

**First Regular Session
Seventy-third General Assembly
STATE OF COLORADO**

INTRODUCED

LLS NO. 21-0050.02 Kristen Forrester x4217

HOUSE BILL 21-1232

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A BILL FOR AN ACT

101 **CONCERNING THE ESTABLISHMENT OF A STANDARDIZED HEALTH**
102 **BENEFIT PLAN TO BE OFFERED IN COLORADO.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill requires the commissioner of insurance (commissioner) in the department of regulatory agencies to establish a standardized health benefit plan (standardized plan) by rule to be offered by health insurance carriers (carriers) in the individual and small group markets. The standardized plan must:

- Offer health-care coverage at the bronze, silver, and gold

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

levels;

- Be offered through the Colorado health benefit exchange;
- Be a standardized benefit design created through a stakeholder engagement process;
- Provide first-dollar, predictable coverage for certain high value services; and
- Comply with state and federal law.

Beginning January 1, 2023, and each year thereafter, the bill encourages carriers that offer:

- An individual health benefit plan in Colorado to offer the standardized plan in the individual market; and
- A small group health benefit plan in Colorado to offer the standardized plan in the small group market.

For 2023, each carrier shall set a goal of offering a standardized plan premium that is at least 10% less than the premium rate for health benefit plans offered by that carrier in the 2021 calendar year in the individual and small group market. For 2024, each carrier shall set a goal of offering a standardized plan premium that is at least 20% less than the premium rate for health benefit plans offered by that carrier in the 2021 calendar year in the individual and small group market. For 2025 and each year thereafter, carriers are encouraged to limit annual premium rate increases for the standardized plan to no more than the consumer price index plus one percent, relative to the previous year.

The Colorado option authority (authority) is created for the purpose of operating as a carrier to offer the standardized plan as the Colorado option if the carriers do not meet the established premium rate goals. The authority shall operate as a nonprofit, unincorporated public entity. The authority is required to implement a provider fee schedule as established by the commissioner in consultation with the executive director of the department of health care policy and financing. Health-care providers and health facilities are required to accept consumers who are enrolled in any health benefit plan offered by the authority.

The bill creates an advisory committee to make recommendations to the authority concerning the development, implementation, and operation of the authority.

The commissioner is required to apply to the secretary of the United States department of health and human services for a waiver and include a request for a pass-through of federal funding to capture savings as a result of the implementation of the standardized plan. The commissioner is required to disapprove of a rate filing submitted by a carrier if the rate filing reflects a cost shift between the standardized plan and the health benefit plan for which rate approval is being sought.

The bill makes the failure to accept consumers who are covered through the Colorado option or the balance billing of a patient in violation

1 SYSTEMATICALLY DISINVESTED IN PUBLIC POLICY INCLUDING PEOPLE OF
2 COLOR AND UNDOCUMENTED COLORADANS;

3 (d) THE HEALTH-CARE SYSTEM IS A COMPLEX SYSTEM WHEREIN
4 CONSUMERS RELY ON HEALTH INSURANCE CARRIERS TO NEGOTIATE THE
5 RATES PAID TO HEALTH-CARE PROVIDERS, PHARMACEUTICAL COMPANIES,
6 AND HOSPITALS FOR SERVICES PROVIDED TO CONSUMERS AND EXPECT
7 THAT THE NEGOTIATED RATES ARE CLOSELY TIED TO THE AMOUNT OF THE
8 HEALTH INSURANCE PREMIUMS PAID BY CONSUMERS;

9 (e) DESPITE EFFORTS TO ADDRESS ACCESS TO AND AFFORDABILITY
10 OF HEALTH CARE, UNDERLYING HEALTH CARE COSTS CONTINUE TO RISE,
11 THUS DRIVING UP THE COSTS OF HEALTH INSURANCE PREMIUMS, OFTEN AT
12 DISPROPORTIONATE RATES IN RURAL AREAS OF THE STATE;

13 (f) IN ORDER TO ENSURE THAT HEALTH INSURANCE IS AFFORDABLE
14 FOR COLORADANS, IT IS CRITICAL THAT THE STATE ESTABLISH A
15 STANDARDIZED PLAN FOR CARRIERS TO OFFER IN THE STATE AND TO SET
16 PREMIUM TARGETS FOR CARRIERS TO ACHIEVE; AND

17 (g) IF CARRIERS CANNOT OFFER THE STANDARDIZED PLAN AT THE
18 PREMIUM TARGETS SET FORTH IN THIS PART 13, A QUASI-GOVERNMENTAL
19 ENTITY IS NEEDED TO OFFER THE COLORADO OPTION, AN AFFORDABLE
20 HEALTH-CARE OPTION, FOR THE PURPOSE OF INCREASING EQUITABLE
21 ACCESS TO AND AVAILABILITY OF STATEWIDE AFFORDABLE, QUALITY
22 HEALTH INSURANCE IN THE SMALL GROUP MARKET AND TO ANY RESIDENT
23 SEEKING COVERAGE IN THE INDIVIDUAL MARKET.

24 **10-16-1303. Definitions.** AS USED IN THIS PART 13, UNLESS THE
25 CONTEXT OTHERWISE REQUIRES:

26 (1) "ADVISORY COMMITTEE" MEANS THE COLORADO OPTION
27 ADVISORY COMMITTEE ESTABLISHED IN SECTION 10-16-1308.

1 (2) "AUTHORITY" MEANS THE COLORADO OPTION AUTHORITY
2 DESCRIBED IN SECTION 10-16-1306.

3 (3) "BOARD" MEANS THE COLORADO OPTION AUTHORITY BOARD
4 DESCRIBED IN SECTION 10-16-1306.

5 (4) "COLORADO OPTION" MEANS A STANDARDIZED PLAN OFFERED
6 BY THE AUTHORITY.

7 (5) "HEALTH-CARE COVERAGE COOPERATIVE" HAS THE SAME
8 MEANING AS SET FORTH IN SECTION 10-16-1002 (2).

9 (6) "HEALTH-CARE PROVIDER" MEANS A HEALTH-CARE
10 PROFESSIONAL REGISTERED, CERTIFIED, OR LICENSED PURSUANT TO TITLE
11 12 OR A HEALTH FACILITY LICENSED PURSUANT TO SECTION 25-1.5-103.

12 (7) "PUBLIC BENEFIT CORPORATION" MEANS A PUBLIC BENEFIT
13 CORPORATION FORMED PURSUANT TO PART 5 OF ARTICLE 101 OF TITLE 7
14 THAT MAY BE ORGANIZED AND OPERATED BY THE EXCHANGE PURSUANT
15 TO SECTION 10-22-106 (3).

