1) ANTI-KICKBACK AND FEE SPLITTING

Colorado Medical Assistance Act, Anti-Kickback Provisions
In 2010, the Colorado legislature removed the Anti-Kickback provisions from the Colorado Medical Assistance Act. Prior to this removal, Colorado law was consistent with the federal Anti-Kickback Statute, prohibiting any remuneration in return for referrals for any items or services reimbursable by Medicaid.

Public Health and Environment — Administration
It is unlawful for an officer or employee of any local or regional board of health or the Department of Public Health and Environment to accept any gift, remuneration, or other consideration, directly or indirectly, for incorrect or improper performance of his or her board duties. It is also unlawful for a person, association, or corporation, or officer thereof, to pay, give, present, or convey to any local board of health officer or employee “any gift, remuneration, or other consideration” either directly or indirectly, in an effort to induce the board member to improperly perform his or her duties. Violations are punishable by a fine up to $5,000, imprisonment for up to 18 months, or both.

Professions and Occupations—Acupuncturists
Colo. Rev. Stat. § 12-29.5-106
Colorado law prohibits an acupuncturist from offering or accepting commissions, rebates, or other forms of remuneration for the referral of a client. Acupuncturists may pay an independent advertising or marketing agent compensation for advertising or marketing services, including compensation that is paid for the results
of performance of such services on a per-patient basis. The director of the division of registrations may deny licensure or take disciplinary action against an acupuncturist for violations.

**Professions and Occupations—Audiologists**  
*Colo. Rev. Stat. § 12-29.9-108*  
This provision authorizes the director of the Board of Audiologists to impose disciplinary actions on Audiologists who violate the “Colorado Consumer Protection Act,” article 1 of title 6, Colo. Rev. Stat.

**Professions and Occupations—Podiatrists**  
*Colo. Rev. Stat. § 12-32-107 and § 12-32-117*  
A podiatrist is prohibited from compensating, through splitting fees or compensation for his/her services, or through other direct or indirect means, any person, firm, association, or corporation compensation for the referral of a client. Violation is a class 3 misdemeanor, punishable by up to six months in prison, or a $750 fine, or both. Additionally, the Colorado Podiatry Board may refuse to issue or may revoke, suspend, or refuse to renew a license to practice podiatry, or may issue a letter of admonition or a letter of concern, or place the podiatrist on probation, for such offense.

**Professions and Occupations—Chiropractors**  
*Colo. Rev. Stat. § 12-33-117*  
This provision prohibits a chiropractor from offering, giving, or receiving commissions, rebates, or other forms of remuneration for the referral of clients. However, chiropractors are allowed to compensate an independent advisory or marketing agent for advertising or marketing services, which may include the referral of patients through such services. A chiropractor may also give an incidental gift to a patient in appreciation for a referral. Upon any violation, the state Board of Chiropractic Examiners may issue a letter of admonition, or revoke, suspend, deny, refuse to renew, or impose conditions on a chiropractor’s license. In addition to these penalties, the board may also impose a fine of no less than $1,000 for the first violation and additional fines for subsequent violations.

**Professions and Occupations—Dentists and Dental Hygienists**  
*Colo. Rev. Stat. § 12-35-129*  
The board of dentistry may deny the issuance or renewal of, suspend, or revoke a dental license, or may reprimand, censure, place on probation, or issue a letter of admonition to any dentist or dental hygienist who shares professional fees with anyone except those with whom he/she is lawfully associated in the practice of dentistry or dental hygiene. A dentist or dental hygienist is permitted to pay an independent advertising or marketing agent compensation for advertising or marketing services, including compensation that is paid for the results of performance of such services on a per-patient basis. A dentist or dental hygienist practice may enter into a contract with any person or entity for business management services or pay a royalty in accordance with a franchise agreement if
its terms do not affect the exercise of independent professional judgment of the dentist or dental hygienist.

Professions and Occupations—Medical Practice  
Anyone licensed by the state Board of Medical Examiners is prohibited from compensating, through splitting fees or compensation for his/her services, or through other direct or indirect means, any person, firm, association, or corporation as pay or compensation for the referral of a client. A licensee may, however, pay an independent advertising or marketing agent compensation for services rendered on his/her behalf, including compensation that is paid for the results of performance on a per-patient basis. Violation is a class 3 misdemeanor, punishable by up to six months in prison, or a $750 fine, or both, and shall constitute grounds for the suspension or revocation of a license or placing the licensee on probation. The person who paid such fee or compensation to the licensee may recover the amount unlawfully paid from either the licensee or from the person to whom such fee or compensation has been paid. It is also a class 3 misdemeanor, punishable by up to six months in prison, or a $750 fine, or both, for any person, firm, association, or corporation that directly or indirectly receives any pay or compensation given or paid by a licensee for the referral of a client.

