



# **MENTAL HEALTH COLORADO**

## **2022 LEGISLATIVE REPORT & SCORECARD**

# 2022 Legislative Session

At Mental Health Colorado, we've been hard at work advocating for state policies that will promote healthier minds across the lifespan. The 2022 legislative session brought major systemic changes to Colorado's behavioral health system that will increase access to mental health services and improve quality of care.

Unfortunately, we know that Colorado currently lags far behind other states in access to mental health services and has one of the highest rates of mental illness in the country. From an inadequate safety net system of care, growing wait lists for access to care and beds, a crisis of homelessness, and a continuing over-reliance on law enforcement and the criminal justice system for Coloradans with unmet health needs, we have our work cut out for us. Our 2022 policy priorities were aimed at addressing many aspects of this crisis and increasing access to timely, high-quality, compassionate care for many Coloradans.

Lawmakers passed numerous bills this year that will improve mental health across the state, including a total restructuring of the state's behavioral health system. In addition, Colorado made an historic \$450 million investment in mental health thanks to a one-time infusion of funding from the American Rescue Plan Act (ARPA). Mental Health Colorado played a central role in the two task forces that created policy and funding recommendations that led to this transformational change. Our president and CEO Vincent Atchity was the Chair of the Behavioral Health Transformational Task Force that made recommendations on the roughly half billion in behavioral health funding investments, while Mental Health Colorado staff was deeply involved in the Behavioral Health Task Force, which collectively recommended the creation of care coordination structures and the Behavioral Health Administration (BHA). While there's much more work to be done to address the mental health crisis in our state, we took critical steps this year to strengthen our mental health safety net and keep vulnerable members of our communities from slipping through the cracks.

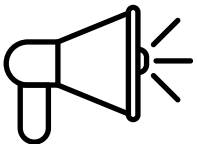




# Legislative Summary



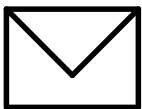
**56 times** Mental Health Colorado staff testified



**24 times** Brain Wave advocates testified in committee



**115 Coloradans** advocated for mental health at our annual Day at the Capitol



**100 emails** sent to legislators advocating for mental health



**146 print or broadcast stories** regarding our agenda bills

# Strong Start for All Children



We develop brains and behaviors at a rapid pace, not fully maturing until as late as our mid-20s. Preventative care and healthy learning environments are central to ensuring healthy minds and bright futures.

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## ARPA BILL

### **SB22-147 Behavioral Health-Care Services for Children:**

Invests \$11 million in school-based behavioral health care services like school behavioral health professionals and school-based health centers.

### **HB22-1052 Promoting Crisis Services to Students:**

Requires each student I.D. card issued to a public school student to contain the phone number, website address, and text talk number for the 24-hour Colorado crisis services. Mental Health Colorado successfully amended this bill to ensure the BHA would engage public and private schools and that parents would have information about the crisis hotline sent to them each school year as well.

### **HB22-1131 Reduce Justice-involvement For Young Children:**

Creates a task force to examine gaps in services available for 10-12 year olds if the minimum age of prosecution was raised to 13 years old.

### **HB22-1243 School Security and School Behavioral Health Services Funding:**

The bill allocates \$6 million to continue the temporary youth mental health services program also known as the iMatter campaign. It also appropriates \$2 million for the behavioral health care professional matching grant program, which helps local school districts hire school mental health professionals.

## ARPA BILL

### **HB22-1283 Youth And Family Behavioral Health Care:**

Invests over \$54 million for residential and neuro-psychiatric bed capacity for children and youth. Funding was also allocated to support respite care and residential substance use treatment capacity. Colorado sends children out of state every year to get the behavioral health treatment they need. The funding in this bill will help create capacity in Colorado so these children do not need to be sent out of state.

# Access to Housing, Health Care, Supports, and Services



Having a place to call home is an essential element of good mental health across the lifespan. Access to health care, supports and services prolongs life and enhances mental health outcomes.

