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Colorado Hospital Association

***This crosswalk was updated on Nov. 24 to account for guidance provided by the Colorado Department of Health Care Policy & Financing (HCPF). Updates are in red.**

Request	Rationale	Statutory/Regulatory Citation	Authority Required	Current Status	Need for Future Action
Staffing					
Waive scope of practice limitations for physicians, physician assistants, nurses, respiratory therapists, CNAs, temporary nurse aides, EMTs	Create additional staffing flexibility within facilities	Medical Practice Act: 12-240-101 Nurse Practice Act: 12-255-101 Nurse Aides: 12-260-101 Respiratory Therapists: 12-300-101 EMTs: 25-3.5-1101 Precedent for scope of practice waiver set through Executive Order D 2020 038		Existing COVID-19 authorities continue to cover a considerable amount of requests regarding scope of practice. On Nov. 12, DORA updated 13 rules to expand the emergency rules for physician practices to include RSV/pediatric populations. These regulations allow physicians, physician assistants, respiratory therapists, advance practice registered nurses, certified registered nurse anesthetists, and professional nurses to delegate their authorities to the professionals detailed below. **Emergency authorities:** • Expand physician and physician assistant scope of practice to engage in inpatient care to evaluate and treat COVID-19; direct the Executive Director of DORA, through the Director of DPO, to promulgate and issue temporary emergency rules	The existing emergency authorities do not address the scope of practice for EMTs.

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				ensuring that physicians and physician assistants are authorized to engage in inpatient care to evaluate and treat COVID-19 patients regardless of American Board of Medical Specialties (ABMS) Board certifications, national certifications, national specialty certificates of added qualifications, or current scope of specialty or subspecialty practice, if appropriate based on the physicians' or physician assistants' education, training, and experience. • Allow certified nurse anesthetists and anesthesiologist assistants to perform airway management for COVID-19 patients. • Permit the licensed professionals to cross-train, supervise, and delegate responsibilities concerning the temporary care and treatment of patients to the professionals listed below: certified nurse aides, chiropractors, dentists,	

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				occupational therapists, occupational therapy assistants, optometrists, physical therapists and physical therapist assistants, podiatrists, retired volunteer nurses, speech language pathologists, surgical assistants and surgical technologists, veterinarians, and non-physicians from performing tasks within the practice of medicine. • Allow providers to cross-train, supervise, and delegate responsibilities to medical assistants not otherwise listed to treat patients. • Allow volunteer nursing students enrolled in their last semester to treat patients. • Suspend requirement to facilitate nursing/ nurse aide graduation. • Suspend requirements that prohibit employment of nurse aide students for longer than four months. • Allow for temporary licensure of foreign medical graduates	

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				with one-year of postgraduate training in a foreign country. • Allow physicians to delegate services to volunteer nursing students or medical assistants.	
Reduce requirements for licensing, credentialing, and receipt of staff privileges – give hospitals/systems authority to alter by-laws/requirements to expedite credentialing and privileging of providers; seek blanket 1135 waiver from CMS	Encourage and enable rapid-response hospital administrative changes to expand provider pool and deploy staff effectively and efficiently	CMS 1135 waiver guidance 42 CFR 482.22 (Conditions of Participation for Medical Staff); 42 CFR 482.12 (Credentialing Criteria) 6 CCR 1101-1, Ch. 4	Emergency declaration may be required; federal 1135 waiver	Not addressed	No need for further action, facility emergency credentialling procedures already in existence cover this need.
Allow immediate emergency/disaster privileging for providers; seek blanket 1135 waiver from CMS	Encourage and enable rapid-response hospital administrative changes to expand provider pool and deploy staff effectively and efficiently	CMS 1135 waiver guidance 42 CFR 482.22 (Conditions of Participation for Medical Staff); 42 CFR 482.12 (Credentialing Criteria) 6 CCR 1101-1, Ch. 4	Emergency declaration may be required; federal 1135 waiver	Not addressed	No need for further action, facility emergency credentialling procedures already in existence cover this need.

