

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

REVISED

*This Version Includes All Amendments Adopted
on Second Reading in the Second House*

LLS NO. 17-0482.01 Christy Chase x2008

SENATE BILL 17-065

SENATE SPONSORSHIP

Lundberg, Aguilar

HOUSE SPONSORSHIP

Lontine,

Senate Committees
Health & Human Services

House Committees
Health, Insurance, & Environment

A BILL FOR AN ACT

101 **CONCERNING A REQUIREMENT THAT HEALTH CARE PROVIDERS**
102 **DISCLOSE THE CHARGES THEY IMPOSE FOR COMMON HEALTH**
103 **CARE SERVICES WHEN PAYMENT IS MADE DIRECTLY RATHER**
104 **THAN BY A THIRD PARTY.**

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 creates the "Transparency in Health Care Prices Act", which requires health care professionals and health care facilities to make available to the public the health care prices they assess directly for

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

HOUSE
Amended 2nd Reading
March 22, 2017

SENATE
3rd Reading Unamended
February 10, 2017

SENATE
Amended 2nd Reading
February 3, 2017

1 HEALTH CARE FACILITY WILL CHARGE A RECIPIENT FOR HEALTH CARE
2 SERVICES THAT WILL BE RENDERED. "HEALTH CARE PRICE" IS THE PRICE
3 CHARGED FOR THE STANDARD SERVICE FOR THE PARTICULAR DIAGNOSIS
4 AND DOES NOT INCLUDE ANY AMOUNT THAT MAY BE CHARGED FOR
5 COMPLICATIONS OR EXCEPTIONAL TREATMENT. THE HEALTH CARE PRICE
6 FOR A SPECIFIC HEALTH CARE SERVICE MAY BE DETERMINED FROM ANY OF
7 THE FOLLOWING:

8 (I) THE PRICE CHARGED MOST FREQUENTLY FOR THE HEALTH CARE
9 SERVICE DURING THE PREVIOUS TWELVE MONTHS;

10 (II) THE HIGHEST CHARGE FROM THE LOWEST HALF OF ALL
11 CHARGES FOR THE HEALTH CARE SERVICE DURING THE PREVIOUS TWELVE
12 MONTHS; OR

13 (III) A RANGE THAT INCLUDES THE MIDDLE FIFTY PERCENT OF ALL
14 CHARGES FOR THE HEALTH CARE SERVICE DURING THE PREVIOUS TWELVE
15 MONTHS.

16 (b) "HEALTH CARE PRICE" DOES NOT MEAN THE AMOUNT CHARGED
17 IF A PUBLIC OR PRIVATE THIRD PARTY WILL BE PAYING OR REIMBURSING
18 THE HEALTH CARE PROVIDER OR HEALTH CARE FACILITY FOR ANY PORTION
19 OF THE COST OF SERVICES RENDERED.

20 (5) "HEALTH CARE PROVIDER" MEANS A PERSON WHO IS LICENSED,
21 CERTIFIED, OR REGISTERED BY THIS STATE TO PROVIDE HEALTH CARE
22 SERVICES OR A MEDICAL GROUP, INDEPENDENT PRACTICE ASSOCIATION, OR
23 PROFESSIONAL CORPORATION PROVIDING HEALTH CARE SERVICES.

24 (6) (a) "HEALTH CARE SERVICES" OR "SERVICES" MEANS SERVICES
25 INCLUDED IN, OR INCIDENTAL TO, FURNISHING TO AN INDIVIDUAL:

26 (I) MEDICAL, MENTAL, DENTAL, OR OPTOMETRIC CARE OR
27 HOSPITALIZATION; OR

1 (II) OTHER SERVICES FOR THE PURPOSE OF PREVENTING,
2 ALLEVIATING, CURING, OR HEALING A PHYSICAL OR MENTAL ILLNESS OR
3 INJURY.

