

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

**PREAMENDED**

*This Unofficial Version Includes Committee  
Amendments Not Yet Adopted on Second Reading*

LLS NO. 23-0471.01 Kristen Forrestal x4217

**SENATE BILL 23-179**

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**SENATE SPONSORSHIP**

**Moreno and Will,**

**HOUSE SPONSORSHIP**

**Hartsook and Daugherty,**

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**Senate Committees**

Health & Human Services  
Appropriations

**House Committees**

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**A BILL FOR AN ACT**

101    **CONCERNING INSURANCE CARRIER REQUIREMENTS FOR HEALTH**  
102            **COVERAGE PLANS, AND, IN CONNECTION THEREWITH, MAKING**  
103            **AN APPROPRIATION.**

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**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 a health insurance carrier (carrier) that issues, sells, renews, or offers a dental coverage plan to file, beginning in 2024, dental loss ratio forms with the division of insurance (division) for the preceding calendar year in which dental coverage was provided.

The division is required to post dental loss ratio information on its

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

website or submit the information to the administrator of the all-payer health claims database (APCD). If the information is submitted to the APCD administrator, the administrator is directed to make the information available to the public.

Once the division has collected dental loss ratio information for 2 years, the commissioner of insurance (commissioner) shall promulgate rules that create a process to identify any carriers that significantly deviate from average dental loss ratios and to investigate the causes of the deviation.

Current law requires the commissioner to adopt rules requiring every carrier providing a health benefit plan to issue to covered persons to whom an identification card is issued a standardized, printed card containing plan information. The bill amends this requirement to encompass health coverage plans.

The bill also requires prepaid dental plans to file rates with the division.

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1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1. Legislative declaration.** (1) The general assembly  
3 finds and declares that:

4 (a) Access to quality dental care is an essential component of  
5 every Coloradan's health and well-being, as untreated dental issues  
6 contribute to a number of serious medical conditions, including chronic  
7 obstructive pulmonary disease, heart disease, stroke, and preterm labor or  
8 premature birth, all of which drastically increase costs to individuals and  
9 to the state;

10 (b) Meaningful insurance coverage is one of the most important  
11 factors behind patients utilizing dental care services;

12       

13 (c) Greater transparency on how premium dollars are spent by  
14 health insurance carriers provides accountability for insurance plans and  
15 ensures that patients get the most value for premiums paid;

16 (d) Patients should have visibility regarding how many of their

1 insurance premium dollars pay for health-care and dental services as  
2 opposed to administrative, marketing, and operational costs;

3 (e) Medical loss ratio standards have been in place for health  
4 insurance for more than 10 years;

5 (f) Dental plans in this state are not required to have equivalent  
6 transparency and disclosure standards, known as dental loss ratios, in  
7 place;

8 ==  
9 (g) When patients and employers are comparing dental plans for  
10 purchase, they should have access to information that shows how much  
11 coverage is actually provided relative to what they pay in premiums for  
12 the coverage;

13 (h) Bringing transparency to how much care the premiums are  
14 actually paying for is an important step to drive efficiencies in care and  
15 ensure value in patients' dental benefits; and

16 (i) As Colorado has long been a leader in policies that increase  
17 transparency, value, accountability, and access to health care for  
18 consumers, Colorado should continue to lead and provide protections for  
19 consumers in accessing dental care coverage.

20 (2) In order to ensure dental care is accessible for all Coloradans,  
21 it is critical that Colorado establish transparency and accountability for  
22 dental plans.

23 **SECTION 2.** In Colorado Revised Statutes, 10-16-107, **amend**  
24 (1)(a), (1)(f), (2)(a)(I) introductory portion, and (2)(b), as follows:

25 **10-16-107. Rate filing regulation - benefits ratio - rules.**

26 (1) (a) A carrier subject to part 2, 3, ~~or~~ 4, ~~OR~~ 5 of this ~~article~~ ARTICLE 16  
27 shall not establish rates for any sickness, accident, or health insurance

