

HOUSE COMMITTEE OF REFERENCE REPORT

Chair of Committee

Date

April 13, 2022

Committee on Health & Insurance.

After consideration on the merits, the Committee recommends the following:

HB22-1284 be amended as follows, and as so amended, be referred to the Committee on Appropriations with favorable recommendation:

- 1 Amend printed bill, page 3, lines 12 and 13, strike "(12)(b) introductory
2 portion, (12)(b)(IV), (12)(b)(V)," and substitute (12)(b),".
- 3 Page 3, line 14, strike "(12)(b)(VI),".
- 4 Page 3, line 15, strike "(19), and (20)" and substitute "and (19)".
- 5 Page 8, strike lines 20 through 27.
- 6 Page 9, strike lines 1 through 9 and substitute "under this subsection 12.
7 which rules must specify, at a minimum, the following:
8 (I) ~~The timing for providing the disclosures for emergency and
9 nonemergency services with consideration given to potential limitations
10 relating to the federal "Emergency Medical Treatment and Labor Act", 42
11 U.S.C. sec. 1395dd;~~
12 (II) ~~Requirements regarding how the disclosures must be made,
13 including requirements to include the disclosures on billing statements,
14 billing notices, prior authorizations, or other forms or communications
15 with covered persons;~~
16 (III) ~~The contents of the disclosures, including the covered
17 person's rights and payment obligations if the covered person's health
18 benefit plan is under the jurisdiction of the division;~~
19 (IV) ~~Disclosure requirements specific to carriers, including the
20 possibility of being treated by an out-of-network provider, whether a
21 provider is out of network, the types of services an out-of-network
22 provider may provide, and the right to request an in-network provider to
23 provide services; and~~
24 (V) ~~Requirements concerning the language to be used in the~~

1 ~~disclosures, including use of plain language, to ensure that carriers,~~
2 ~~health-care facilities, and providers use language that is consistent with~~
3 ~~the disclosures required by this subsection (12) and sections 12-30-112~~
4 ~~and 25-3-121 and the rules adopted pursuant to this subsection (12)(b)~~
5 ~~and sections 12-30-112 (3) and 25-3-121 (2).".~~

6 Page 9, line 19, strike "AT A MINIMUM," and substitute "TO THE EXTENT
7 PRACTICABLE, EQUAL NUMBERS OF".

8 Page 9, line 21, strike "PROFESSIONALS," and substitute "PROVIDERS
9 DIRECTLY AFFECTED BY THIS SECTION,".

10 Page 10, after line 4 insert:

11 "(II) THE COMMISSIONER MAY ENTER INTO A CONTRACT WITH A
12 QUALIFIED INDEPENDENT THIRD PARTY FOR ANY SERVICES NECESSARY TO
13 FACILITATE THE ACTIVITIES OF THE WORK GROUP.".

14 Page 10, line 5, strike "(II)" and substitute "(III)".

15 Page 11, strike lines 5 through 7.

16 Renumber succeeding subsection accordingly.

17 Page 13, line 3, strike "AND".

18 Page 13, strike line 5 and substitute "12-290-105; AND

19 (XVI) THE DIRECTOR OF THE DIVISION OF PROFESSIONS AND
20 OCCUPATIONS IN THE DEPARTMENT OF REGULATORY AGENCIES.".

21 Page 15, strike lines 26 and 27, and substitute "UP TO NINETY days ~~from~~
22 AFTER the date a ~~participating provider is terminated by the plan without~~
23 ~~cause, when proper notice as specified"~~.

24 Page 16, line 2 after ~~person~~ insert "CARRIER HAS PROVIDED NOTICE TO AN
25 INDIVIDUAL ENROLLED IN SUCH PLAN PURSUANT TO SUBSECTION
26 (4)(d)(II)(A) OF THIS SECTION THAT THE CONTRACT IS TERMINATED.".