16 (8) "SMALL GROUP MARKET" MEANS THE MARKET FOR SMALL
17 GROUP SICKNESS AND ACCIDENT INSURANCE.

18 (9) "STANDARDIZED PLAN" MEANS THE STANDARDIZED HEALTH
19 BENEFIT PLAN DESIGNED BY RULE OF THE COMMISSIONER PURSUANT TO
20 SECTION 10-16-1304.

21 **10-16-1304. Standardized health benefit plan - established -**
22 **rules.** (1) ON OR BEFORE JANUARY 1, 2022, THE COMMISSIONER SHALL
23 ESTABLISH, BY RULE, A STANDARDIZED HEALTH BENEFIT PLAN TO BE
24 OFFERED BY CARRIERS IN THIS STATE IN THE INDIVIDUAL AND SMALL
25 GROUP MARKETS. THE STANDARDIZED PLAN MUST:

26 (a) OFFER HEALTH-CARE COVERAGE AT THE BRONZE, SILVER, AND
27 GOLD LEVELS OF COVERAGE AS DESCRIBED IN SECTION 10-16-103.4;

1 (b) INCLUDE, AT A MINIMUM, ALL ESSENTIAL HEALTH BENEFITS;

2 (c) BE OFFERED THROUGH THE EXCHANGE AND THROUGH THE
3 PUBLIC BENEFIT CORPORATION, IF ANY;

4 (d) BE A STANDARDIZED BENEFIT DESIGN THAT:

5 (I) IS CREATED THROUGH A STAKEHOLDER ENGAGEMENT PROCESS
6 THAT INCLUDES HEALTH-CARE INDUSTRY AND CONSUMER
7 REPRESENTATIVES AND INDIVIDUALS WORKING IN OR REPRESENTING
8 COMMUNITIES THAT ARE DIVERSE WITH REGARD TO RACE, ETHNICITY,
9 IMMIGRATION STATUS, AGE, ABILITY, SEXUAL ORIENTATION, GENDER
10 IDENTITY, OR GEOGRAPHIC REGIONS OF THE STATE OR ARE AFFECTED BY
11 HIGHER RATES OF HEALTH DISPARITIES AND INEQUITIES;

12 (II) HAS A DEFINED BENEFIT DESIGN AND COST-SHARING; AND

13 (III) IS DESIGNED TO IMPROVE RACIAL HEALTH EQUITY AND
14 DECREASE RACIAL HEALTH DISPARITIES, THROUGH A VARIETY OF MEANS,
15 INCLUDING THE IMPROVEMENT OF PERINATAL HEALTH-CARE COVERAGE;

16 (e) PROVIDE FIRST-DOLLAR, PRE-DEDUCTIBLE COVERAGE FOR
17 CERTAIN HIGH-VALUE SERVICES IDENTIFIED COLLABORATIVELY WITH
18 CONSUMER STAKEHOLDERS THAT REDUCE RACIAL DISPARITIES IN HEALTH
19 OUTCOMES, SUCH AS PRIMARY HEALTH CARE AND BEHAVIORAL HEALTH
20 CARE; AND

21 (f) COMPLY WITH THE FEDERAL ACT AND THIS ARTICLE 16.

22 (2) THE STANDARDIZED PLAN MUST BE OFFERED IN A MANNER
23 THAT ALLOWS CONSUMERS TO EASILY COMPARE THE STANDARDIZED
24 PLANS OFFERED BY EACH CARRIER.

25 (3) THE COMMISSIONER MAY UPDATE THE STANDARDIZED PLAN
26 ANNUALLY BY RULE THROUGH THE STAKEHOLDER PROCESS SET FORTH IN
27 SUBSECTION (1)(d)(I) OF THIS SECTION.

1 **10-16-1305. Standardized health benefit plan - carriers**
2 **required to offer - required components - commissioner - rules.**

3 (1) BEGINNING JANUARY 1, 2023, AND EACH YEAR THEREAFTER, A
4 CARRIER THAT OFFERS:

5 (a) AN INDIVIDUAL HEALTH BENEFIT PLAN IN COLORADO IS
6 ENCOURAGED TO OFFER THE STANDARDIZED PLAN IN THE INDIVIDUAL
7 MARKET IN EACH ZIP CODE WHERE THE CARRIER OFFERS AN INDIVIDUAL
8 HEALTH BENEFIT PLAN; AND

9 (b) A SMALL GROUP HEALTH BENEFIT PLAN IN COLORADO IS
10 ENCOURAGED TO OFFER THE STANDARDIZED PLAN IN THE SMALL GROUP
11 MARKET IN EACH ZIP CODE WHERE THE CARRIER OFFERS A SMALL GROUP
12 HEALTH BENEFIT PLAN.

13 (2) (a) (I) IN THE INDIVIDUAL MARKET, FOR THE PLAN YEAR
14 BEGINNING JANUARY 1, 2023, AND IN THE SMALL GROUP MARKET,
15 BEGINNING JANUARY 1, 2023, EACH CARRIER THAT OFFERS THE
16 STANDARDIZED PLAN SHALL SET A GOAL OF OFFERING THE STANDARDIZED
17 PLAN AT A PREMIUM RATE THAT IS AT LEAST TEN PERCENT LESS THAN THE
18 PREMIUM RATE FOR HEALTH BENEFIT PLANS THAT THE CARRIER OFFERED
19 IN THE 2021 CALENDAR YEAR IN THE INDIVIDUAL AND SMALL GROUP
20 MARKETS. THE COMMISSIONER MUST CALCULATE THE PREMIUM RATE
21 REDUCTION BASED ON THE RATES CHARGED IN THE SAME COUNTY IN
22 WHICH THE CARRIER OFFERED HEALTH BENEFIT PLANS IN THE INDIVIDUAL
23 AND SMALL GROUP MARKETS IN 2021 PRIOR TO THE APPLICATION OF THE
24 COLORADO REINSURANCE PROGRAM PURSUANT TO PART 11 OF THIS
25 ARTICLE 16.