1 policy, contract, certificate, or other evidence of coverage OR DENTAL  
2 COVERAGE PLAN, AS DEFINED IN SECTION 10-16-158 (1)(a), issued or  
3 delivered to any policyholder, enrollee, subscriber, or member in  
4 Colorado that are excessive, inadequate, or unfairly discriminatory. To  
5 assure compliance with the requirements of this section that rates are not  
6 excessive in relation to benefits, the commissioner shall promulgate rules  
7 to require rate filings and, as part of the rules, may require the submission  
8 of adequate documentation and supporting information, including  
9 actuarial opinions or certifications and set expected benefits ratios. The  
10 carrier shall submit expected rate increases to the commissioner at least  
11 sixty days prior to the proposed implementation of the rates. If the  
12 commissioner does not approve or disapprove the rate filings within a  
13 sixty-day period, the carrier may implement and reasonably rely upon the  
14 rates on the condition that the commissioner may require correction of  
15 any deficiencies in the rate filing upon later review if the rate the carrier  
16 charged is excessive, inadequate, or unfairly discriminatory. A  
17 prospective rate adjustment is the sole remedy for rate deficiencies  
18 pursuant to this subsection (1). If the commissioner finds deficiencies in  
19 the rate filing after a sixty-day period, the commissioner shall provide  
20 notice to the carrier, and the carrier shall correct the rate on a prospective  
21 basis.

22 (f) Carriers shall file rate filings for insurance regulated under  
23 parts 1 to ~~4 5~~ of this ~~article~~ ARTICLE 16 electronically in a format made  
24 available by the division, unless exempted by rule for an emergency  
25 situation as determined by the commissioner. The division shall post on  
26 its website a rate filing summary for insurance regulated under parts 1 to  
27 ~~4 5~~ of this ~~article~~ ARTICLE 16 in order to provide notice to the public.

1           (2) (a) (I) Rates for an individual health coverage plan issued or  
2 delivered to any policyholder, enrollee, subscriber, or member in  
3 Colorado by an insurer subject to part 2 of this article 16 or an entity  
4 subject to part 3, ~~or~~ 4, OR 5 of this article 16 shall not be excessive,  
5 inadequate, or unfairly discriminatory to assure compliance with the  
6 requirements of this section that rates are not excessive in relation to  
7 benefits. Rates are excessive if they are likely to produce a long run profit  
8 that is unreasonably high for the insurance provided or if expenses are  
9 unreasonably high in relation to services rendered. In determining if rates  
10 are excessive, the commissioner may consider:

11           (b) Notwithstanding any other provision of this ~~article~~ ARTICLE 16,  
12 a carrier subject to part 2, 3, ~~or~~ 4, OR 5 of this ~~article~~ ARTICLE 16 shall not  
13 vary the premium rate for an individual health coverage plan due to the  
14 gender of the individual policyholder, enrollee, subscriber, or member.  
15 Any premium rate based on the gender of the individual policyholder,  
16 enrollee, subscriber, or member is unfairly discriminatory and is not  
17 allowed.

18           **SECTION 3.** In Colorado Revised Statutes, **add** 10-16-158 as  
19 follows:

20           **10-16-158. Dental coverage plans - dental loss ratio - rules -**  
21 **definitions.** (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT  
22 OTHERWISE REQUIRES:

23           (a) "DENTAL COVERAGE PLAN" MEANS A HEALTH COVERAGE PLAN  
24 THAT INCLUDES COVERAGE FOR THE COSTS OF DENTAL CARE SERVICES.  
25 "DENTAL COVERAGE PLAN" INCLUDES A PLAN ISSUED BY A PREPAID  
26 DENTAL PLAN ORGANIZATION THAT HAS A CERTIFICATE OF AUTHORITY TO  
27 OPERATE PURSUANT TO PART 5 OF THIS ARTICLE 16.

1 (b) (I) "DENTAL LOSS RATIO" MEANS THE PERCENTAGE OF  
2 PREMIUM DOLLARS COLLECTED EACH YEAR FOR A DENTAL COVERAGE  
3 PLAN THAT THE DENTAL COVERAGE PLAN INCURS ON DENTAL SERVICES  
4 PROVIDED TO AN ENROLLEE, SEPARATE FROM OVERHEAD AND  
5 ADMINISTRATIVE COSTS.

6 (II) THE DENTAL LOSS RATIO IS CALCULATED BY DIVIDING THE  
7 NUMERATOR BY THE DENOMINATOR, WHERE:

8 (A) THE NUMERATOR IS THE SUM OF THE AMOUNT INCURRED FOR  
9 CLINICAL DENTAL SERVICES PROVIDED TO ENROLLEES, THE AMOUNT  
10 INCURRED ON ACTIVITIES THAT IMPROVE DENTAL CARE QUALITY, AND THE  
11 AMOUNT OF CLAIMS PAYMENTS IDENTIFIED THROUGH FRAUD REDUCTION  
12 EFFORTS; AND

13 (B) THE DENOMINATOR IS THE TOTAL AMOUNT OF PREMIUM  
14 REVENUE, EXCLUDING FEDERAL AND STATE TAXES, LICENSING AND  
15 REGULATORY FEES PAID, AND ANY OTHER PAYMENTS REQUIRED BY  
16 FEDERAL LAW.