27 Page 16, strike lines 5 and 6 and substitute "PERIOD BEGINNING ON THE
28 DATE ON WHICH THE NOTICE OF TERMINATION IS GIVEN PURSUANT TO
29 SUBSECTION (4)(d)(II)(A) OF THIS SECTION AND ENDING ON THE EARLIER
30 OF THE NINETY-DAY PERIOD BEGINNING ON SUCH DATE OR THE DATE ON
31 WHICH THE COVERED PERSON IS NO LONGER A CONTINUING CARE PATIENT

1 WITH THE PROVIDER OR HEALTH-CARE FACILITY.".

2 Page 16, line 21, strike "MANAGED CARE" and substitute "GROUP
3 HEALTH".

4 Page 16, line 22, strike "MANAGED CARE" and substitute "GROUP
5 HEALTH".

6 Page 16, line 26, strike "PERSON." and substitute "PERSON IN COMPLIANCE
7 WITH THE FEDERAL "NO SURPRISES ACT"."

8 Page 18, after line 19, insert:
9 "(C) "TERMINATED", WITH RESPECT TO A CONTRACT, MEANS THE
10 EXPIRATION OR NONRENEWAL OF THE CONTRACT; EXCEPT THAT
11 "TERMINATED" DOES NOT INCLUDE A CONTRACT TERMINATED FOR FAILURE
12 TO MEET APPLICABLE QUALITY STANDARDS OR FOR FRAUD.".

13 Page 18, lines 21 and 22, strike "and (3) introductory portion;" and
14 substitute "and (3);".

15 Page 19, strike lines 22 through 27.

16 Page 20, strike lines 1 through 4 and substitute:
17 "(a.3) "BALANCE BILL" HAS THE SAME MEANING AS SET FORTH IN
18 SECTION 10-16-704 (20)(c).".

19 Page 20, line 8, strike "(20)(e)." and substitute "(19)(e).".

20 Page 20, line 12, strike "(20)(h)." and substitute "(19)(h).".

21 Page 20, line 14, strike "(20)(k)." and substitute "(19)(k).".

22 Page 20, line 20, strike "director," and substitute "~~director~~ REGULATOR,".

23 Page 20, line 24, strike "director" and substitute "~~director~~ REGULATOR".

24 Page 20, strike lines 26 and 27.

25 Page 21, strike lines 1 through 3 and substitute "~~are consistent with~~
26 ~~sections 10-16-704 (12) and 25-3-121 and rules adopted by the~~
27 ~~commissioner pursuant to section 10-16-704 (12)(b) and by the state~~
28 ~~board of health pursuant to section 25-3-121 (2). The rules must specify,~~

1 at a minimum, the following:

2 (a) ~~The timing for providing the disclosures for emergency and~~
3 ~~nonemergency services with consideration given to potential limitations~~
4 ~~relating to the federal "Emergency Medical Treatment and Labor Act", 42~~
5 ~~U.S.C. sec. 1395dd;~~

6 (b) ~~Requirements regarding how the disclosures must be made,~~
7 ~~including requirements to include the disclosures on billing statements,~~
8 ~~billing notices, or other forms or communications with consumers;~~

9 (c) ~~The contents of the disclosures, including the consumer's~~
10 ~~rights and payment obligations pursuant to the consumer's health benefit~~
11 ~~plan;~~

12 (d) ~~Disclosure requirements specific to health-care providers,~~
13 ~~including whether a health-care provider is out of network, the types of~~
14 ~~services an out-of-network health-care provider may provide, and the~~
15 ~~right to request an in-network health-care provider to provide services;~~
16 ~~and~~

17 (e) ~~Requirements concerning the language to be used in the~~
18 ~~disclosures, including use of plain language, to ensure that carriers,~~
19 ~~health-care facilities, and health-care providers use language that is~~
20 ~~consistent with the disclosures required by this section and sections~~
21 ~~10-16-704 (12) and 25-3-121 and the rules adopted pursuant to this~~
22 ~~subsection (3) and sections 10-16-704 (12)(b) and 25-3-121 (2) THIS~~
23 ~~SECTION AND THE FEDERAL "NO SURPRISES ACT"."~~

24 Page 21, line 19, strike "A" and substitute "EFFECTIVE UPON THE
25 IMPLEMENTATION DATE OF THE APPLICABLE FEDERAL RULES, A".

26 Page 22, line 26, strike "ON" and substitute "AND THE TIME AT".

27 Page 23, lines 8 and 9, strike "(2) introductory portion," and substitute
28 (2),".

29 Page 23, line 15, strike "director of" and substitute "director of
30 APPLICABLE REGULATORS OF HEALTH-CARE PROVIDERS IN".