26 (II) FOR CARRIERS OFFERING THE STANDARDIZED PLAN IN A
27 COUNTY IN WHICH THE CARRIER DID NOT OFFER A HEALTH BENEFIT PLAN

1 IN THE INDIVIDUAL OR SMALL GROUP MARKET IN 2021, EACH CARRIER
2 THAT OFFERS THE STANDARDIZED PLAN SHALL SET A GOAL OF OFFERING
3 THE STANDARDIZED PLAN:

4 (A) IN THE INDIVIDUAL MARKET AT A PREMIUM RATE THAT IS AT
5 LEAST TEN PERCENT LESS THAN THE AVERAGE PREMIUM RATE FOR
6 INDIVIDUAL PLANS OFFERED IN THAT COUNTY IN 2021, CALCULATED
7 BASED ON THE AVERAGE PREMIUM RATE FOR INDIVIDUAL HEALTH BENEFIT
8 PLANS OFFERED IN THAT COUNTY PRIOR TO THE APPLICATION OF THE
9 COLORADO REINSURANCE PROGRAM PURSUANT TO PART 11 OF THIS
10 ARTICLE 16; AND

11 (B) IN THE SMALL GROUP MARKET AT A PREMIUM RATE THAT IS AT
12 LEAST TEN PERCENT LESS THAN THE AVERAGE PREMIUM RATE FOR SMALL
13 GROUP PLANS OFFERED IN THAT COUNTY IN 2021, CALCULATED BASED ON
14 THE AVERAGE PREMIUM RATE FOR SMALL GROUP PLANS OFFERED IN THAT
15 COUNTY PRIOR TO THE APPLICATION OF THE COLORADO REINSURANCE
16 PROGRAM PURSUANT TO PART 11 OF THIS ARTICLE 16.

17 (b) (I) IN THE INDIVIDUAL MARKET, FOR THE PLAN YEAR
18 BEGINNING JANUARY 1, 2024, AND IN THE SMALL GROUP MARKET,
19 BEGINNING JANUARY 1, 2024, EACH CARRIER THAT OFFERS THE
20 STANDARDIZED PLAN SHALL SET A GOAL OF OFFERING THE STANDARDIZED
21 PLAN AT A PREMIUM RATE THAT IS AT LEAST TWENTY PERCENT LESS THAN
22 THE PREMIUM RATE FOR HEALTH BENEFIT PLANS THAT THE CARRIER
23 OFFERED IN THE 2021 CALENDAR YEAR IN THE INDIVIDUAL AND SMALL
24 GROUP MARKETS. THE COMMISSIONER MUST CALCULATE THE PREMIUM
25 RATE REDUCTION BASED ON THE RATES CHARGED IN THE SAME COUNTY IN
26 WHICH THE CARRIER OFFERED HEALTH BENEFIT PLANS IN THE INDIVIDUAL
27 AND SMALL GROUP MARKETS IN 2021 PRIOR TO THE APPLICATION OF THE

1 COLORADO REINSURANCE PROGRAM PURSUANT TO PART 11 OF THIS
2 ARTICLE 16.

3 (II) FOR CARRIERS OFFERING THE STANDARDIZED PLAN IN A
4 COUNTY IN WHICH THE CARRIER DID NOT OFFER A HEALTH BENEFIT PLAN
5 IN THE INDIVIDUAL OR SMALL GROUP MARKET IN 2021, EACH CARRIER
6 THAT OFFERS THE STANDARDIZED PLAN SHALL SET A GOAL OF OFFERING
7 THE STANDARDIZED PLAN:

8 (A) IN THE INDIVIDUAL MARKET AT A PREMIUM RATE THAT IS AT
9 LEAST TWENTY PERCENT LESS THAN THE AVERAGE PREMIUM RATE FOR
10 INDIVIDUAL PLANS OFFERED IN THAT COUNTY IN 2021, CALCULATED
11 BASED ON THE AVERAGE PREMIUM RATE FOR INDIVIDUAL PLANS OFFERED
12 IN THAT COUNTY PRIOR TO THE APPLICATION OF THE COLORADO
13 REINSURANCE PROGRAM PURSUANT TO PART 11 OF THIS ARTICLE 16; AND

14 (B) IN THE SMALL GROUP MARKET AT A PREMIUM RATE THAT IS AT
15 LEAST TWENTY PERCENT LESS THAN THE AVERAGE PREMIUM RATE FOR
16 SMALL GROUP PLANS OFFERED IN THAT COUNTY IN 2021, CALCULATED
17 BASED ON THE AVERAGE PREMIUM RATE FOR SMALL GROUP PLANS
18 OFFERED IN THAT COUNTY PRIOR TO THE APPLICATION OF THE COLORADO
19 REINSURANCE PROGRAM PURSUANT TO PART 11 OF THIS ARTICLE 16.

20 (c) FOR THE PLAN YEAR BEGINNING JANUARY 1, 2025, AND EACH
21 YEAR THEREAFTER, EACH CARRIER AND HEALTH-CARE COVERAGE
22 COOPERATIVE IS ENCOURAGED TO LIMIT ANNUAL PREMIUM RATE
23 INCREASES FOR THE STANDARDIZED PLAN IN BOTH THE INDIVIDUAL AND
24 SMALL GROUP MARKETS BY A RATE THAT IS NO MORE THAN THE MAXIMUM
25 OF THE CONSUMER PRICE INDEX FOR ALL URBAN CONSUMERS PLUS ONE
26 PERCENT, RELATIVE TO THE PREVIOUS YEAR.

27 (3) THE PREMIUM RATE REDUCTIONS IN SUBSECTIONS (2)(a) AND

1 (2)(b) OF THIS SECTION FOR THE STANDARDIZED PLAN OFFERED IN THE
2 INDIVIDUAL AND SMALL GROUP MARKETS MUST ACCOUNT FOR POLICY
3 ADJUSTMENTS DEEMED NECESSARY TO PREVENT PEOPLE WITH LOW AND
4 MODERATE INCOME FROM EXPERIENCING NET INCREASES IN PREMIUM
5 COSTS.

6 **10-16-1306. Colorado option authority - creation - board of**
7 **directors - powers and duties - rules.** (1) (a) THERE IS HEREBY
8 ESTABLISHED A NONPROFIT, UNINCORPORATED PUBLIC ENTITY KNOWN AS
9 THE COLORADO OPTION AUTHORITY. IMPLEMENTATION AND OPERATION
10 OF THE AUTHORITY IS CONTINGENT UPON APPROVAL OF A WAIVER
11 SUBMITTED BY THE COMMISSIONER IN ACCORDANCE WITH SECTION
12 10-16-1309 AND THE RECEIPT OF ANY FEDERAL FUNDS.

13 (b) (I) THE PURPOSE OF THE AUTHORITY IS TO OPERATE AS A
14 CARRIER IN THIS STATE AND OFFER THE COLORADO OPTION TO
15 INDIVIDUALS AND SMALL EMPLOYERS STATEWIDE IF AN INDEPENDENT,
16 ACTUARIAL ANALYSIS DEMONSTRATES THAT ALL CARRIERS FAILED TO
17 MEET THE PREMIUM RATE GOALS SPECIFIED IN SECTION 10-16-1305 FOR
18 2023 AND 2024 AS ADJUSTED FOR CHANGES TO THE STANDARDIZED PLAN
19 BASED ON CHANGES IN PLAN COVERAGE REQUIREMENTS IMPOSED UNDER
20 STATE OR FEDERAL LAW. THE ACTUARIAL ANALYSIS MUST TAKE INTO
21 ACCOUNT ANY CHANGES TO THE STANDARDIZED PLAN OFFERED IN 2023
22 AND 2024 AND STATE OR FEDERAL HEALTH BENEFIT COVERAGE MANDATES
23 IMPLEMENTED IN 2023 OR 2024. THE COMMISSIONER SHALL ESTABLISH, BY
24 RULE, THE REQUIREMENTS FOR THE METHODOLOGY TO CALCULATE
25 PREMIUM RATE REDUCTIONS.