17 (2) (a) THE COMMISSIONER SHALL DEFINE BY RULE:

18 (I) EXPENDITURES FOR CLINICAL DENTAL SERVICES;

19 (II) ACTIVITIES THAT IMPROVE DENTAL CARE QUALITY; AND

20 (III) OVERHEAD AND ADMINISTRATIVE COST EXPENDITURES.

21 (b) THE DEFINITIONS PROMULGATED BY RULE PURSUANT TO THIS  
22 SECTION MUST BE CONSISTENT WITH SIMILAR DEFINITIONS THAT ARE USED  
23 FOR THE REPORTING OF MEDICAL LOSS RATIOS BY CARRIERS OFFERING  
24 HEALTH BENEFIT PLANS IN THE STATE. OVERHEAD AND ADMINISTRATIVE  
25 COSTS MUST NOT BE INCLUDED IN THE NUMERATOR AS DESCRIBED IN  
26 SUBSECTION (1)(b)(II)(A) OF THIS SECTION.

27 (3) (a) ON OR BEFORE JULY 31, 2024, AND ON OR BEFORE JULY 31

1 EACH YEAR THEREAFTER, A CARRIER THAT ISSUES, SELLS, RENEWS, OR  
2 OFFERS A DENTAL COVERAGE PLAN SHALL FILE A DENTAL LOSS RATIO  
3 FORM ELECTRONICALLY WITH THE DIVISION FOR THE PRECEDING  
4 CALENDAR YEAR IN WHICH DENTAL COVERAGE WAS PROVIDED BY THE  
5 DENTAL COVERAGE PLAN. THE COMMISSIONER MAY CREATE A NEW  
6 REPORTING FORM OR USE AN EXISTING REPORTING FORM TO FACILITATE  
7 DATA COLLECTION. THE COMMISSIONER SHALL ENSURE THAT FIELDS ARE  
8 REPORTED CONSISTENTLY BY CARRIERS. THE FILING MUST:

9 (I) REPORT THE CALCULATED DENTAL LOSS RATIO ACCORDING TO  
10 THE FORMULA IN SUBSECTION (1)(b)(II) OF THIS SECTION;

11 (II) SEPARATELY REPORT EACH DATA ELEMENT DESCRIBED IN  
12 SUBSECTION (1)(b) OF THIS SECTION;

13 (III) REPORT NONPROFIT COMMUNITY BENEFIT EXPENDITURES, AS  
14 DEFINED BY RULE OF THE COMMISSIONER, THAT ARE ALIGNED WITH  
15 EXCLUSION PARAMETERS AND LIMITS OUTLINED IN 45 CFR 158.162;  
16 EXCEPT THAT THE COMMISSIONER SHALL ENSURE THAT ONLY  
17 EXPENDITURES THAT IMPROVE ACCESS TO DENTAL SERVICES OR ENHANCE  
18 DENTAL HEALTH, AND NO OVERHEAD OR ADMINISTRATIVE COSTS, ARE  
19 REPORTED UNDER THIS SUBSECTION (3);

20 (IV) REPORT ADDITIONAL DATA THAT INCLUDES THE NUMBER OF  
21 ENROLLEES, THE PLAN COST-SHARING AND DEDUCTIBLE AMOUNTS, THE  
22 ANNUAL MAXIMUM COVERAGE LIMIT, AND THE NUMBER OF ENROLLEES  
23 WHO MEET OR EXCEED THE ANNUAL COVERAGE LIMIT;

24 (V) REPORT DATA BY MARKET SEGMENT AND PRODUCT TYPE, AS  
25 DEFINED BY RULE OF THE COMMISSIONER; AND

26 (VI) BE IN A FORM AND MANNER AS PRESCRIBED BY RULE OF THE  
27 COMMISSIONER.

1 (b) FOR THE REPORT TO BE SUBMITTED ON OR BEFORE JULY 31,  
2 2024, A CARRIER SHALL ALSO SUBMIT THE INFORMATION REQUIRED IN  
3 SUBSECTION (3)(a) OF THIS SECTION FOR THE PLAN YEARS 2021 THROUGH  
4 2024.

5 (c) IF THE COMMISSIONER DEEMS THAT DATA VERIFICATION OF A  
6 CARRIER'S DENTAL LOSS RATIO FOR A DENTAL COVERAGE PLAN IS  
7 NECESSARY, THE COMMISSIONER SHALL GIVE THE CARRIER AT LEAST  
8 THIRTY DAYS NOTIFICATION PRIOR TO BEGINNING THE VERIFICATION  
9 PROCESS WITH THE CARRIER.