## PRIORITY BILL

### **HB22-1256 Modifications to Civil Involuntary Commitment:**

Until the passage of this bipartisan bill, our state's involuntary civil commitment laws hadn't been meaningfully reformed since the 1970's and as a result are not in line with modern values and standards of care. This bill will improve care for patients who are certified for involuntary treatment and placed on 72-hour mental health holds, called M1 holds. The legislation guarantees basic rights for patients, ensures follow-up care to improve health outcomes and reduces the prevalence of a revolving door of patients, and more.

*“As we grapple with a mental health crisis in our state, it's imperative that we give Coloradans who are experiencing mental health issues every opportunity to heal. HB-1256 will help us build an involuntary commitment system that treats Coloradans who are in crisis with dignity and respect and gives them the care and support they deserve.” – Rep. Judy Amabile, bill sponsor*

## PRIORITY BILL

### **HB22-1278 Behavioral Health Administration:**

Establishes the Behavioral Health Administration (BHA) to create a coordinated, cohesive, and effective behavioral health system in Colorado that is responsible for meeting the needs of even the most vulnerable Coloradans, is accountable to the communities it serves, facilitates healthy competition among providers, and creates choice for patients. The bill is the result of years of work to assess the growing demand for mental health services in Colorado and implements recommendations laid out by the Behavioral Health Task Force that was created in 2019. By July 1, 2024, the bill requires the BHA to establish:

- A statewide behavioral health grievance system;
- A behavioral health performance monitoring system;
- A comprehensive behavioral health safety net system;
- Regionally-based behavioral health administrative service organizations;
- The BHA as the licensing authority for all behavioral health entities; and
- The BHA advisory council to provide feedback to the BHA on the behavioral health system in the state.



## PRIORITY BILL

### **SB22-106 Conflict of Interest in Public Behavioral Health:**

This bill will increase transparency and accountability in Colorado's public behavioral health system by addressing conflicts of interest in the state's behavioral health payer systems. This legislation makes much needed reforms to ensure payer systems, created to be responsible stewards of state taxpayer dollars, are held to the highest degree of integrity and accountability. It requires each Regional Accountable Entity (RAE), administrative service organization (ASO), and managed service organization (MSO) that has 25% or more provider ownership to comply with certain conflict of interest policies.

*“When it comes to funding our mental health system, there is no room for conflicts of interest. Senate Bill 106 is a game changer for accountability. This is an important first step in fundamentally improving our mental health system in Colorado.” – Mesa County Commissioner Janet Rowland*

## PRIORITY BILL

### **SB22-156 Supports for Independent Medicaid Mental Health Providers:**

To help address the workforce shortage, we need to retain mental health professionals who are serving those in need. This legislation addresses several factors that discourage our existing workforce from continuing to serve Medicaid enrollees by reducing paperwork and addressing billing issues.

## ARPA BILL

### **HB22-1302 Health-Care Practice Transformation:**

Allocates \$32 million for a grant program for primary care practices to better integrate primary care and behavioral health. Mental Health Colorado was able to secure an amendment to list pregnant and postpartum people as a priority population for grant awards.



**ARPA BILL**

**PRIORITY BILL**

**HB22-1303 Increase Residential Behavioral Health Beds:**

Creates 16 inpatient forensic mental health beds at Ft. Logan and creates 125 civil residential mental health treatment beds throughout the state. The State currently needs 512 residential mental health treatment beds. This bill signifies the largest investment in civil mental health treatment beds in the last decade.



**ARPA BILL**

**SB22-148 Colorado Land-based Tribe Behavioral Health Services Grant Program:**

Creates a behavioral health residential treatment facility specifically for Colorado's diverse indigenous population.

**ARPA BILL**

**SB22-211 Repurpose the Ridge View Campus:**

Creates a full continuum of substance use care at the former Ridge View campus that will support people experiencing homelessness who also have a substance use disorder.