4 (b) "HEALTH CARE SERVICES" INCLUDES SERVICES RENDERED
5 THROUGH THE USE OF TELEMEDICINE.

6 (7) "HEALTH INSURER" MEANS A CARRIER, AS DEFINED IN SECTION
7 10-16-102 (8), DISABILITY INSURER, GROUP DISABILITY INSURER, OR
8 BLANKET DISABILITY INSURER.

9 (8) (a) "PUBLIC OR PRIVATE THIRD PARTY" MEANS A HEALTH
10 INSURER, SELF-INSURED EMPLOYER, OR OTHER THIRD PARTY, INCLUDING
11 A THIRD-PARTY ADMINISTRATOR OR INTERMEDIARY, RESPONSIBLE FOR
12 PAYING ALL OR A PORTION OF THE CHARGES FOR HEALTH CARE SERVICES.

13 (b) "PUBLIC OR PRIVATE THIRD PARTY" DOES NOT MEAN:

14 (I) AN EMPLOYER OF THE RECIPIENT OF THE HEALTH CARE
15 SERVICES THAT IS NOT RESPONSIBLE FOR PAYING THE CHARGES FOR THE
16 HEALTH CARE SERVICES PROVIDED TO THE RECIPIENT;

17 (II) A PERSON PAYING MONEY FROM A HEALTH SAVINGS ACCOUNT,
18 FLEXIBLE SPENDING ACCOUNT, OR SIMILAR ACCOUNT; OR

19 (III) A FAMILY MEMBER, CHARITABLE ORGANIZATION, OR OTHER
20 PERSON WHO IS NOT RESPONSIBLE FOR, BUT PAYS CHARGES FOR, HEALTH
21 CARE SERVICES ON BEHALF OF THE RECIPIENT OF THE SERVICES.

22 (9) "PUNISH" MEANS TO IMPOSE A PENALTY, SURCHARGE, FEE, OR
23 OTHER ADDITIONAL COST OR MEASURE THAT HAS THE SAME EFFECT AS A
24 PENALTY OR THAT DISCOURAGES THE EXERCISE OF RIGHTS UNDER THIS
25 ARTICLE 49.

26 (10) "RECIPIENT" MEANS AN INDIVIDUAL WHO RECEIVES HEALTH
27 CARE SERVICES FROM A HEALTH CARE PROVIDER OR HEALTH CARE

1 FACILITY.

2 **25-49-103. Transparency - charges for services rendered by**
3 **health care providers.** (1) (a) (I) EXCEPT AS PROVIDED IN SUBSECTION
4 (1)(a)(II) OR (1)(a)(III) OF THIS SECTION, A HEALTH CARE PROVIDER SHALL
5 MAKE AVAILABLE TO THE PUBLIC, IN A SINGLE DOCUMENT, EITHER
6 ELECTRONICALLY OR BY POSTING CONSPICUOUSLY ON THE PROVIDER'S
7 WEBSITE IF ONE EXISTS, THE HEALTH CARE PRICES FOR AT LEAST THE
8 FIFTEEN MOST COMMON HEALTH CARE SERVICES THE HEALTH CARE
9 PROVIDER PROVIDES. IF THE HEALTH CARE PROVIDER, IN THE NORMAL
10 COURSE OF HIS OR HER PRACTICE, REGULARLY PROVIDES FEWER THAN
11 FIFTEEN HEALTH CARE SERVICES, THE HEALTH CARE PROVIDER SHALL
12 MAKE AVAILABLE THE HEALTH CARE PRICES FOR THE HEALTH CARE
13 SERVICES THE PROVIDER MOST COMMONLY PROVIDES.