26 (II) IF THE COMMISSIONER DETERMINES THAT ALL CARRIERS
27 FAILED TO MEET THE PREMIUM GOALS SPECIFIED IN SECTION 10-16-1305,

1 THE COMMISSIONER SHALL NOTIFY THE GOVERNOR AND THE BOARD THAT
2 THE AUTHORITY IS REQUIRED TO OFFER THE COLORADO OPTION PURSUANT
3 TO THIS PART 13.

4 (c) THE AUTHORITY IS AN INSTRUMENTALITY OF THE STATE;
5 EXCEPT THAT THE DEBTS AND LIABILITIES OF THE AUTHORITY DO NOT
6 CONSTITUTE THE DEBTS AND LIABILITIES OF THE STATE, AND THE
7 AUTHORITY IS NOT AN AGENCY OF THE STATE. THE AUTHORITY IS NOT A
8 DISTRICT FOR PURPOSES OF SECTION 20 OF ARTICLE X OF THE STATE
9 CONSTITUTION. THE AUTHORITY IS NOT AUTHORIZED TO PROMULGATE
10 RULES PURSUANT TO THE "STATE ADMINISTRATIVE PROCEDURE ACT",
11 ARTICLE 4 OF TITLE 24.

12 (d) THE AUTHORITY SHALL IMPLEMENT THE PROVIDER
13 REIMBURSEMENT FEE SCHEDULE ESTABLISHED IN SECTION 10-16-1307 FOR
14 SERVICES COVERED BY THE COLORADO OPTION.

15 (2) (a) THE COLORADO OPTION AUTHORITY BOARD IS HEREBY
16 CREATED. THE BOARD CONSISTS OF NINE MEMBERS APPOINTED BY THE
17 GOVERNOR AND CONFIRMED BY THE SENATE. THE BOARD IS THE
18 GOVERNING BODY OF THE AUTHORITY AND SHALL DETERMINE THE
19 DEVELOPMENT, GOVERNANCE, AND OPERATION OF THE AUTHORITY. THE
20 BOARD IS NOT AN AGENCY OF THE STATE.

21 (b) (I) IN MAKING APPOINTMENTS TO THE BOARD, THE GOVERNOR
22 SHALL APPOINT INDIVIDUALS WHO HAVE EXPERIENCE OR EXPERTISE IN AT
23 LEAST TWO OF THE FOLLOWING AREAS:

24 (A) INDIVIDUAL HEALTH INSURANCE COVERAGE;

25 (B) VALUE-BASED PURCHASING AND PLAN DESIGN;

26 (C) HEALTH-CARE CONSUMER NAVIGATION AND ASSISTANCE IN
27 ACCESSING HEALTH CARE;

- 1 (D) HEALTH-CARE FINANCE;
- 2 (E) THE PROVISION OF HEALTH-CARE SERVICES IN RURAL AREAS;
- 3 (F) THE PROVISION OF HEALTH-CARE SERVICES TO UNINSURED AND
- 4 LOW-INCOME POPULATIONS;
- 5 (G) HEALTH-CARE ACTUARIAL ANALYSIS;
- 6 (H) AS A MEMBER OF AN EMPLOYEE ORGANIZATION THAT
- 7 REPRESENTS EMPLOYEES IN THE HEALTH-CARE INDUSTRY;
- 8 (I) HEALTH-CARE DELIVERY SYSTEMS;
- 9 (J) REPRESENTING CONSUMERS IN THE DEVELOPMENT OF
- 10 HEALTH-CARE POLICY;
- 11 (K) HOSPITAL ADMINISTRATION;
- 12 (L) INSURANCE BROKERAGE; AND
- 13 (M) IMPROVING HEALTH EQUITY FOR COMMUNITIES OF COLOR AND
- 14 DECREASING RACIAL DISPARITIES IN HEALTH CARE.
- 15 (II) THE GOVERNOR MUST ENSURE THAT THE MEMBERSHIP OF THE
- 16 BOARD, AS A WHOLE, HAS DEMONSTRATED EXPERIENCE AND EXPERTISE IN
- 17 MOST AREAS OUTLINED IN SUBSECTION (2)(b)(I) OF THIS SECTION.
- 18 (III) AT LEAST FIVE MEMBERS OF THE BOARD MUST BE
- 19 CONSUMERS, REPRESENTATIVES OF CONSUMERS, AND SMALL BUSINESS
- 20 OWNERS. ONE MEMBER MUST BE A REPRESENTATIVE OF HOSPITALS. ONE
- 21 MEMBER MUST BE A REPRESENTATIVE OF PROVIDERS.
- 22 (IV) TO THE EXTENT POSSIBLE, THE GOVERNOR SHALL APPOINT
- 23 BOARD MEMBERS WHO REFLECT THE DIVERSITY OF THE STATE WITH
- 24 REGARD TO RACE, ETHNICITY, IMMIGRATION STATUS, INCOME, WEALTH,
- 25 ABILITY, AND GEOGRAPHY. IN CONSIDERING GEOGRAPHIC DIVERSITY, THE
- 26 GOVERNOR SHALL ATTEMPT TO APPOINT MEMBERS FROM BOTH RURAL AND
- 27 URBAN AREAS OF THE STATE.

1 (V) A PERSON WHO IS EMPLOYED BY A CARRIER OR A MANAGED
2 CARE ORGANIZATION IS NOT ELIGIBLE FOR APPOINTMENT TO THE BOARD.

3 (c) THE GOVERNOR SHALL APPOINT FIVE MEMBERS TO AN INITIAL
4 TERM OF FOUR YEARS AND FOUR MEMBERS TO AN INITIAL TERM OF TWO
5 YEARS. THEREAFTER, THE TERM OF OFFICE OF ALL MEMBERS IS FOUR
6 YEARS. EACH MEMBER MAY SERVE NO MORE THAN TWO FULL FOUR-YEAR
7 TERMS. MEMBERS WHO SERVE AN INITIAL TWO-YEAR TERM MAY SERVE UP
8 TO TWO ADDITIONAL FOUR-YEAR TERMS AFTER SERVING THE INITIAL
9 TERM.