**HB22-1005 Health-care Preceptors Tax Credit:**

Expands the number of health-care preceptors (experienced practitioners who teach and supervise students or less experienced practitioners) who can claim the tax credit, extends the tax credit through 2033, expands eligibility to offer and participate in preceptorship, allows for the counting of nonconsecutive days, and puts in place some definition and certification changes.

**HB22-1051 Mod Affordable Housing Tax Credit:**

Extends the state credit program through 2034 and increases the amount of credit the Colorado Housing & Finance Authority may allocate annually from \$10 million to \$15 million starting January 1, 2023. The current program is set to expire in 2024.



**HB22-1214 Behavioral Health Crisis Response System:**

Requires crisis system facilities and programs, including crisis walk-in centers and mobile crisis programs, to meet minimum standards to provide mental health and substance use disorder services.



**HB22-1281 Behavioral Health-care Continuum Gap Grant Program:**

Creates \$90M in grant programs to local government, non-profits, and providers to expand behavioral health services in the state. Mental Health Colorado was able to secure an amendment to set aside \$15 million specifically for the SUD workforce in this bill.

**HB22-1284 Health Insurance Surprise Billing Protections:**

Changes current state law to align with the federal 'No Surprises Act'.

**HB22-1377 Grant Program Providing Responses to Homelessness:**

Creates the connecting Coloradans experiencing homelessness with services, treatment, and housing supports grant program, administered by the division of housing in the department of local affairs.

**SB22-005 Law Enforcement Agency Peace Officer Services:**

Allocates \$3 million to provide behavioral health counseling for peace officers who have experienced job-related trauma.

**SB22-077 Interstate Licensed Professional Counselor Compact:**

Enacts the "Interstate Licensed Professional Counselors Compact", which, once effective, will allow licensed professional counselors in any state that has joined the compact (member state) to provide (1) licensed professional counselor services in each member state under a privilege to practice and (2) Telehealth services in each member state under a privilege to practice.



ARPA BILL

**SB22-177 Investments in Care Coordination Infrastructure:**

Invests \$12 million in expanding and enhancing Colorado's care coordination infrastructure.

ARPA BILL

**SB22-181 Behavioral Health-care Workforce:**

Invests \$72 million in Colorado's behavioral health workforce, including in retention and recruitment strategies.

# Support for Families



Strong, healthy families are vitally important to strong, healthy individuals. Education, childcare, stable housing, meaningful employment, and access to health care are all essential to family wellbeing.

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**HB22-1289 Health Benefits For Colorado Children And Pregnant Persons:**

Provides comprehensive public health insurance coverage to children, pregnant and postpartum undocumented Coloradans, and make a number of other investments in perinatal care and services in Colorado, including the continuation of the Healthy eMoms survey.

**SB22-053 Health Facility Visitation During Pandemic:**

Specifies that a patient admitted to a hospital for inpatient care and a resident of a nursing care facility or assisted living residence may have at least one visitor of the patient's or resident's choosing during the stay or residency.

# Wellness In Aging



From childhood to old age, the quality of our lives depends on our mental health. Every phase of life brings its own challenges and opportunities for continuing mental growth and development.

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## **HB22-1035 Modernization of The Older Coloradans' Act:**

Updates the “Older Coloradans’ Act.” The purpose of the act is to support older Coloradans through community planning, social services, health and well-being services, and strategies to prepare the state’s infrastructure for an increasing older population of Coloradans.

## **SB22-079 Dementia Training Requirements Colorado Department of Public Health and Environment Department of Health Care Policy and Financing Rules:**

Requires the State Board of Health to adopt rules requiring specific facilities to provide dementia training for staff providing direct-care services to clients and residents of the facilities.

## **SB22-185 Security for Colorado Seniors:**

Renames the area agency on aging grant program to the strategic investments in aging grant program. The grant program administers state assistance to finance projects across the state that are intended to assist and support older Coloradans. The bill extends the grant program indefinitely to continue the support of projects that promote the health, equity, well-being, and security of older Coloradans across the state.