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Relax scrutiny or oversight of orientation/competency of clinical staff/supervision; seek blanket 1135 waiver from CMS	Enable hospitals to quickly flex for more peds/adult patients as needed and as conditions evolve	CFR 482.12 (Credentialing Criteria) 6 CCR 1101-1, Ch. 4 Precedent for supervision flexibilities set through Executive Order D 2020 038	Emergency declaration may be required; federal 1135 waiver	Not addressed	State is still considering the need for a blanket 1135 waiver.
Provide immediate licensing process for nurses from non-compact states	Facilitate maximum available nursing pool	Precedent for temporary emergency licensure (now expired) set through Executive Order D 2020 038		Existing authorities permit temporary licensure of nurses who hold valid nursing licenses in good standing from other states, regardless of whether the issuing state is a participant with Colorado in a licensing compact, and the temporary certification of nurse aides without a written examination or skills-based examination.	Flexibility currently applies to nurses. ***Continuing Question:*** What other professions would this flexibility be helpful for?
Activate any/all state resources for additional staffing	Facilitate maximum available staffing pool, prepare for potential shortages, and leverage available resources through efficient deployment			Addressed through ongoing state action.	Already in process, no need for further action.
Capacity					

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Blanket waiver for HB 22-1401 for hardship on a hospital's ability to meet 80% of staffed bed capacity	Focus hospital resources on most effective and efficient patient care based on staff available and patient needs	6 CCR 1011-1 Chapter 4, Part 7.2		Not addressed	No need for further action as facilities expand beds/ staffing capacity.
Allow expansion of nonconventional (e.g., tent-based) treatment/testing/ triage sites; seek blanket 1135 waiver	Maximize overall capacity by improving front-end triage to minimize hospitalizations	Temporary Expansion Locations: Section 1135 waiver of provider-based regulations at 42 CFR § 413.65 and Medicare CoPs at 42 CFR § 482.41 and § 485.623	Emergency declaration may be required; federal 1135 waiver	CDPHE Expedite Waiver Option: HFEMSD simplified the processing and tracking of waiver requests and coordinate them with the Colorado Department of Public Safety (CDPS), Division of Fire Prevention and Control. The following waiver process may be utilized for requests related to occupancy, temporary shelters, and re-designation (i.e., change of use) of facility space.	No need for current action as CDPHE expedites requests.
Encourage facilities to regulate visitor policies as needed to safeguard staff and patient welfare by reducing traffic/ exposure to infectious individuals	Protect hospital capacity by reducing likelihood of further spreading infection	Visitation Requirements Health Care Facilities 6 CCR 1011-1 Chapter 4, Part 12.2		Not addressed	No need for current action – not a current issue.

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Forgo survey activity for complaint/ licensure for at least 90 days (while CHTC is activated)	Focus hospital resources on most effective and efficient patient care based on staff available and patient needs	Licensure Survey Authority: 6 CCR 1011-1, Chapter 2		Not addressed	The state is considering further action.
Throughput					
Waive state-regulated payer provisions (e.g., prior auth) that delay discharge of medically stable patients	Lessen discharge delays to expand available hospital capacity	Colorado PAR: Health First Colorado Prior Authorization Request Program: 10 CCR 2505-10 8.017E DOI Commercial Carriers – Urgent Prior Auth: 3 CCR 702-4 Series 4-2,		EO D 2022-044 and subsequent DOI emergency rules addresses for DOI regulated plans, not addressed for Medicaid. The DOI temporarily waived all prior authorization requirements for the approval of transfers or discharges from a hospital. On Nov. 23, HCPF provided a list of flexibilities that are currently in place and the ones they are in the process of improving. In effect: • No PAR is needed for oxygen. • PAR timeliness requirements continue to	Commercial payor requirements are incredibly burdensome, the EO directs DOI to waive them for DOI-regulated plans. HCPF addressed a large scope of PARs.