10 (d) MEMBERS OF THE BOARD SERVE AT THE PLEASURE OF THE
11 GOVERNOR. THE GOVERNOR MAY APPOINT NEW MEMBERS TO FILL ANY
12 VACANCIES ON THE BOARD IN ACCORDANCE WITH SUBSECTIONS (2)(b) AND
13 (2)(c) OF THIS SECTION.

14 (e) THE MEMBERS MUST PUBLICLY DISCLOSE WHETHER THEY HAVE
15 ANY FINANCIAL INTEREST IN THE IMPLEMENTATION OF THE COLORADO
16 OPTION.

17 (f) MEMBERS OF THE BOARD MAY RECEIVE A PER DIEM FOR THEIR
18 SERVICE ON THE BOARD AND MAY BE REIMBURSED FOR ACTUAL AND
19 NECESSARY EXPENSES, INCLUDING ANY REQUIRED DEPENDENT CARE AND
20 DEPENDENT OR ATTENDANT TRAVEL, FOOD, AND LODGING, WHILE
21 ENGAGED IN THE PERFORMANCE OF OFFICIAL DUTIES OF THE BOARD.

22 (g) THE GOVERNOR SHALL CONVENE THE BOARD AND PROVIDE
23 TECHNICAL AND ADMINISTRATIVE SUPPORT TO ASSIST WITH THE BOARD'S
24 ORGANIZATIONAL DUTIES. THE BOARD SHALL ELECT A CHAIR AND
25 VICE-CHAIR FROM AMONG THE APPOINTED MEMBERS. THE BOARD SHALL
26 MEET AS OFTEN AS NECESSARY TO CARRY OUT ITS DUTIES PURSUANT TO
27 THIS SECTION.

1 (h) THE BOARD AND ITS MEMBERS:
2 (I) ARE SUBJECT TO PART 4 OF ARTICLE 6 OF TITLE 24 AND PART 2
3 OF ARTICLE 72 OF TITLE 24; EXCEPT THAT MEMBERS OF THE BOARD MAY
4 CONVENE IN GROUPS OF NO MORE THAN THREE MEMBERS TO ORGANIZE
5 AND PLAN FOR THE BUSINESS OF THE AUTHORITY AS LONG AS NO FORMAL
6 ACTION IS TAKEN THAT CONCERNS THE BUSINESS OF THE AUTHORITY;
7 (II) ARE NOT REQUIRED TO COMPLY WITH THE "PROCUREMENT
8 CODE", ARTICLES 101 TO 112 OF TITLE 24; AND
9 (III) ARE NOT SUBJECT TO OR PART OF THE STATE PERSONNEL
10 SYSTEM, ARTICLE 50 OF TITLE 24.
11 (3) THE BOARD SHALL:
12 (a) HIRE AN EXECUTIVE DIRECTOR OF THE AUTHORITY;
13 (b) SEEK AND MAINTAIN, ON BEHALF OF THE AUTHORITY, A
14 CERTIFICATE OF AUTHORITY TO DO BUSINESS PURSUANT TO SECTION
15 10-3-105 TO ENABLE THE AUTHORITY TO OPERATE AS A CARRIER IN THIS
16 STATE;
17 (c) CONSULT WITH AND CONSIDER RECOMMENDATIONS OF THE
18 ADVISORY COMMITTEE CREATED IN SECTION 10-16-1308; AND
19 (d) NOT DUPLICATE OR REPLACE THE POWERS AND DUTIES OF THE
20 COMMISSIONER PURSUANT TO THIS ARTICLE 16.
21 (4) THE BOARD, ON BEHALF OF THE AUTHORITY, MAY CONTRACT
22 WITH STATE AGENCIES IN ORDER TO IMPLEMENT THE COLORADO OPTION.
23 **10-16-1307. Provider fee schedule - duty of commissioner -**
24 **health-care providers - rules.** (1) (a) THE COMMISSIONER SHALL
25 PROMULGATE RULES TO ESTABLISH A REASONABLE REIMBURSEMENT FEE
26 SCHEDULE FOR HEALTH-CARE SERVICES THAT ARE COVERED BY THE
27 COLORADO OPTION. THE COMMISSIONER SHALL CONSULT WITH THE

1 EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH CARE POLICY AND
2 FINANCING TO INFORM HEALTH-CARE PROVIDERS CONCERNING THE
3 PROPOSED FEE SCHEDULE. THE COMMISSIONER SHALL MAKE THE FEE
4 SCHEDULE AVAILABLE TO THE AUTHORITY TO ENABLE THE AUTHORITY TO
5 SET PREMIUM RATES FOR THE COLORADO OPTION. THE PREMIUM RATES
6 ARE SUBJECT TO REVIEW AND APPROVAL PURSUANT TO SECTION
7 10-16-107.

8 (b) IN ESTABLISHING THE REIMBURSEMENT FEE SCHEDULE, THE
9 COMMISSIONER MAY TAKE INTO ACCOUNT THE CIRCUMSTANCES OF
10 CRITICAL ACCESS HOSPITALS, RURAL AND INDEPENDENT HEALTH-CARE
11 PROVIDERS, AND THOSE HEALTH-CARE PROVIDERS THAT SERVE A
12 PERCENTAGE OF UNINSURED PATIENTS AND PATIENTS WHO RECEIVE
13 MEDICAL SERVICES THROUGH THE "COLORADO MEDICAL ASSISTANCE
14 ACT", ARTICLES 4 TO 6 OF TITLE 25.5, THAT EXCEEDS THE STATEWIDE
15 AVERAGE AND MAY CONSIDER THE COST OF ADEQUATE WAGES, BENEFITS,
16 STAFFING, AND TRAINING FOR HEALTH-CARE PROVIDERS' EMPLOYEES TO
17 PROVIDE ADEQUATE CARE.

18 (c) THE FEE SCHEDULE ESTABLISHED PURSUANT TO THIS
19 SUBSECTION (1) MUST:

20 (I) APPLY TO HOSPITALS, HEALTH-CARE PROVIDERS, PHARMACIES,
21 AND ALL OTHER PROVIDERS DELIVERING HEALTH-CARE SERVICES IN
22 COLORADO THAT ARE COVERED BY THE COLORADO OPTION;

23 (II) SET THE REIMBURSEMENT FEES FOR 2025 TO ACHIEVE AT
24 LEAST A TWENTY-PERCENT PREMIUM REDUCTION WHEN COMPARED TO THE
25 RATES FOR HEALTH BENEFIT PLANS OFFERED BY CARRIERS IN THE
26 INDIVIDUAL AND SMALL GROUP MARKETS IN 2021;

27 (III) SET REIMBURSEMENT FEES FOR 2026 AND EACH YEAR

1 THEREAFTER AT RATES THAT ENSURE THAT THE COLORADO OPTION
2 PREMIUMS DO NOT INCREASE BY MORE THAN THE CONSUMER PRICE INDEX
3 FOR ALL URBAN CONSUMERS PLUS ONE PERCENT, RELATIVE TO THE
4 PREVIOUS YEAR; AND

5 (IV) BE AVAILABLE TO OTHER HEALTH PLANS AS DETERMINED BY
6 THE COMMISSIONER, INCLUDING HEALTH-CARE COVERAGE COOPERATIVES
7 IF MEMBERS OF THE COOPERATIVE OPT TO BE SUBJECT TO THE
8 REGULATORY AUTHORITY OF THE COMMISSIONER.