# Reduced Potential Harm From Drugs and Alcohol



Drugs and alcohol have been a part of our landscape throughout history. From childhood onward, we thrive if we can reap their benefits while reducing their potential for great harm.

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## **SB22-027 Prescription Drug Monitoring Program:**

Clarifies that each licensed health-care practitioner must query the prescription drug monitoring program prior to filling a prescription for every opioid or benzodiazepine and requires the group tasked with developing a strategic plan to reduce prescription drug misuse to also make recommendations to the executive director of the department of regulatory agencies concerning balancing the use of the program as a health-care tool with enforcement of the requirements of the program.



# Decriminalize Mental Health



As many of those working in law enforcement understand more clearly than most, the criminal justice system is our first and only—and completely inappropriate, ineffective, and costly—response to people’s need for mental health and substance use care. Building health care capacity and supportive housing so that we can disentangle mental health and criminal justice will improve health outcomes, save taxpayer dollars, and enhance community wellbeing.

## PRIORITY BILL

### **HB22-1061 Modifications to Not Guilty by Reason of Insanity:**

This bill makes important updates to Colorado’s laws related to people found not guilty by reason of insanity (NGRI) to ensure we are prioritizing our inpatient mental health resources and funding for people who need them, while at the same time protecting public safety.



### **HB22-1063 Jail Standards Commission:**

Creates the Legislative Oversight Committee concerning Colorado Jail Standards. The Committee may introduce up to 3 pieces of legislation related to jail standards in the 2024 session.

**SB22-010 Pretrial Diversion for Person with Behavioral Health:**

Expands the existing pretrial diversion program to include diversion programs that are intended to identify eligible individuals with behavioral health disorders and divert such individuals out of the criminal justice system and into community treatment programs.

**SB22-018 Expand Court Reminder Program:**

Requires every defendant to be automatically enrolled in the court reminder program and allows a defendant to opt out of the program and requires the program to provide at least 3 reminders (rather than 2), including one reminder the day before the court appearance, and, for court appearances that can be attended virtually, the final reminder must include a link to the virtual court appearance.



**SB22-196 Health Needs of Persons in Criminal Justice System:**

Invests \$60 million in grant funding for the needs of people with behavioral health conditions who are involved or at-risk of being involved with the criminal justice system.

**HB22-1067 Clarifying Changes to Ensure Prompt Bond Hearings:**

Requires district courts to hold an initial bond hearing with an arrested individual within 48 hours of the person being detained regardless of the day of the week. Under current law, the requirement is “within 2 calendar days – excluding Sundays and holidays.”



# Legislation We Opposed

## **HB22-1106 Concealed Handguns on School Grounds: BILL DEFEATED**

This bill would have removed the limitation of current law that prohibits a concealed carry permit holder from carrying a concealed handgun on public elementary, middle, junior high, or high school grounds. We opposed this bill because permitting more concealed weapons on school grounds does not contribute to safety or to greater health or peace of mind. This bill was postponed indefinitely.

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## **HB22-1065 Emergency Mental Health Treatment Evaluation Standard: BILL DEFEATED**

Changed the standard for an emergency 72-hour emergency mental health hold so that a person would only need to be at substantial risk, not imminent, to self or others to have their civil liberties taken from them. In the absence of a shared understanding of the meaning of "substantial risk" as a criterion for commitment, this bill threatened to confuse rather than clarify an already complicated standard. This bill did not pass out of House Appropriations Committee.

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## **HB22-1130 Exception to Employer Sick Leave Requirement: BILL DEFEATED**

Recreated the exception for employers with fewer than 16 employees to not have to offer sick leave to their employees to apply in perpetuity. Working people often have to absorb a damaging financial setback when they take time off for health reasons. We opposed this legislation because Coloradans should not have to choose between paying their bills and caring for a mental or physical health concern. This bill was postponed indefinitely.

