

SB138_L.006

SENATE COMMITTEE OF REFERENCE AMENDMENT

Committee on Health & Human Services.

SB26-138 be amended as follows:

1 Amend proposed committee amendment (SB138_L.001), page 5, after
2 line 10 insert:

3 "(3.7) (a) IF A PATIENT HAS NOT BEEN DETERMINED ELIGIBLE FOR
4 PUBLIC HEALTH-CARE COVERAGE PURSUANT TO SUBSECTION (3.5)(d) OF
5 THIS SECTION WITHIN 45 DAYS AFTER THE DATE OF DISCHARGE, A
6 HEALTH-CARE FACILITY SHALL PROCEED WITH A DETERMINATION OF
7 WHETHER THE PATIENT IS A QUALIFIED PATIENT.

8 (b) SUBSECTION (3.5)(d) OF THIS SECTION DOES NOT PROHIBIT A
9 PATIENT OR HEALTH-CARE FACILITY FROM COMPLETING AN APPLICATION
10 PURSUANT TO SECTION 25.5-3-502.5 WHILE A DETERMINATION OF THE
11 PATIENT'S ELIGIBILITY FOR PUBLIC HEALTH-CARE COVERAGE IS PENDING.

12 (c) WHILE A DETERMINATION OF A PATIENT'S ELIGIBILITY FOR
13 PUBLIC HEALTH-CARE COVERAGE IS PENDING, A HEALTH-CARE FACILITY
14 MAY DEFER COMPLETION OF A FINAL DETERMINATION FOR DISCOUNTED
15 CARE IF THE PATIENT IS AFFORDED THE PROTECTIONS FROM BILLING AND
16 COLLECTION ACTIVITY REQUIRED BY SECTION 25.5-3-506.

17 (d) A HEALTH-CARE FACILITY SHALL NOT DENY ELIGIBILITY FOR
18 DISCOUNTED CARE SOLELY BECAUSE A PATIENT DID NOT APPLY FOR PUBLIC
19 HEALTH-CARE COVERAGE."

20 Page 6, strike line 13 and substitute "DETERMINATION, THE PATIENT'S
21 IDENTIFIED FEDERAL POVERTY GUIDELINE PERCENTAGE, AND THE
22 PATIENT'S MONTHLY INSTALLMENT MAXIMUM PAYMENT AS DESCRIBED IN
23 SECTION 25.5-3-503;".

24 Page 6, line 25, after "FACILITY" insert "IS CERTIFIED BY THE STATE
25 DEPARTMENT AS A MEDICAL ASSISTANCE SITE AND".

26 Page 6, line 41, strike "OR APPLICATION PROCESS".

27 Page 10, line 7, strike "RULE." and substitute "RULE, ESTABLISHING THE
28 FORMAT FOR INFORMATION FOR THE 2026 ANNUAL REPORT AS THE
29 DEFAULT FORMAT UNLESS MODIFIED BY RULE."

30 Page 10, line 19, after "THE" insert "DRAFT".

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