9 (2) EACH HEALTH-CARE PROVIDER SHALL ACCEPT PATIENTS WHO
10 ARE ENROLLED IN ANY COLORADO OPTION PLAN OFFERED BY THE
11 AUTHORITY; EXCEPT THAT THE COMMISSIONER MAY, IN CONSULTATION
12 WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING AND THE
13 BOARD, EXEMPT A PARTICULAR HEALTH-CARE PROVIDER, HOSPITAL, OR
14 PHARMACY FROM THE FEE SCHEDULE OR CHANGE THE FEE SCHEDULE FOR
15 THAT ENTITY UPON A DEMONSTRATION THAT THE FEE SCHEDULE WILL
16 REDUCE THE ENTITY'S ABILITY TO ACCEPT OR PROVIDE HEALTH-CARE
17 SERVICES TO PATIENTS WHO ARE UNINSURED OR ENROLLED IN A PROGRAM
18 OF MEDICAL ASSISTANCE ESTABLISHED PURSUANT TO SECTION 25.5-4-104
19 OR THE CHILDREN'S BASIC HEALTH PLAN ESTABLISHED PURSUANT TO
20 ARTICLE 8 OF TITLE 25.5.

21 (3) A HEALTH-CARE PROVIDER IN COLORADO SHALL NOT BALANCE
22 BILL CONSUMERS ENROLLED IN THE COLORADO OPTION AND SHALL
23 ACCEPT THE FEE SPECIFIED IN THE FEE SCHEDULE ESTABLISHED BY THE
24 COMMISSIONER PURSUANT TO SUBSECTION (1) OF THIS SECTION FOR THE
25 SERVICE PROVIDED TO THE CONSUMER.

26 (4) WHEN IMPLEMENTING THE HOSPITAL REIMBURSEMENT RATE
27 FORMULA PURSUANT TO THIS SECTION, THE COMMISSIONER SHALL, IN

1 COLLABORATION WITH THE BOARD, CONSULT WITH EMPLOYEE
2 MEMBERSHIP ORGANIZATIONS REPRESENTING HEALTH-CARE PROVIDERS'
3 EMPLOYEES IN COLORADO AND WITH HOSPITAL-BASED HEALTH-CARE
4 PROVIDERS IN COLORADO AND, BASED ON THE CONSULTATIONS, MAY
5 MAKE CHANGES, BY RULE, TO THE HOSPITAL REIMBURSEMENT RATE
6 FORMULA AS APPROPRIATE SO THAT REIMBURSEMENT RATES REFLECT THE
7 COST OF ADEQUATE WAGES, BENEFITS, STAFFING, AND TRAINING FOR
8 THESE EMPLOYEES TO PROVIDE QUALITY CARE.

9 **10-16-1308. Advisory committee - creation - purpose.** (1) THE
10 BOARD SHALL APPOINT AN ADVISORY COMMITTEE TO MAKE
11 RECOMMENDATIONS TO THE BOARD AND THE AUTHORITY CONCERNING
12 THE DEVELOPMENT, IMPLEMENTATION, AND OPERATION OF THE
13 AUTHORITY AND THE COLORADO OPTION. IN MAKING RECOMMENDATIONS
14 TO THE AUTHORITY AND THE BOARD, THE ADVISORY COMMITTEE SHALL
15 GIVE SPECIAL CONSIDERATION TO COLORADANS WITH LOW INCOME AND
16 TO COMMUNITIES OF COLOR.

17 (2) THE BOARD SHALL DETERMINE THE TERMS FOR THE ADVISORY
18 COMMITTEE MEMBERS AND SHALL ENSURE THAT THE ADVISORY
19 COMMITTEE REPRESENTS THE DIVERSITY OF THE STATE. THE ADVISORY
20 COMMITTEE MUST INCLUDE MEMBERS WHO INTEND TO ENROLL IN THE
21 COLORADO OPTION.

22 **10-16-1309. Commissioner - waiver.** (1) ON OR AFTER THE
23 EFFECTIVE DATE OF THIS SECTION, THE COMMISSIONER MAY APPLY TO THE
24 SECRETARY OF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN
25 SERVICES FOR A STATE INNOVATION WAIVER TO WAIVE ONE OR MORE
26 REQUIREMENTS OF THE FEDERAL ACT AS AUTHORIZED BY SECTION 1332 OF
27 THE FEDERAL ACT TO CAPTURE ALL APPLICABLE SAVINGS TO THE FEDERAL

1 GOVERNMENT AS A RESULT OF THE IMPLEMENTATION OF THIS PART 13.

2 (2) UPON APPROVAL OF THE 1332 WAIVER APPLICATION, THE
3 COMMISSIONER MAY USE ANY FEDERAL MONEY RECEIVED THROUGH THE
4 WAIVER:

5 (a) FOR THE ESTABLISHMENT OF THE AUTHORITY FOR THE PURPOSE
6 OF OFFERING THE COLORADO OPTION; AND

7 (b) FOR THE COLORADO HEALTH INSURANCE AFFORDABILITY
8 ENTERPRISE CREATED IN SECTION 10-16-1204 TO INCREASE THE VALUE,
9 AFFORDABILITY, QUALITY, AND EQUITY OF HEALTH-CARE COVERAGE FOR
10 ALL COLORADANS, WITH A FOCUS ON INCREASING THE VALUE,
11 AFFORDABILITY, QUALITY, AND EQUITY OF HEALTH-CARE COVERAGE FOR
12 COLORADANS HISTORICALLY AND SYSTEMATICALLY DISADVANTAGED BY
13 HEALTH AND ECONOMIC SYSTEMS.

14 (3) THE IMPLEMENTATION AND OPERATION OF THE AUTHORITY IS
15 CONTINGENT UPON APPROVAL OF THE 1332 WAIVER APPLICATION AND THE
16 RECEIPT OF ANY FEDERAL FUNDS.

17 **10-16-1310. Rules.** THE COMMISSIONER MAY PROMULGATE RULES
18 AS NECESSARY TO DEVELOP, IMPLEMENT, AND OPERATE THIS PART 13.

