that addressed community identified health needs, programs that address health behaviors or risks and programs that address social determinants of health.<sup>25</sup> The <a href="#">Department of Health Care Policy and Financing</a> must make these reports publicly available on their website.<sup>26</sup></p>
<p><b>Increase the validity, use and standardization of data on race, ethnicity and/or languages spoken for state reporting requirements.</b></p>	<p></p>	<p>Colorado's Office of Health Equity provides information on considerations and best practices for <a href="#">collecting and reporting race and ethnicity data</a>; however, the state does not appear to require government agencies to adhere to these practices.<sup>27</sup></p>
<p><b>Include socioeconomic status, race, ethnicity and/or languages spoken in All-Payer Claims Database data.</b></p>	<p></p>	<p>The <a href="#">Colorado All Payer Claims Database</a> was launched in 2010 and includes race and ethnicity data.<sup>28</sup></p>

**Health Reform – Coverage**

POLICY	SCORE	NOTES
<p><b>Expand Medicaid eligibility requirements to include all adults with incomes at or below 138 percent of the federal poverty level.</b></p>	<p></p>	<p>Colorado adopted and implemented <a href="#">Medicaid expansion</a> on Jan. 1, 2014.<sup>29</sup></p>
<p><b>Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.</b></p>	<p></p>	<p>In July 2019, Colorado received federal approval from the Centers for Medicare &amp; Medicaid Services (CMS) to <a href="#">create a reinsurance program</a> for 2020 and 2021. The goal of the program is to incentivize insurers to offer more health plans in parts of the state where there are few options (such as in the mountains and rural areas) and help cover costs for expensive claims in the insurance program.<sup>30</sup> In 2020, the reinsurance program <a href="#">decreased individual marketplace premiums</a> by an average of 20.2%.<sup>31</sup></p> <p>In June 2020, Colorado established the Health Insurance Affordability Enterprise (<a href="#">SB 20-215</a>), which will administer a health insurance affordability fee on certain insurers and hospitals to fund a reinsurance program; provide subsidies to low-income individuals who do not qualify for the premium tax credit or public insurance programs; and provide funding for consumer enrollment, outreach and education activities related to health coverage.<sup>32</sup></p>

## Health Reform – Coverage *(continued)*

POLICY	SCORE	NOTES
Provide one-year continuous eligibility for Medicaid and CHIP.		Colorado provides <b>one-year continuous eligibility</b> for Medicaid and CHIP. <sup>33</sup>
Provide coverage options to undocumented and recent immigrants.	 <i>The state provides coverage options for undocumented children, undocumented pregnant women or undocumented adults.</i>	Colorado provides <b>coverage options to some undocumented and recent immigrants</b> . Low-income refugees, asylees, trafficking victims and Cuban/Haitian entrants are eligible for Medicaid and CHIP+ and exempt from the 5-year waiting period. In addition, lawfully present pregnant women and children are also eligible without a 5-year waiting period. Medicaid also covers emergency services for individuals who meet all eligibility criteria for Medicaid except that they are undocumented or do not meet qualifying immigration criteria. <sup>34</sup>

## Health Reform – Delivery

POLICY	SCORE	NOTES
Develop Medicaid Managed Care Organization (MCO) contract options for advancing health equity and recommend or require MCOs to complete specific health equity responsibilities.		The Colorado Department of Health Care Policy and Financing <b>requires all Medicaid MCOs in the state</b> to address social determinants of health. Specifically, MCOs must work with stakeholders to understand health disparities in their region, collaborate with community-based organizations to implement initiatives and create a centralized regional directory with community resources. MCOs must summarize their activities and submit a Health Neighborhood and Community Report to the state every six months. <sup>35</sup>
Encourage or require Accountable Care Organizations (ACOs) and/or Coordinated Care Organizations (CCOs) to collect equity-focused data, adopt culturally appropriate programs, implement partnerships with community-based organizations in areas with larger minority populations and/or focus on addressing social determinants of health.		Colorado’s Medicaid <b>Accountable Care Collaborative Phase II</b> created seven Regional Accountability Entities, <sup>36</sup> which are <b>responsible for</b> overseeing the network of primary care medical professionals, behavioral health providers, and case management agencies, as well as developing a broader community network. The community network is designed to integrate medical and non-medical services and address social determinants of health. <sup>37</sup>
Employ Medicaid 1115 and/or 1915 waivers to better address the social determinants of health.		<p>Colorado has used <b>1915(c) waivers</b> to address social determinants of health for individuals who are dual eligible or have developmental disabilities, physical disabilities (such as spinal cord injury or brain injury), mental illness, or HIV/AIDS.<sup>38</sup></p> <p>The state has also used <b>1115 waivers</b> to address social determinants of health. The Expanding the Substance Use Disorder Continuum of Care program, for example, aims to improve care coordination and link Medicaid beneficiaries undergoing substance use disorder treatment with community-based services and supports.<sup>39</sup></p>