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## **HB22-1236 Parent's Bill of Rights: BILL DEFEATED**

Establishes a parent's bill of rights that sets forth specific parental rights related to directing the upbringing, education, and health care of a minor child, which requires a board of education of a school district to be in consultation with parents, teachers, and administrators, and to develop and adopt a policy to promote the involvement of parents of the enrolled minor child. We opposed this bill out of concern for the rights of children, the imperative that schools be safe spaces for development, and respect for the professionalism of teachers and administrators. This bill was postponed indefinitely.

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## **HB22-1326 Fentanyl Accountability and Prevention: BILL PASSED**

Makes possession of any material, compound, mixture, or preparation that weighs 1 gram or more and contains any amount of fentanyl, carfentanil, or an analog thereof a level 4 drug felony. The bill also creates harsher penalties for distribution and creates a new felony crime for drug-induced homicide. The bill also expands funding for harm reduction programs like test strips and Naloxone bulk purchasing. Mental Health Colorado worked tirelessly to secure an amendment that would require all jails to offer Medication Assisted Treatment (MAT), starting in 2023. We also worked with a coalition of partners to add guardrails to the bill so as to reduce the harm it will have on people experiencing addiction. Even with the guardrails and harm reduction funding, Mental Health Colorado remained a strong oppose position to HB22-1326 as soon as possession was made a felony in the House Judiciary Committee.

While we need policy solutions to address the fentanyl crisis, this bill takes the wrong approach and fails to protect Coloradans with substance use issues or effectively address overdose deaths.

Rather than pouring state resources into felonization and continuing a costly cycle of mass incarceration, we need to make significant investments in substance use prevention and treatment programs to ensure Coloradans can access treatment when they want it and need it, no matter their income level or where they live. We must stop the criminalization of mental health and substance use issues and ensure Coloradans get care, not cuffs.





# Scorecard (House)

REPRESENTATIVE	HB22 -1061	HB22 -1256	HB22 -1278	HB22 -1303	HB22 -1326	SB22 -106	SB22 -156	SCORE
Amabile, J. (D)	✓	✓	✓	✓	✗	✓	✓	86
Bacon, J. (D)	✓	E	✓	✓	✓	✓	✓	100
Baisley, M. (R)	✗	✗	✗	✗	✓	✗	✓	29
Benavidez, A. (D)	✓	✓	✓	✓	✗	✓	✓	86
Bernett, T. (D)	✓	✓	✓	✓	✗	✓	✓	86
Bird, S. (D)	✓	✓	✓	✓	✗	✓	✓	86
Bockenfeld, R. (R)	✗	✓	✓	E	✓	✓	✓	83
Boesenecker, A. (D)	✓	✓	✓	✓	✗	✓	✓	86
Bradfield, M. (R)	✗	✓	✓	✓	✓	✓	✓	86
Caraveo, Y. (D)	✓	✓	✓	✓	✗	✓	✓	86
Carver, T. (R)	✗	✓	✗	E	✓	✓	✓	67
Catlin, M. (R)	✗	✓	✓	✓	✓	✓	✓	86
Cutter, L. (D)	✓	✓	✓	✓	✗	✓	✓	86
Daugherty, L. (D)	✓	✓	✓	✓	✗	✓	✓	86
Duran, M. (D)	✓	✓	✓	✓	✗	✓	✓	86

# Scorecard (House)

REPRESENTATIVE	HB22 -1061	HB22 -1256	HB22 -1278	HB22 -1303	HB22 -1326	SB22 -106	SB22 -156	SCORE
Esgar, D. (D)	✓	✓	✓	✓	✗	✓	✓	86
Exum Sr., T. (D)	✓	✓	✓	✓	✗	✓	✓	86
Froelich, M. (D)	✓	✓	✓	✓	✗	✓	✓	86
Garnett, A. (D)	✓	✓	✓	✓	✗	✓	✓	86
Geitner, T. (R)	✗	✗	✗	✗	✓	✓	✓	43
Gonzales-Gutierrez, S.(D)	✓	✓	✓	✓	✓	✓	✓	100
Gray, M. (D)	✓	E	✓	✓	✓	✓	✓	100
Hanks, R. (R)	✗	✗	E	✗	✓	✗	✗	17
Herod, L. (D)	✓	✓	✓	✓	✗	✓	✓	86
Holtorf, R. (R)	✗	✗	✓	✓	✗	✓	✓	57
Hooton, E. (D)	✓	✓	✓	✓	✗	✓	✓	86
Jodeh, I. (D)	✓	✓	✓	✓	✗	✓	✓	86
Kennedy, C. (D)	✓	✓	✓	✓	✓	✓	✓	100
Kipp, D. (D)	✓	✓	✓	✓	✗	✓	✓	86