19 **10-16-1311. Severability.** IF ANY PROVISION OF THIS PART 13 OR
20 APPLICATION THEREOF TO ANY PERSON OR CIRCUMSTANCE IS JUDGED
21 INVALID, THE INVALIDITY DOES NOT AFFECT PROVISIONS OR APPLICATIONS
22 OF THIS PART 13 THAT CAN BE GIVEN EFFECT WITHOUT THE INVALID
23 PROVISION OR APPLICATION, AND TO THIS END THE PROVISIONS OF THIS
24 PART 13 ARE DECLARED SEVERABLE.

25 **10-16-1312. Repeal if national public option program enacted.**
26 THE PROVISIONS OF THIS PART 13, EXCEPT FOR SECTIONS 10- 16-1303 (8)
27 AND (9), 10-16-1304, AND 10-16-1305 (1), WILL BE REPEALED IF, AFTER

1 THE EFFECTIVE DATE OF THIS PART 13, THE UNITED STATES CONGRESS
2 ENACTS, AND THE PRESIDENT SIGNS, A NATIONAL PUBLIC OPTION PROGRAM
3 THAT MEETS OR EXCEEDS THE PREMIUM REDUCTION GOALS SET FORTH IN
4 SECTION 10-16-1305 (2) AND COVERS THE POPULATION THAT WILL
5 RECEIVE COVERAGE UNDER THIS PART 13. THE COMMISSIONER SHALL
6 NOTIFY THE REVISOR OF STATUTES IN WRITING OF THE DATE ON WHICH THE
7 CONDITION SPECIFIED IN THIS SECTION HAS OCCURRED BY E-MAILING THE
8 NOTICE TO REVISOROFSTATUTES.GA@STATE.CO.US. THE PROVISIONS OF
9 THIS PART 13, EXCEPT FOR SECTIONS 10-16-1303 (8) AND (9), 10-16-1304,
10 AND 10-16-1305 (1), ARE REPEALED, EFFECTIVE UPON THE DATE
11 IDENTIFIED IN THE NOTICE THAT THE CONDITION SPECIFIED IN THIS
12 SECTION HAS OCCURRED OR, IF THE NOTICE DOES NOT SPECIFY THAT DATE,
13 UPON THE DATE OF THE NOTICE TO THE REVISOR OF STATUTES.

14 **SECTION 2.** In Colorado Revised Statutes, 10-16-107, **amend**
15 (3)(a)(V); and **add** (3)(a)(VII) as follows:

16 **10-16-107. Rate filing regulation - benefits ratio - rules.**

17 (3) (a) The commissioner shall disapprove the requested rate increase if
18 any of the following apply:

19 (V) The rate filing is incomplete; ~~or~~

20 (VII) THE RATE FILING REFLECTS A COST SHIFT BETWEEN THE
21 STANDARDIZED PLAN, AS DEFINED IN SECTION 10-16-1303 (9), OFFERED BY
22 THE CARRIER AND THE HEALTH BENEFIT PLAN FOR WHICH RATE APPROVAL
23 IS BEING SOUGHT. THE COMMISSIONER MAY CONSIDER THE TOTAL COST OF
24 HEALTH CARE IN MAKING THIS DETERMINATION.

25 **SECTION 3.** In Colorado Revised Statutes, 10-16-1206, **amend**
26 (1)(d) and (1)(e); and **add** (1)(f) as follows:

27 **10-16-1206. Health insurance affordability cash fund -**

1 **creation.** (1) There is hereby created in the state treasury the health
2 insurance affordability cash fund. The fund consists of:

3 (d) The revenue collected from revenue bonds issued pursuant to
4 section 10-16-1204 (1)(b)(II); ~~and~~

5 (e) ~~All interest and income derived from the deposit and~~
6 ~~investment of money in the fund~~ MONEY ALLOCATED TO THE FUND
7 PURSUANT TO SECTION 10-16-1309; AND

8 (f) ALL INTEREST AND INCOME DERIVED FROM THE DEPOSIT AND
9 INVESTMENT OF MONEY IN THE FUND.

10 **SECTION 4.** In Colorado Revised Statutes, 10-22-106, **amend**
11 (1) introductory portion, (1)(j), and (1)(k); and **add** (1)(l) as follows:

12 **10-22-106. Powers and duties of the board.** (1) The board is the
13 governing body of the exchange and has all the powers and duties
14 necessary to implement this ~~article~~ ARTICLE 22. The board shall:

15 (j) Consider the affordability and cost in the context of quality
16 care and increased access to purchasing health insurance; ~~and~~

17 (k) Investigate requirements, develop options, and determine
18 waivers, if appropriate, to ensure that the best interests of Coloradans are
19 protected; AND

20 (l) CONDUCT A SURVEY, THROUGH THE EXCHANGE, OF CONSUMERS
21 WHO PURCHASED THE STANDARDIZED HEALTH BENEFIT PLAN DEVELOPED
22 PURSUANT TO SECTION 10-16-1305, WHICH SURVEY ADDRESSES THE
23 CONSUMERS' PURCHASING EXPERIENCE, GENERALLY, AND WHETHER THE
24 STANDARDIZED PLAN ADDRESSES HEALTH EQUITY AND HEALTH DISPARITY
25 ISSUES.

26 **SECTION 5.** In Colorado Revised Statutes, 12-200-109, **amend**
27 (1)(n) and (1)(o); and **add** (p) as follows:

1 **12-200-109. Grounds for disciplinary action.** (1) The director
2 may deny licensure to or take disciplinary action against an acupuncturist
3 pursuant to sections 12-20-403, 12-20-404, and 24-4-105 if the director
4 finds that the acupuncturist has committed any of the following acts:

5 (n) Committed and been convicted of a felony or entered a plea of
6 guilty or nolo contendere to a felony; ~~and~~

7 (o) Published or circulated, directly or indirectly, any fraudulent,
8 false, deceitful, or misleading claims or statements relating to
9 acupuncture or to the acupuncturist's practice, capabilities, services,
10 methods, or qualifications; AND

11 (p) FAILED TO COMPLY WITH SECTION 10-16-1307 (2) OR (3).

12 **SECTION 6.** In Colorado Revised Statutes, 12-215-115, **add**
13 (1)(ff) as follows:

14 **12-215-115. Discipline of licensees - suspension, revocation,**
15 **denial, and probation - grounds - definitions.** (1) Upon any of the
16 following grounds, the board may take disciplinary or other action as
17 specified in section 12-20-404 or impose conditions on a licensee's
18 license:

19 (ff) FAILING TO COMPLY WITH SECTION 10-16-1307 (2) OR (3).