Professions and Occupations—Optometrists  
Colo. Rev. Stat. § 12-40-118  
It is unlawful to employ or offer compensation or merchandise of value to any salesman, runner, patient, or other person to induce that person to assist in the solicitation of patronage. Sharing any professional fees with any person, partnership, or corporation that sends or refers patients to the optometrist, except with licensed optometrists with whom the optometrist may be associated in practice, is also prohibited.

Professions and Occupations—Physical Therapists  
A physical therapist is prohibited from offering, giving, or receiving commissions, rebates, or other forms of remuneration for the referral of clients. However, physical therapists may compensate an independent advertising or marketing agent, including compensation for referrals of clients identified through such services on a per-client basis. A violation of this prohibition may result in letters of admonition, revocation, or suspension of the physical therapist’s license, probation, or the imposition of a public censure or fine.

Professions and Occupations—Mental Health Practitioners  
Colo. Rev. Stat. § 12-43-222  
Colorado law prohibits mental health practitioners, including psychologists, social workers, marriage and family therapists, and licensed professional counselors, from offering, giving, or accepting commissions, rebates, or other forms of remuneration for the referral of clients. However, the law allows the payment of compensation to
an independent advertising or marketing agent for services rendered on the practitioner’s behalf, including payment for the results of such services on a per-patient basis. Violations shall be prima facie evidence of grounds for disciplinary action, including denial of licensure.

2) PROHIBITIONS ON SELF-REFERRAL

Colorado Medical Assistance Act, Colorado Revised Statutes/Prohibition of Certain Referrals

Colo. Rev. Stat. § 25.5-4-414

Colorado’s “mini-Stark” statute generally prohibits a provider from making a referral to an entity with which the provider or an immediate family member of the provider has a “financial relationship.” Colo. Rev. Stat. § 25.5-4-414(2)(a). However, this rule does not apply to any financial relationship that meets the requirements of an exception under federal law or that would not violate federal law if the services were eligible for payment under Medicare. Colo. Rev. Stat. § 25.5-4-414(2)(b) and (c). An entity that provides designated health services (DHS) as a result of a prohibited referral is prohibited from billing the state or anyone else for the DHS. Colo. Rev. Stat. § 25.5-4-414(3).

Except as otherwise provided in this subsection, a provider participating in the medical assistance program under this article and articles 5 and 6 of this title is prohibited from making a referral to an entity for DHS for which payment may be made under Colorado’s medical assistance program if the provider or an immediate family member of the provider has a financial relationship with the entity. This law defines DHS, immediate family member, and financial interest. Colo. Rev. Stat. § 25.5-4-414(1)(a), (b), (c).

As revised, the relevant portions of the Colorado statute read as follows:

25.5-4-414. Providers - physicians - prohibition of certain referrals - definitions

(1) As used in this section, unless the context otherwise requires:
   (a) “Designated health services” means any of the following services:

   (I) Clinical laboratory services;
   (II) Physical therapy services;
   (III) Occupational therapy services;
   (IV) Radiology and other diagnostic services;
   (V) Radiation therapy services;
   (VI) Durable medical equipment;

   (VII) Parenteral or enteral nutrients, equipment, and supplies;
(VIII) Prosthetics, orthotics, and prosthetic devices;
(IX) Home health services
(X) Outpatient prescription drugs; and
(XI) Inpatient and outpatient hospital services.

(b) “Financial relationship” means an ownership or investment interest in an entity furnishing designated health services or a compensation arrangement between a provider or an immediate family member of the provider and the entity. An ownership or investment interest may be reflected in equity, debt, or other instruments.

(c) “Immediate family member of the provider” means any spouse, natural or adoptive parent, natural or adoptive child, stepparent, stepchild, stepbrother, stepsister, in-law, grandparent, or grandchild of the provider.