10 (d) (I) BY JANUARY 1 OF THE YEAR AFTER THE DIVISION RECEIVES  
11 THE DENTAL LOSS RATIO INFORMATION COLLECTED PURSUANT TO  
12 SUBSECTION (3)(a) OF THIS SECTION, THE DIVISION SHALL MAKE THE  
13 INFORMATION, INCLUDING THE AGGREGATE DENTAL LOSS RATIO AND THE  
14 DATA REPORTED PURSUANT TO SUBSECTIONS (3)(a)(II) AND (3)(a)(III) OF  
15 THIS SECTION, AVAILABLE TO THE PUBLIC IN A SEARCHABLE FORMAT ON  
16 A PUBLIC WEBSITE THAT ALLOWS MEMBERS OF THE PUBLIC TO COMPARE  
17 DENTAL LOSS RATIOS AMONG CARRIERS BY PLAN TYPE BY:

18 (A) POSTING THE INFORMATION ON THE DIVISION'S WEBSITE; OR  
19 (B) PROVIDING THE INFORMATION TO THE ADMINISTRATOR OF THE  
20 ALL-PAYER HEALTH CLAIMS DATABASE ESTABLISHED PURSUANT TO  
21 SECTION 25.5-1-204. IF THE DIVISION PROVIDES THE INFORMATION TO THE  
22 ADMINISTRATOR, THE ADMINISTRATOR SHALL MAKE THE INFORMATION  
23 AVAILABLE TO THE PUBLIC IN A FORMAT DETERMINED BY THE DIVISION.

24 (II) THE DIVISION SHALL REPORT THE DATA IN SUBSECTION (3)(a)  
25 OF THIS SECTION, AND, IF AVAILABLE, SUBSECTION (4)(a) OF THIS SECTION,  
26 TO THE GENERAL ASSEMBLY DURING THE "STATE MEASUREMENT FOR  
27 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)



1 GOVERNMENT ACT" HEARINGS HELD PURSUANT TO PART 2 OF ARTICLE 7  
2 OF TITLE 2.

3 (4) (a) ONCE THE DIVISION HAS COLLECTED THE DATA PURSUANT  
4 TO SUBSECTION (3) OF THIS SECTION FOR TWO CALENDAR YEARS, THE  
5 COMMISSIONER SHALL PROMULGATE RULES THAT CREATE A PROCESS TO  
6 IDENTIFY ANY CARRIERS THAT SIGNIFICANTLY DEVIATE FROM AVERAGE  
7 DENTAL LOSS RATIOS AND TO INVESTIGATE THE CAUSES OF THE  
8 DEVIATION. SUCH PROCESS SHALL INCLUDE:

9 (I) CALCULATING AN AVERAGE DENTAL LOSS RATIO FOR EACH  
10 MARKET SEGMENT USING AGGREGATE DATA FOR A THREE-YEAR PERIOD,  
11 CONSISTING OF DATA FOR THE DENTAL LOSS RATIO REPORTING YEAR THAT  
12 IS BEING REPORTED AND THE DATA FOR THE TWO PRIOR DENTAL LOSS  
13 RATIO REPORTING YEARS;

14 (II) IDENTIFYING AS OUTLIERS THE DENTAL COVERAGE PLANS  
15 THAT FALL OUTSIDE OF A SET NUMBER OF STANDARD DEVIATIONS FROM  
16 THE AVERAGE DENTAL LOSS RATIO, AS DETERMINED BY RULE OF THE  
17 COMMISSIONER BASED ON REVIEW OF THE DATA AND CONSIDERATION OF  
18 THE IMPACT OF NONPROFIT COMMUNITY BENEFIT EXPENDITURES  
19 DESCRIBED IN SUBSECTION (3)(a)(III) OF THIS SECTION ON ANY OUTLIER  
20 CALCULATION.

21 (b) THE COMMISSIONER MAY APPLY MORE RESTRICTIVE STANDARD  
22 DEVIATION METRICS OVER TIME TO PREVENT DECLINES IN THE AVERAGE  
23 DENTAL LOSS RATIO IN A MARKET SEGMENT AND MAY ESTABLISH BY RULE  
24 ADDITIONAL CRITERIA FOR USE IN IDENTIFYING OUTLIERS.

25 (5) (a) THE COMMISSIONER MAY ENFORCE COMPLIANCE WITH THE  
26 REPORTING REQUIREMENTS IN THIS SECTION AND IMPOSE A PENALTY OR  
27 REMEDY AGAINST A PERSON WHO VIOLATES THIS SECTION.