# Scorecard (House)

REPRESENTATIVE	HB22 -1061	HB22 -1256	HB22 -1278	HB22 -1303	HB22 -1326	SB22 -106	SB22 -156	SCORE
Larson, C. (R)	✗	✓	✓	✓	✓	✓	✓	86
Lindsay, M. (D)	✓	✓	✓	✓	✗	✓	✓	86
Lontine, S. (D)	✓	✓	✓	✓	✗	✓	✓	86
Luck, S. (R)	✗	✗	✗	✗	✓	✗	✗	14
Lynch, M. (R)	✗	✓	✗	✓	✗	✓	✓	57
McCluskie, J. (D)	✓	✓	✓	✓	✗	✓	✓	86
McCormick, K. (D)	✓	✓	✓	✓	✗	✓	✓	86
McKean, H. (R)	✗	✓	E	✗	✓	✓	✓	67
McLachlan, B. (D)	✓	✓	E	✓	✗	✓	✓	83
Michaelson Jenet, D. (D)	✓	✓	✓	✓	✗	✓	✓	86
Mullica, K. (D)	✓	✓	✓	✓	✗	✓	✓	86
Neville, P. (R)	✗	✗	✗	✗	✓	✗	✓	29
Ortiz, D. (D)	✓	✓	✓	✓	✗	✓	✓	86
Pelton, R. (R)	✗	✓	✓	✗	✓	✓	✓	71

# Scorecard (House)

REPRESENTATIVE	HB22 -1061	HB22 -1256	HB22 -1278	HB22 -1303	HB22 -1326	SB22 -106	SB22 -156	SCORE
Pico, A. (R)	✗	✓	✗	✓	✓	✗	✓	57
Ransom, K. (R)	✗	✗	✗	✗	✓	✗	✗	14
Rich, J. (R)	✓	✗	✗	✗	✗	✓	✓	43
Ricks, N. (D)	✓	✓	E	✓	✗	✓	✓	83
Roberts, D. (D)	✗	✓	✓	✓	✗	✓	✓	71
Sandridge, S. (R)	✗	✗	✗	✓	✗	✗	✗	14
Sirota, E. (D)	✓	✓	✓	✓	✗	✓	✓	86
Snyder, M. (D)	✗	✓	✓	✓	✗	✓	✓	71
Soper, M. (R)	✗	✗	✗	✗	✓	✓	✓	43
Sullivan, T. (D)	✓	✓	✓	✓	✗	✓	✓	86
Tipper, K. (D)	✓	✓	✓	✓	✗	✓	✓	86
Titone, B. (D)	✓	✓	✓	✓	✗	✓	✓	86
Valdez, A. (D)	✓	✓	✓	✓	✗	✓	✓	86
Valdez, D. (D)	✓	✓	✓	✓	✗	✓	✓	86

# Scorecard (House)

REPRESENTATIVE	HB22 -1061	HB22 -1256	HB22 -1278	HB22 -1303	HB22 -1326	SB22 -106	SB22 -156	SCORE
Van Beber, T. (R)	✗	✓	✓	✓	✗	✓	✓	71
Van Winkle, K. (R)	✗	✗	✗	✗	✗	✗	✓	14
Weissman, M. (D)	✓	✓	✓	✓	✗	✓	✓	86
Will, P. (R)	✗	✓	✓	✓	✓	✓	✓	86
Williams, D. (R)	✗	✗	✗	✗	✓	✗	E	17
Woodrow, S. (D)	✓	✓	✓	✓	✓	✓	✓	100
Woog, D. (R)	✗	✓	✗	✓	✗	✓	✓	57
Young, M. (D)	✓	✓	✓	✓	✗	✓	✓	86