(d) “Provider” means:
(I) A doctor of medicine or osteopathy who is licensed to practice medicine pursuant to article 36 of title 12, C.R.S.;
(II) A doctor of dental surgery or of dental medicine who is licensed to practice dentistry pursuant to article 35 of title 12, C.R.S.;
(III) A doctor of podiatric medicine who is licensed to practice podiatry pursuant to article 32 of title 12, C.R.S.;
(IV) A doctor of optometry who is licensed to practice optometry pursuant to article 40 of title 12, C.R.S.; or
(V) A chiropractor who is licensed to practice chiropractic pursuant to article 33 of title 12, C.R.S.

(2) (a) Except as otherwise provided in this subsection (2), a provider participating in the medical assistance program under this article and articles 5 and 6 of this title is prohibited from making a referral to an entity for designated health services for which payment may be made under the state’s medical assistance program if the provider or an immediate family member of the provider has a financial relationship with the entity.

(b) Paragraph (a) of this subsection (2) shall not apply to any financial relationship that meets the requirements of an exception to the prohibitions established by 42 U.S.C. sec. 1395nn, as amended, or any regulations promulgated thereunder, as amended.

(c) Paragraph (a) of this subsection (2) shall not apply to a financial relationship or referral for designated health services if the financial relationship or referral for designated health services would not violate 42 U.S.C. sec. 1395nn, as amended, and any regulations promulgated thereunder, as amended, if the designated health services were eligible for payment under Medicare rather than the “Colorado Medical Assistance Act”.

(3) An entity that provides designated health services as a result of a prohibited referral shall not present a claim or bill to any individual,
any third-party payor, the state department, or any other entity for the designated health services.

(4) An entity that provides designated health services shall provide to the state department, upon its request and in the form specified by the state department, information concerning the entity's ownership arrangements including:
   (a) The items and services provided by the entity;
   (b) The names and provider identification numbers of all providers with a financial interest in the entity or whose immediate family members have a financial interest in the entity.

(5) If a provider refers a patient for designated health services in violation of paragraph (a) of subsection (2) of this section or the entity refuses to provide the information required in subsection (4) of this section, the state department may:
   (a) Deny any claims for payment from the provider or entity;
   (b) Require the provider or entity to refund payments for services;
   (c) Refer the matter to the appropriate agency for medical assistance fraud investigation; or
   (d) Terminate the provider's or entity's participation in the medical assistance program.

3) FALSE CLAIMS/FRAUD AND ABUSE

False Medicaid Claims
Colo. Rev. Stat. § 25.5-4-304 through § 25.5-4-310

Prohibited Acts
In 2010, the Colorado legislature significantly amended and expanded the existing provisions of Colorado law related to false Medicaid claims, making Colorado law more consistent with the federal False Claims Act. Specifically, at Colo. Rev. Stat. § 25.5-4-305(1), the Colorado Medicaid False Claims Act penalizes anyone who:
   (a) Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval;
   (b) Knowingly makes, uses, or causes to be made or used a false record or statement material to a false or fraudulent claim;
   (c) Has possession, custody, or control of property or money used, or to be used, by the state in connection with the “Colorado Medical Assistance Act” and knowingly delivers, or causes to be delivered, less than all of the money or property;
   (d) Authorizes the making or delivery of a document certifying receipt of property used, or to be used, by the state in connection with the “Colorado Medical Assistance Act” and, intending to defraud the state, makes or delivers the receipt without completely knowing that the information on the receipt is true;
(e) Knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer or employee of the state in connection with the “Colorado Medical Assistance Act” who lawfully may not sell or pledge the property;

(f) Knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the state in connection with the “Colorado Medical Assistance Act”, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the state in connection with the “Colorado Medical Assistance Act”;

(g) Conspires to commit a violation of [the prohibited acts listed above].

Enforcement and Penalties
Any person who knowingly violates the Colorado Medicaid False Claims Act is subject to a civil penalty of up to $11,000 per claim, plus treble damages that the state sustains due to such improper action and the costs of the civil action to recover such penalties and damages. Colo. Rev. Stat. § 25.5-4-305(1). These damages and penalties apply to any violation that meets the scienter requirement, defined by the statute as “knowing” and “knowingly”: (1) having actual knowledge of the information; (2) acting in deliberate ignorance of the truth or falsity of the information; or (3) acting in reckless disregard of the truth or falsity of the information. Colo. Rev. Stat. § 25.5-4-304(3)(a). The law further states that “knowing” does not require proof of specific intent to defraud. Colo. Rev. Stat. § 25.5-4-304(3)(b).