20 **SECTION 7.** In Colorado Revised Statutes, 12-225-109, **add**
21 (3)(o) as follows:

22 **12-225-109. Disciplinary action authorized - grounds for**
23 **discipline - injunctions - rules.** (3) The director may take disciplinary
24 action as authorized by section 12-20-404 (1)(a), (1)(b), or (1)(d) for any
25 of the following acts or omissions:

26 (o) FAILING TO COMPLY WITH SECTION 10-16-1307 (2) OR (3).

27 **SECTION 8.** In Colorado Revised Statutes, 12-235-111, **amend**

1 (1)(p); and **add** (1)(r) as follows:

2 **12-235-111. Grounds for discipline - definitions.** (1) The
3 director is authorized to take disciplinary action pursuant to section
4 12-235-112 against any person who has:

5 (p) Used fraudulent, coercive, or dishonest practices, or
6 demonstrated incompetence or untrustworthiness, in this state or
7 elsewhere; ~~or~~

8 (r) FAILED TO COMPLY WITH SECTION 10-16-1307 (2) OR (3).

9 **SECTION 9.** In Colorado Revised Statutes, 12-240-121, **add**
10 (1)(hh) as follows:

11 **12-240-121. Unprofessional conduct - definitions.**

12 (1) "Unprofessional conduct" as used in this article 240 means:

13 (hh) FAILING TO COMPLY WITH SECTION 10-16-1307 (2) OR (3).

14 **SECTION 10.** In Colorado Revised Statutes, 12-245-224, **amend**
15 (1)(w) and (1)(x); and **add** (1)(y) as follows:

16 **12-245-224. Prohibited activities - related provisions -**
17 **definition.** (1) A person licensed, registered, or certified under this
18 article 245 violates this article 245 if the person:

19 (w) Has sold or fraudulently obtained or furnished a license,
20 registration, or certification to practice as a psychologist, social worker,
21 marriage and family therapist, licensed professional counselor,
22 psychotherapist, or addiction counselor or has aided or abetted in those
23 activities; ~~or~~

24 (x) Has failed to respond, in the manner required by the board, to
25 a complaint filed with or by the board against the licensee, registrant, or
26 certificate holder; OR

27 (y) HAS FAILED TO COMPLY WITH SECTION 10-16-1307 (2) OR (3).

1 **SECTION 11.** In Colorado Revised Statutes, 12-255-120, **amend**
2 (1)(gg); and **add** (1)(ii) as follows:

3 **12-255-120. Grounds for discipline - definitions.** (1) "Grounds
4 for discipline", as used in this part 1, means any action by any person
5 who:

6 (gg) Is diverting or has diverted a controlled substance, as defined
7 in section 18-18-102 (5), or any other drug having similar effects from the
8 person's place of employment; ~~or~~

9 (ii) FAILS TO COMPLY WITH SECTION 10-16-1307 (2) OR (3).

10 **SECTION 12.** In Colorado Revised Statutes, 12-270-114, **amend**
11 **as enacted by Senate Bill 21-003** (2)(o) and (2)(p); and **add** (2)(q) as
12 follows:

13 **12-270-114. Grounds for discipline - disciplinary proceedings**
14 **- definitions - judicial review.** (2) The director may take disciplinary or
15 other action as authorized in section 12-20-404 against, or issue a
16 cease-and-desist order under the circumstances and in accordance with
17 the procedures specified in section 12-20-405 to, a licensee in accordance
18 with this section, upon proof that the licensee:

19 (o) Has committed a fraudulent insurance act, as described in
20 section 10-1-128; ~~or~~

21 (p) Has otherwise violated this article 270 or any lawful order or
22 rule of the director; OR

23 (q) HAS FAILED TO COMPLY WITH SECTION 10-16-1307 (2) OR (3).

24 **SECTION 13.** In Colorado Revised Statutes, 12-275-120, **add**
25 (1)(ii) as follows:

26 **12-275-120. Unprofessional conduct - definitions.** (1) The term
27 "unprofessional conduct", as used in this article 275, means:

1 (ii) FAILING TO COMPLY WITH SECTION 10-16-1307 (2) OR (3).

2 **SECTION 14.** In Colorado Revised Statutes, 12-285-120, **add**

3 (1)(aa) as follows:

4 **12-285-120. Grounds for disciplinary action - definitions.**

5 (1) The board may take disciplinary action in accordance with sections
6 12-20-404 and 12-285-122 against a person who has:

7 (aa) FAILED TO COMPLY WITH SECTION 10-16-1307 (2) OR (3).

8 **SECTION 15.** In Colorado Revised Statutes, 12-290-108, **add**

9 (3)(z) as follows:

10 **12-290-108. Issuance, revocation, or suspension of license -**
11 **probation - unprofessional conduct - definitions - immunity in**
12 **professional review.** (3) "Unprofessional conduct" as used in this article
13 290 means:

14 (z) FAILING TO COMPLY WITH SECTION 10-16-1307 (2) OR (3).

15 **SECTION 16.** In Colorado Revised Statutes, **add** 25-3-126 as
16 follows:

17 **25-3-126. Health facilities - Colorado option - covered persons**
18 **- services - balance billing prohibited.** (1) A HEALTH FACILITY
19 LICENSED OR CERTIFIED BY THE DEPARTMENT PURSUANT TO SECTION
20 25-1.5-103 (1), THAT PROVIDES SERVICES COVERED UNDER THE
21 COLORADO OPTION, AS DEFINED IN SECTION 10-16-1303 (4), SHALL:

22 (a) ACCEPT CONSUMERS WHO ARE ENROLLED IN THE COLORADO
23 OPTION OFFERED BY THE COLORADO OPTION AUTHORITY DESCRIBED IN
24 SECTION 10-16-1306;

25 (b) NOT BALANCE BILL CONSUMERS ENROLLED IN A HEALTH
26 BENEFIT PLAN OFFERED BY THE COLORADO OPTION AUTHORITY; AND

27 (c) ACCEPT THE FEE SPECIFIED IN THE FEE SCHEDULE ESTABLISHED

1 PURSUANT TO SECTION 10-16-1307 (1) FOR SERVICES PROVIDED TO A
2 CONSUMER ENROLLED IN THE COLORADO OPTION.

3 (2) THE DEPARTMENT MAY SUSPEND, REVOKE, OR IMPOSE
4 CONDITIONS ON A HEALTH FACILITY'S LICENSE OR CERTIFICATE OF
5 AUTHORITY FOR NONCOMPLIANCE WITH THIS SECTION.

6 **SECTION 17. Safety clause.** The general assembly hereby finds,
7 determines, and declares that this act is necessary for the immediate
8 preservation of the public peace, health, or safety.