14 (II) A HEALTH CARE PROVIDER PRACTICING IN A SOLO PRACTICE OR
15 IN A MEDICAL GROUP, INDEPENDENT PRACTICE ASSOCIATION, OR
16 PROFESSIONAL CORPORATION COMPRISED OF NOT MORE THAN SIX
17 INDIVIDUAL HEALTH CARE PROVIDERS WITH THE SAME LICENSE TYPE MAY
18 COMPLY WITH THE REQUIREMENTS OF THIS SECTION BY MAKING THE
19 HEALTH CARE PRICES DESCRIBED IN SUBSECTION (1)(a)(I) OF THIS SECTION
20 AVAILABLE IN PATIENT WAITING AREAS.

21 (III) A HEALTH CARE PROVIDER WHO IS A MEMBER OF A
22 PROFESSIONAL CORPORATION THAT CONTRACTS WITH A SINGLE HEALTH
23 MAINTENANCE ORGANIZATION, AS DEFINED IN SECTION 10-16-102 (35),
24 COMPLIES WITH THIS SECTION IF THE PROFESSIONAL CORPORATION OR ITS
25 CONTRACTING HEALTH MAINTENANCE ORGANIZATION MAKES AVAILABLE
26 TO THE PUBLIC, IN A SINGLE DOCUMENT, EITHER ELECTRONICALLY OR BY
27 POSTING CONSPICUOUSLY ON ITS WEBSITE, THE HEALTH CARE PRICES FOR

1 AT LEAST THE FIFTEEN MOST COMMON HEALTH CARE SERVICES THAT THE
2 HEALTH CARE PROVIDER OR HEALTH MAINTENANCE ORGANIZATION
3 WOULD CHARGE INDIVIDUALS WHO ARE NOT MEMBERS OF THE HEALTH
4 MAINTENANCE ORGANIZATION.

5 (b) THE HEALTH CARE PROVIDER SHALL IDENTIFY THE SERVICES
6 BY:

7 (I) A COMMON PROCEDURAL TERMINOLOGY CODE OR OTHER
8 CODING SYSTEM COMMONLY USED BY THE HEALTH CARE PROVIDER AND
9 ACCEPTED AS A NATIONAL STANDARD FOR BILLING; AND

10 (II) A PLAIN ENGLISH DESCRIPTION.

11 (c) THE HEALTH CARE PROVIDER SHALL UPDATE THE DOCUMENT
12 AS FREQUENTLY AS THE HEALTH CARE PROVIDER DEEMS APPROPRIATE,
13 BUT AT LEAST ANNUALLY.

14 (2) THE HEALTH CARE PROVIDER SHALL INCLUDE:

15 (a) A DISCLOSURE SPECIFYING THAT THE HEALTH CARE PRICE FOR
16 ANY GIVEN HEALTH CARE SERVICE IS AN ESTIMATE AND THAT THE ACTUAL
17 CHARGES FOR THE HEALTH CARE SERVICE ARE DEPENDENT ON THE
18 CIRCUMSTANCES AT THE TIME THE SERVICE IS RENDERED; AND

19 (b) THE FOLLOWING STATEMENT OR A STATEMENT CONTAINING
20 SUBSTANTIALLY SIMILAR INFORMATION:

21 IF YOU ARE COVERED BY HEALTH INSURANCE, YOU ARE
22 STRONGLY ENCOURAGED TO CONSULT WITH YOUR HEALTH
23 INSURER TO DETERMINE ACCURATE INFORMATION ABOUT
24 YOUR FINANCIAL RESPONSIBILITY FOR A PARTICULAR
25 HEALTH CARE SERVICE PROVIDED BY A HEALTH CARE
26 PROVIDER AT THIS OFFICE. IF YOU ARE NOT COVERED BY
27 HEALTH INSURANCE, YOU ARE STRONGLY ENCOURAGED TO

1 CONTACT OUR BILLING OFFICE AT (INSERT TELEPHONE
2 NUMBER) TO DISCUSS PAYMENT OPTIONS PRIOR TO
3 RECEIVING A HEALTH CARE SERVICE FROM A HEALTH CARE
4 PROVIDER AT THIS OFFICE SINCE POSTED HEALTH CARE
5 PRICES MAY NOT REFLECT THE ACTUAL AMOUNT OF YOUR
6 FINANCIAL RESPONSIBILITY.