Civil actions may be brought for violations of this law by either the attorney general or by private individuals as relators on behalf of the state in qui tam actions. Colo. Rev. Stat. § 25.5-4-306(1). If the state does not intervene in the action brought by a relator, the relator may recover between 25% and 30% of the proceeds of the action or settlement, plus reasonable expenses, attorneys’ fees, and costs. Colo. Rev. Stat. § 25.5-4-306(4)(b). If the state does intervene in the action, the relator may recover between 15% and 25% of the proceeds of the action or settlement, depending on the extent to which the relator substantially contributed to the prosecution of the action. Colo. Rev. Stat. § 25.5-4-306(4)(a)(I). Additionally, if the court finds the action based primarily on information or disclosures other than the information provided by the relator, the relator may recover no more than 10% of the proceeds of the action or settlement. Colo. Rev. Stat. § 25.5-4-306(4)(a)(II).

The Colorado Medicaid False Claims Act allows a whistleblower to bring a private cause of action against his/her employer or “any other person” for retaliation or discrimination to get “all relief necessary to make the [relator] whole,” including reinstatement at the same seniority status the employee would have had but for the discrimination, twice the amount of back pay, interest on the back pay, as well as compensation for special damages as a result of discrimination or retaliation, including litigation costs and reasonable attorney fees. Colo. Rev. Stat. § 25.5-4-306(7).
This law also gives the Colorado attorney general broad authority to investigate false Medicaid claims, including the powers to issue subpoenas for documents and testimony pursuant to a civil investigative demand and to file lawsuits. Colo. Rev. Stat. § 25.5-4-309. Additionally, the attorney general must file a written report to the state legislature before each January 15th, with information regarding the Colorado Medicaid False Claims Act actions and amounts recovered in the previous year. Colo. Rev. Stat. § 25.5-4-310.

Insurance

Colo. Rev. Stat. § 10-1-128
In regard to title 12 (Health Professions and Occupations), a fraudulent insurance act is committed if a person knowingly and with intent to defraud presents any written statement in regard to the insurance that he/she knows to contain false information concerning any material fact or knowingly or with intent to defraud conceals any information.

Criminal Code

This provision states that eliminating a patient’s health care plan copayment or deductible is an abuse of health insurance if the health care provider: (1) accepts the amount paid by a third-party payer as payment in full for services rendered; or (2) submits a fee to a third-party payer that is higher than the fee he has agreed to accept from the insured patient with the understanding of waiving the required deductible or copayment. A violation of this prohibition is classified as an abuse of health insurance—a class 1 petty offense.

The provision exempts reimbursements made pursuant to articles 3 and 6 of title 25.5, C.R.S. (Colorado Medical Assistance Act and Colorado Indigent Care Program), federal Medicare laws for inpatient hospitalization, and mental health services purchased in accordance with article 66 of title 27, C.R.S. (purchase of community mental health services). In addition, the following are exempt from the prohibition: (1) payments made in accordance with a contract between an employer and an employee when the contract includes as part of an employee’s salary or employment benefits terms that authorize a practice that would otherwise be prohibited by the statute; (2) payments made in accordance with a contract between a town, city, city and county, or municipality or special health assurance district pursuant to C.R.S. 31-15-302(1), under terms that authorize a practice that would otherwise be prohibited by the statute; (3) the waiver of any required deductible or copayment for charitable purpose, with certain limiting requirements; and (4) the waiver of a required deductible or copayment for health care services provided by a school-based health center, as defined in Section 25-20.5-502, C.R.S.

Public Health and Environment — Administration

Colo. Rev. Stat. § 25-1.5-103
This section gives the Department of Public Health and Environment the power to suspend, revoke, or refuse to renew any license to a health facility if the facility has
committed abuse of health insurance pursuant to C.R.S. § 18-13-119, or if the facility has advertised that it will perform any act prohibited by that statute.

**Professions and Occupations**


These statutes permit the regulatory boards of acupuncturists, podiatrists, chiropractors, dentists and dental hygienists, medical practitioners, nurses, nursing home administrators, optometrists, physical therapist, respiratory therapists, and mental health practitioners to take disciplinary action against a practitioner who commits abuse of health insurance, as set forth in § 18-13-119 or § 10-1-128, or who advertises that he/she will perform an act that constitutes an abuse of health insurance.