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				be waived for all outpatient benefit areas that do not have a retroactive PAR submission. • Automated PAR reviews (real-time determinations) for: disposable supplies, oral, enteral, parenteral supplies, hot. Cold therapy supplies and wound car, rental wheelchair equipment (with RR modifier if requested at time of discharge), bath/ shower transfer chairs (if requested at the time of discharge). • Automated PARs for oxygen therapy, positive airway pressure devices, respiratory assist devices, ventilators, suction devices, nebulizers, oxygen related supplies for COVID-19.	

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				• PARs have been suspended for select diagnostic imaging codes and computerized tomography scans. • HCPF continues to monitor patient access to Synagis in outpatient settings- if patients cannot access home health services for administration at home, HCPF will allow pharmacies to bill using the pharmacy benefit and deliver in a physician office/ clinic. In process: • An edit will be made in the KEPRO PAR portal to allow a PAR bypass for rendering a real-time determination for all members aged 20 and younger being discharged from any CO hospital (list of codes & instructions to be posted on	

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				ColoradoPAR.com and sent to providers via provider bulletin). • For codes not on the PAR bypass list: if members require services or supplies related to discharge, the hospital can request rapid review (ave. one business day turnaround time, applies to adult & pediatric members)	
Extend Medicaid benefits to cover at-home care for patients currently hospitalized, but medically capable of discharge	Lessen discharge delays to expand available hospital capacity			Not addressed	Identified as a longer-term issue for private-duty nursing.
Expand eligibility for post-acute care placement and remove prior authorization requirements	Lessen discharge delays to expand available hospital capacity	Colorado PAR: Health First Colorado Prior Authorization Request Program: 10 CCR 2505-10 8.017E		Not addressed	No feedback provided that this would assist with capacity.

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Suspend prior authorization and eligibility rules for Medicaid and commercial admissions and discharges; reinstitute requirements on DOI-regulated carriers to waive prior auth	Increases capacity and reduces administrative burden	Colorado PAR: Health First Colorado Prior Authorization Request Program: 10 CCR 2505-10 8.017E DOI Commercial Carriers – Urgent Prior Auth: 3 CCR 702-4 Series 4-2		EO D 2022-044 and subsequent DOI emergency rules addresses for DOI regulated plans, not addressed for Medicaid. The DOI temporarily waived any contractual provisions that require providers to demonstrate medical necessity, appropriateness, effectiveness, or efficiency for in-network inpatient treatment.	Commercial payor requirements addressed for DOI regulated plans.

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Require payers to cover transport for interfacility transfers with a state-backed guarantee of payment to transport agencies	Lessen discharge delays to expand available hospital capacity	Precedent in Executive Order D 2021 135		EO D 2022-044 and subsequent DOI emergency rules requires in-network coverage for anyone being transferred due to capacity issues, but only in a state-regulated health insurance plan. The DOI required in-network coverage for anyone being transferred due to capacity issues, but only in a state-regulated health insurance plan. On Nov. 23, HCPF provided a list of flexibilities that are currently in place and the ones they are in the process of improving. HCPF confirmed that hospital to hospital transfers due to capacity issues are reimbursable. Hospitals can schedule the transport with ambulance companies directly and companies may submit a claim to Medicaid for payment.	***Needs Further Action:*** For self-funded, ERISA, and other federally regulated plans, federal law provides in-network coverage for air ambulance transfers, but not ground ambulance transfers. An issue remains for ground ambulance coverage in non-state-regulated insurance plans.
Support post-acute care facilities with	Lessen discharge delays to expand	24-Hour Nursing Coverage		Not addressed	No feedback provided that this would assist with capacity.

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staffing and similar regulatory flexibility	available hospital capacity	Requirement: 6 CCR 1011-1 Chapter 5, 9.3			