1 (b) THE COMMISSIONER MAY INVESTIGATE OR TAKE ENFORCEMENT  
2 ACTIONS AGAINST CARRIERS THAT ARE DETERMINED TO BE OUTLIERS  
3 PURSUANT TO SUBSECTION (4) OF THIS SECTION AND RULES ADOPTED  
4 PURSUANT TO SAID SUBSECTION (4) AND IMPOSE A PENALTY OR REMEDY  
5 AGAINST A PERSON WHO VIOLATES THIS SECTION.

6 (6) THE COMMISSIONER MAY PROMULGATE RULES TO IMPLEMENT  
7 THIS SECTION.

8 SECTION 4. In Colorado Revised Statutes, 10-16-135, add  
9 (7) as follows:

10 10-16-135. Health coverage plan information cards - rules -  
11 standardization - contents. (7) THE COMMISSIONER SHALL ADOPT RULES  
12 THAT REQUIRE EACH CARRIER THAT PROVIDES A DENTAL COVERAGE PLAN,  
13 AS DEFINED IN SECTION 10-16-158 (1)(a), TO ISSUE TO COVERED PERSONS  
14 TO WHOM A DENTAL COVERAGE PLAN IDENTIFICATION CARD IS ISSUED A  
15 STANDARDIZED WRITTEN OR VIRTUAL CARD CONTAINING PLAN  
16 INFORMATION. TO THE EXTENT POSSIBLE, THE RULES MUST INCORPORATE  
17 AND NOT CONFLICT WITH THE REQUIREMENTS OF SECTION 10-16-124  
18 REGARDING PRESCRIPTION INFORMATION CARDS. THE COMMISSIONER  
19 SHALL ADOPT RULES BY MARCH 31, 2024, THAT DESCRIBE THE FORMAT OF  
20 THE STANDARDIZED CARD TO BE ISSUED BY CARRIERS. THE RULES  
21 ESTABLISHING THE FORMAT FOR THE CARD MUST INCLUDE A STANDARD  
22 SIZE, MUST REQUIRE THE CARD TO BE LEGIBLE AND PHOTOCOPIED, AND  
23 MUST DELINEATE THE INFORMATION TO BE CONTAINED ON THE CARD,  
24 INCLUDING THE FOLLOWING, AS APPLICABLE:

25 (a) THE COVERED PERSON'S NAME AND THE APPLICABLE PLAN  
26 NUMBER;

27 (b) CONTACT INFORMATION FOR THE CARRIER OR DENTAL

1 COVERAGE PLAN ADMINISTRATOR; AND

2 (c) AN INDICATION OF WHETHER THE DENTAL COVERAGE PLAN IS  
3 REGULATED BY THE STATE OF COLORADO.

4 **SECTION 5.** In Colorado Revised Statutes, 25.5-1-204, **add**  
5 (5)(j) as follows:

6 **25.5-1-204. Advisory committee to oversee the all-payer health**  
7 **claims database - creation - members - duties - legislative declaration**  
8 **- rules - report.** (5) If sufficient funding is received, the executive  
9 director shall direct the administrator to create the database and the  
10 administrator shall:

11 (j) SUBJECT TO AVAILABLE APPROPRIATIONS AND AT THE REQUEST  
12 OF THE COMMISSIONER OF INSURANCE, PUBLISH INFORMATION TO THE  
13 PUBLIC CONCERNING DENTAL LOSS RATIO INFORMATION COLLECTED BY  
14 THE DIVISION OF INSURANCE PURSUANT TO SECTION 10-16-158.

15 **SECTION 6. Appropriation.** For the 2023-24 state fiscal year,  
16 \$64,252 is appropriated to the department of regulatory agencies for use  
17 by the division of insurance. This appropriation is from the division of  
18 insurance cash fund created in section 10-1-103 (3), C.R.S. To implement  
19 this act, the division may use this appropriation as follows:

20 (a) \$56,637 for personal services, which amount is based on an  
21 assumption that the division will require an additional 0.7 FTE; and

22 (b) \$7,615 for operating expenses.

23 **SECTION 7. Act subject to petition - effective date.** This act  
24 takes effect at 12:01 a.m. on the day following the expiration of the  
25 ninety-day period after final adjournment of the general assembly; except  
26 that, if a referendum petition is filed pursuant to section 1 (3) of article V  
27 of the state constitution against this act or an item, section, or part of this

1 act within such period, then the act, item, section, or part will not take  
2 effect unless approved by the people at the general election to be held in  
3 November 2024 and, in such case, will take effect on the date of the  
4 official declaration of the vote thereon by the governor.