**Relevant Decisions**

*Parrish v. Lamm*, 758 P.2d 1356, 1359-1372 (Colo. 1988)


**Colorado Medicaid Program Integrity Regulations**

*10 Colo. Code Regs. § 2505-10-8.076*

**Prohibited Acts**

The Colorado Medicaid program integrity regulations define a “false representation” as “an inaccurate statement that is relevant to a claim for reimbursement and is made by a Provider who has actual knowledge [that the statement is false]” or who acts with “deliberate ignorance of or with reckless disregard for the truth of the statement.” 10 Colo. Code Regs. § 2505-10-8.076.1.4. The regulations state further that a provider submits a claim with reckless disregard or deliberate ignorance “if the Provider fails to maintain records required by the Department” or fails to become familiar with the Department’s rules. *Id.*

During an investigation of alleged false claims, Medicaid payments may be withheld if there is reliable evidence “that the circumstances giving rise to the need for a withholding of payments involve fraud or willful misrepresentation under the Medical Assistance program.” Payments may be withheld without first notifying the provider of the Department’s intention to withhold such payments, but the provider will be granted appeal rights upon request. 10 Colo. Code Regs. § 2505-10-8.076.4.A. Following confirmation of false claims, the Department can terminate a provider’s participation agreement in the Medicaid program. 10 Colo. Code Regs. § 2505-10-8.076.5.A.
Prohibited Recoveries  
**Colo. Rev. Stat. § 25.5-4-301**

A provider of medical services is generally prohibited from receiving or seeking to collect any costs of providing medical service after Medicare, Medicaid, or a private insurer authorized by Title XIX of the federal Social Security Act has paid for the service. Colo. Rev. Stat. § 25.5-4-301(1)(a)(I). Any provider who violates this rule “is liable and subject to: A refund to the recipient of the amount unlawfully received, statutory interest on the amount received from the date of receipt until the date of repayment, plus a civil monetary penalty equal to one hundred dollars for each violation, and all amounts submitted to a collection agency in the name of the Medicaid recipient.” ” Colo. Rev. Stat. § 25.5-4-301(1)(a)(II.5)(A). This rule applies “regardless of whether Medicaid has actually reimbursed the provider and regardless of whether the provider is enrolled in the Colorado medical assistance program.” Colo. Rev. Stat. § 25.5-4-301(1)(a)(II). A provider has thirty days to resolve any collection actions before adverse financial penalties are imposed. Colo. Rev. Stat. § 25.5-4-301(1)(a)(II.5)(A.5). The imposition of a civil monetary penalty by the state may be appealed administratively. Colo. Rev. Stat. § 25.5-4-301(1)(a)(II.5)(A).

Offering a False Instrument for Recording  
**Colo. Rev. Stat. § 18-5-114**

It is unlawful to present or offer a written instrument that “contains a material false statement or material false information . . . to a public office or a public employee, with the knowledge or belief that it will be registered, filed, or recorded or become a part of the records of that public office or public employee.” Colo. Rev. Stat. § 18-5-114(1) and (3). A person who violates this statute knowingly and with intent to defraud is guilty of a class 5 felony. Colo. Rev. Stat. § 18-5-114(2). A person who knowingly violates this statute without intent to defraud is guilty of a class 1 misdemeanor. Colo. Rev. Stat. § 18-5-114(4).

4) UNFAIR BUSINESS PRACTICES

Unfair Practices Act  
**Colo. Rev. Stat. §§ 6-2-101, et. seq.**

The Unfair Practices Act prohibits the secret payment or allowance of rebates, refunds, commissions, or unearned discounts where such payment or allowance tends to destroy competition. Colo. Rev. Stat. § 6-2-108. The Act further prohibits secretly extending special services or privileges not extended to all purchasers, to the injury of a competitor. *Id.* Additionally, the Act prohibits “any person, partnership, firm, corporation, joint stock company, or other association engaged in business within [Colorado] to sell, offer for sale, or advertise for sale any product or service for less than the cost of the product or service with the intent to both injure competitors and destroy competition and where the likely result of such sale would be the