# Scorecard (Senate)

REPRESENTATIVE	HB22 -1061	HB22 -1256	HB22 -1278	HB22 -1303	HB22 -1326	SB22 -106	SB22 -156	SCORE
Bridges, J. (D)	✓	✓	✓	✓	✗	✓	✓	86
Buckner, J. (D)	✓	✓	✓	✓	✗	✓	✓	86
Coleman, J. (D)	✓	✓	✓	✓	✗	✓	✓	86
Cooke, J. (R)	✗	✓	✓	✓	✗	✓	✓	71
Coram, D. (R)	✗	E	E	✓	E	✓	✓	75
Danielson, J. (D)	✓	✓	✓	✓	✗	E	✓	83
Donovan, K. (D)	✓	✓	✓	✓	✗	✓	E	83
Fenberg, S. (D)	✓	✓	✓	✓	E	✓	✓	86
Fields, R. (D)	✓	✓	✓	✓	✗	✓	✓	86
Gardner, R. (R)	✗	✓	✓	✓	✓	✓	✓	86
Ginal, J. (D)	✓	✓	✓	✓	✗	✓	✓	86
Gonzales, J. (D)	✓	✓	✓	✓	✓	✓	✓	100
Hansen, C. (D)	✓	✓	✓	✓	✗	✓	✓	86
Hinrichsen, N. (D)	✓	✓	✓	✓	✗	✓	✓	86

# Scorecard (Senate)

REPRESENTATIVE	HB22 -1061	HB22 -1256	HB22 -1278	HB22 -1303	HB22 -1326	SB22 -106	SB22 -156	SCORE
Hisey, D. (R)	✗	✓	✓	✓	✗	✓	✓	71
Holbert, C. (R)	✗	✗	✓	✗	✗	✓	✓	43
Jaquez Lewis, S. (D)	✓	✓	✓	✓	✗	✓	✓	86
Kirkmeyer, B. (R)	✗	✓	✓	✓	✓	✓	✓	86
Kolker, C. (D)	✓	✓	✓	✓	✗	✓	✓	86
Lee, P. (D)	✓	✓	✓	✓	✓	✓	✓	100
Liston, L. (R)	✗	✓	✓	✓	✓	✓	✓	86
Lundeen, P. (R)	✗	✗	✓	✗	✓	✓	✓	57
Moreno, D. (D)	✓	✓	✓	✓	✗	✓	✓	86
Petterson, B. (D)	✓	✓	✓	✓	✗	✓	✓	86
Priola, K. (R)	✗	E	✓	✓	E	✓	✓	80
Rankin, B. (R)	✗	✓	✓	✓	✗	✓	✓	71
Rodriguez, R. (D)	✓	✓	✓	✓	✓	✓	✓	100
Scott, R. (R)	✗	✓	✓	✓	✗	✓	✓	71

# Scorecard (Senate)

REPRESENTATIVE	HB22 -1061	HB22 -1256	HB22 -1278	HB22 -1303	HB22 -1326	SB22 -106	SB22 -156	SCORE
Simpson, C. (R)	✗	✓	✓	✓	✗	✓	✓	71
Smallwood, J. (R)	✗	✗	✓	✓	E	✓	✗	50
Sonnenberg, J. (R)	✗	✓	✓	✗	✓	✓	✗	71
Story, T. (D)	✓	✓	✓	✓	✗	✓	✓	86
Winter, F. (D)	✓	✓	✓	✓	✗	✓	✓	86
Woodward, R. (R)	✗	✓	✓	✓	✗	✓	✓	71
Zenzinger, R. (D)	✓	✓	✓	✓	✗	✓	✓	86