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
<p>Require or incentivize providers participating in Medicaid value-based programs to report on measures related to health equity/disparities.</p>		<p>Hospitals participating in Colorado’s Hospital Quality Incentive Payment (HQIP) Program must report on a <b>variety of quality measures</b>, including the Reduction of Peripartum Racial and Ethnic Disparities measure in 2021.<sup>40</sup></p> <p>Colorado is in the process of developing a 5-year Medicaid demonstration project called the <b>Hospital Transformation Program</b>. Participating hospitals will be required to work with community organizations and “health neighborhoods” to address social determinants of health, reduce health disparities and create a more integrated system.<sup>41</sup> Hospitals will be required to report on <b>quality measures</b>, such as the number of Medicaid patients with positive social needs screenings who were referred to an appropriate social support provider.<sup>42</sup></p>
<p>Hold providers participating in Medicaid value-based programs responsible for reducing health disparities by evaluating/scoring performance in this area.</p>		<p>The <b>Hospital Transformation Program</b> (described above) will tie hospital payments to performance on quality-based initiatives and measures.<sup>43</sup></p>
<p>Create or expand Accountable Communities for Health with a focus on increasing health equity.</p>		<p>In Phase 2 of Colorado’s Medicaid Accountable Care Collaborative, each of the seven Regional Accountable Entities created <b>health neighborhoods</b>, which are “accountable for providing holistic, integrated and person- and family-centered medical care.” Health neighborhoods consist of medical professionals and practices, as well as community resources to address social determinants of health.<sup>44</sup></p>
<p>Prioritize funding for communication infrastructure development, including broadband and cellular access, in underserved rural and urban areas.</p>		<p>In April 2018, the Governor signed the <b>Financing Rural Broadband Deployment</b> bill into law (SB 18-002), which set up a 5-year grant program with millions of dollars for broadband development projects in rural areas.<sup>45</sup></p>
<p>Subsidize internet access to expand opportunities for telehealth.</p>		<p>Colorado <b>spent \$2 million</b> in federal pandemic funding to subsidize internet access for students to help close the digital divide<sup>46</sup></p>
<p>Expand coverage for telehealth services.</p>		<p>Colorado has a <b>coverage parity requirement</b>, which prohibits health insurers from restricting or denying coverage of healthcare services because they are delivered through telehealth rather than in-person.<sup>47</sup></p>
<p>Establish or strengthen telehealth reimbursement parity laws to incentivize providers to deliver these services.</p>		<p>Colorado has a <b>reimbursement parity requirement</b>, which requires healthcare or mental healthcare services delivered through telehealth to be reimbursed at the same rate as comparable in-person services.<sup>48</sup></p>

## Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
Establish cost-sharing parity for telehealth services.		Colorado has a <b>cost-sharing parity requirement</b> , which prohibits health insurers from charging a deductible, copayment, or coinsurance for healthcare services delivered via telemedicine that exceeds the deductible, copayment, or coinsurance for the comparable in-person service. <sup>49</sup>
Adopt a global budget system for paying hospitals to better enable them to focus on prevention, care coordination, community-based integration and social determinants of health.		
Require workplace-based cultural competency and implicit-bias training for clinicians and other providers.		

## COVID-Specific Reforms

POLICY	SCORE	NOTES
Collect racial equity data to better understand the disparate impact of COVID-19.		Colorado collects and reports <b>COVID-19 data (including vaccine administration data)</b> by age, gender, race and ethnicity. <sup>50</sup>
Implement changes to Medicaid or Marketplace enrollment, including but not limited to presumptive eligibility, cost-sharing provisions, Marketplace special enrollment periods, increased enrollment assistance and improvements to application processing in response to COVID-19.		<p>In <b>response to COVID-19</b>, Medicaid applicants can self-attest to income, resources and unearned income for non-Modified Adjusted Gross Income (MAGI) population to expedite the approval process. Colorado has also extended the period of time during which members can file an appeal for Medicaid and CHIP eligibility. Additionally, no copays are required for COVID-19 testing or treatment for Medicaid enrollees.<sup>51</sup></p> <p>Colorado also extended the enrollment period for its <b>state-based insurance marketplace</b>, mirroring recent executive action by the Biden administration.<sup>52</sup></p>
Leverage the Emergency Medicaid program to extend COVID-19 testing, evaluation and treatment coverage to undocumented immigrants.		Colorado covers COVID-related testing and treatment, regardless of immigration status, through <b>Emergency Medicaid</b> . <sup>53</sup>

## COVID-Specific Reforms *(continued)*

POLICY	SCORE	NOTES
Waive or limit cost-sharing for COVID-19 testing and treatment by private insurers.		In March 2020, Colorado's Division of Insurance <b>issued an emergency rule</b> prohibiting commercial health insurers from imposing cost-sharing (including copays, coinsurance, and deductibles) for in-network and out-of-network testing and treatment related to COVID-19 through the end of the public health emergency. <sup>54</sup>
Provide COVID-19 testing to residents free of charge.		Colorado sponsors <b>community testing sites</b> across the state that are free to the public and do not require a doctor's note, personal identification, or health insurance. <sup>55</sup>

## Notes

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### ABOUT ALTARUM'S HEALTHCARE VALUE HUB

With support from the Robert Wood Johnson Foundation and Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization that creates and implements solutions to advance health among at-risk and disenfranchised populations.

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