5) WHISTLEBLOWER PROTECTIONS

Retaliation Against Health Care Workers Prohibited
Colo. Rev. Stat. § 8-2-123

Under this law, health care providers are prohibited from taking “disciplinary action” against a health care worker who makes a “good faith report or disclosure.” Colo. Rev. Stat. § 8-2-123(2)(a). Good faith report or disclosure is defined as “a report regarding patient safety information or quality of patient care that is made without malice or consideration of personal benefit and that the health care worker making the report has reasonable cause to believe is true.” Colo. Rev. Stat. § 8-2-123(1)(b). Good faith report or disclosure also includes, with respect to patient care, a report regarding any practice, procedure, action, or failure to act with regard to patient safety that concerns information regarding a generally accepted standard of care; a law, rule, regulation, or declaratory ruling adopted pursuant to law; or compliance with a professional licensure requirement, which report is made without malice or consideration of personal benefit and that the health care worker making the report has reasonable cause to believe is true. Disciplinary action is defined broadly and includes “any direct or indirect form of discipline or penalty, including, but not limited to, dismissal, demotion, transfer, reassignment, suspension, corrective action, reprimand, admonishment, unsatisfactory or below-standard performance valuation, reduction in force, withholding of work, changes in work hours, negative reference, creating or tolerating a hostile work environment, or the threat of any such discipline or penalty.” Colo. Rev. Stat. § 8-2-123(1)(a).

However, this law does not protect any employee who discloses information that the employee knows is false, or who discloses information with disregard as to whether it is false. Colo. Rev. Stat. § 8-2-123(2)(b). Moreover, nothing in this law grants immunity to a health care worker for: his or her own acts of medical negligence; unprofessional conduct subject to professional review activities; a breach of a professional licensure requirement; or a violation of any state or federal law requiring confidentiality of patient information. Colo. Rev. Stat. § 8-2-123(2)(c).

In making a good faith report or disclosure, a health care worker “shall follow the internal reporting procedures of the health care provider . . . and shall exhaust such procedures prior to pursuing any further reporting or disclosure activity.” Colo. Rev. Stat. § 8-2-123(3).
Whistleblower Protection for Employees of Private Enterprises Under Contract with a State Agency

Colo. Rev. Stat. § 24-114-101 through § 24-114-103

No private enterprise that has a contract with a state agency may retaliate against an employee because the employee has disclosed information “which, if not disclosed, could result in the waste of public funds, could endanger the public health, safety, or welfare, or could otherwise adversely affect the interests of the state.” Colo. Rev. Stat. § 24-114-101(2). See also Colo. Rev. Stat. § 24-114-102(1). Such disclosures include any information disclosed to the fraud hotline administered by the state auditor. Colo. Rev. Stat. § 24-114-102(3).

However, this law does not protect any employee who discloses information that the employee knows is false or who discloses information with disregard as to whether it is true or false. Colo. Rev. Stat. § 24-114-102(1)(a). The employee is also not protected if the information that is disclosed is confidential under another provision of law. Colo. Rev. Stat. § 24-114-102(1)(b).

An employee who wishes to be protected by this law must “make a good faith effort to provide to his supervisor or appointing authority or to a member of the general assembly the information to be disclosed prior to the time of its disclosure.” Colo. Rev. Stat. § 24-114-102(2).

If a private enterprise violates this law, the employee may bring a civil action in a state court. If the action is decided in the employee’s favor, “the employee may recover damages, together with court costs,” and may receive any other relief that the court believes is appropriate. Colo. Rev. Stat. § 24-114-103.

6) DECEPTIVE AND UNFAIR TRADE PRACTICES

Colorado Consumer Protection Act: Deceptive Trade Practices

Colo. Rev. Stat. § 6-1-105

The Colorado Consumer Protection Act defines deceptive trade practices broadly, including “knowingly mak[ing] a false representation as to the characteristics, ingredients, uses, benefits, alterations, or quantities of goods, food, services, or property.” Colo. Rev. Stat. § 6-1-105(1)(e).

7) REPORTING

Michael Skolnik Medical Transparency Act of 2010

Colo. Rev. Stat. § 24-34-110

The Michael Skolnik Medical Transparency Act requires each physician or health care professional listed in the Act applying for a “new license, certification, or registration or to renew, reinstate, or reactivate a license, certification, or registration in this state” to provide the Colorado Division of Regulatory Agencies detailed
information regarding, but not limited to, medical licenses ever held, current and active board certifications and specialties, affiliations with hospitals and health care facilities, business ownership in any business whose mission relates to providing health care services or products, employment contracts related to health care, disciplinary actions, actions against medical privileges, criminal conviction or plea arrangements, and resolution of medical malpractice claims.