31 Page 23, strike lines 21 through 26 and substitute "are consistent with
32 sections 10-16-704 (12) and 12-30-112 and rules adopted by the
33 commissioner pursuant to section 10-16-704 (12)(b) and by the director
34 of the division of professions and occupations pursuant to section
35 12-30-112 (3). The rules must specify, at a minimum, the following:

36 (a) ~~The timing for providing the disclosures for emergency and~~
37 ~~nonemergency services with consideration given to potential limitations~~
38 ~~relating to the federal "Emergency Medical Treatment and Labor Act", 42~~

1 ~~U.S.C. sec. 1395dd;~~
2 ~~(b) Requirements regarding how the disclosures must be made,~~
3 ~~including requirements to include the disclosures on billing statements,~~
4 ~~billing notices, or other forms or communications with covered persons;~~
5 ~~(c) The contents of the disclosures, including the consumer's~~
6 ~~rights and payment obligations pursuant to the consumer's health benefit~~
7 ~~plan;~~
8 ~~(d) Disclosure requirements specific to health-care facilities,~~
9 ~~including whether a health-care provider delivering services at the facility~~
10 ~~is out of network, the types of services an out-of-network health-care~~
11 ~~provider may provide, and the right to request an in-network health-care~~
12 ~~provider to provide services; and~~
13 ~~(e) Requirements concerning the language to be used in the~~
14 ~~disclosures, including use of plain language, to ensure that carriers,~~
15 ~~health-care facilities, and health-care providers use language that is~~
16 ~~consistent with the disclosures required by this section and sections~~
17 ~~10-16-704 (12) and 12-30-112 and the rules adopted pursuant to this~~
18 ~~subsection (2) and sections 10-16-704 (12)(b) and 12-30-112 (3) SECTION~~
19 ~~AND THE FEDERAL "NO SURPRISES ACT".~~".

20 Page 24, line 14, strike "A" and substitute "EFFECTIVE UPON THE
21 IMPLEMENTATION DATE OF THE APPLICABLE FEDERAL RULES, A".

22 Page 24, strike lines 18 through 24.

23 Reletter succeeding sub-subparagraphs accordingly.

24 Page 25, line 22, strike "ON" and substitute "AND THE TIME AT".

25 Page 26, strike line 27.

26 Page 27, strike lines 1 through 9 and substitute:

27 "(a.3) "BALANCE BILL" HAS THE SAME MEANING AS SET FORTH IN
28 SECTION 10-16-704 (20)(c)."

29 Page 27, line 13, strike "(20)(e)." and substitute "(19)(e)."

30 Page 27, line 17, strike "(20)(h)." and substitute "(19)(h)."

31 Page 27, line 19, strike "(20)(k)." and substitute "(19)(k)."

32 Page 27, after line 23 insert:

1 **"SECTION 6.** In Colorado Revised Statutes, 6-1-105, **amend**
2 (1)(mmm) as follows:

3 **"6-1-105. Unfair or deceptive trade practices.** (1) A person
4 engages in a deceptive trade practice when, in the course of the person's
5 business, vocation, or occupation, the person:

6 (mmm) Violates section ~~12-30-113~~ 12-30-112;

7 **SECTION 7.** In Colorado Revised Statutes, 10-16-133, **add** (6)
8 as follows:

9 **10-16-133. Health insurance carrier information disclosure -**
10 **website - insurance producer fees and disclosure requirements -**
11 **legislative declaration - rules.** (6) (a) A CARRIER OFFERING INDIVIDUAL
12 HEALTH BENEFIT PLANS OR SHORT-TERM LIMITED DURATION HEALTH
13 INSURANCE POLICIES SHALL DISCLOSE TO THE COVERED PERSON THE
14 AMOUNT OF COMPENSATION ASSOCIATED WITH PLAN SELECTION AND
15 ENROLLMENT CONSISTENT WITH, THE FEDERAL "NO SURPRISES ACT",
16 PUB.L. 116-260, AS AMENDED.

17 (b) THE COMMISSIONER SHALL PROMULGATE RULES TO IMPLEMENT
18 THE CARRIER DISCLOSURE REQUIREMENTS UNDER THIS SUBSECTION (6).".

19 Renumber succeeding section accordingly.

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