7 (3) A HOSPITAL-BASED HEALTH CARE PROVIDER THAT IS NOT AN
8 EMPLOYEE OF THE HOSPITAL WHERE THE SERVICES ARE BEING DELIVERED
9 IS NOT REQUIRED TO PROVIDE HEALTH CARE PRICES IN THE MANNER
10 SPECIFIED IN THIS SECTION FOR THE HEALTH CARE SERVICES THE HEALTH
11 CARE PROVIDER RENDERS IN THE HOSPITAL SETTING.

12 (4) NOTHING IN THIS SECTION PRECLUDES A HEALTH CARE
13 PROVIDER FROM INFORMING A CURRENT OR POTENTIAL PATIENT, UPON
14 REQUEST OF THE PATIENT, OF THE HEALTH CARE PRICE FOR A HEALTH CARE
15 SERVICE THAT THE HEALTH CARE PROVIDER RENDERS.

16 **25-49-104. Transparency - health care facility charges.**

17 (1)(a) A HEALTH CARE FACILITY SHALL MAKE AVAILABLE TO THE PUBLIC,
18 IN A SINGLE DOCUMENT, EITHER ELECTRONICALLY OR BY POSTING
19 CONSPICUOUSLY ON ITS WEBSITE IF ONE EXISTS, THE HEALTH CARE PRICES
20 FOR AT LEAST:

21 (I) THE FIFTY MOST USED, DIAGNOSIS-RELATED GROUP CODES OR
22 OTHER CODES FOR IN-PATIENT HEALTH CARE SERVICES USED BY THE
23 HEALTH CARE FACILITY FOR BILLING OR, IF THOSE CODES ARE NOT USED,
24 THE CODES UNDER ANOTHER CODING SYSTEM FOR IN-PATIENT HEALTH
25 CARE SERVICES COMMONLY USED BY THE FACILITY AND ACCEPTED AS A
26 NATIONAL STANDARD FOR BILLING; AND

27 (II) THE TWENTY-FIVE MOST USED OUT-PATIENT CPT CODES OR

1 HEALTH CARE SERVICES PROCEDURE CODES USED FOR BILLING OR, IF
2 THOSE CODES ARE NOT USED, THE CODES UNDER ANOTHER CODING
3 SYSTEM FOR OUT-PATIENT HEALTH CARE SERVICES COMMONLY USED BY
4 THE FACILITY AND ACCEPTED AS A NATIONAL STANDARD FOR BILLING.

5 (b) IF A HEALTH CARE FACILITY DID NOT USE FIFTY CODES FOR
6 IN-PATIENT HEALTH CARE SERVICES AT LEAST ELEVEN TIMES IN THE
7 PREVIOUS TWELVE MONTHS OR DID NOT USE TWENTY-FIVE CODES FOR
8 OUT-PATIENT HEALTH CARE SERVICES AT LEAST ELEVEN TIMES IN THE
9 PREVIOUS TWELVE MONTHS, THE HEALTH CARE FACILITY SHALL MAKE
10 AVAILABLE THE HEALTH CARE PRICE FOR ONLY THOSE MOST COMMON
11 IN-PATIENT AND OUT-PATIENT HEALTH CARE SERVICES OR PROCEDURE
12 CODES THAT THE HEALTH CARE FACILITY USED AT LEAST ELEVEN TIMES IN
13 THE PREVIOUS TWELVE MONTHS.

14 (c) A HEALTH CARE FACILITY SHALL INCLUDE WITH THE HEALTH
15 CARE PRICE PROVIDED PURSUANT TO THIS SUBSECTION (1) A PLAIN
16 ENGLISH DESCRIPTION OF THE SERVICE FOR WHICH THE HEALTH CARE
17 PRICE IS PROVIDED.

18 (d) THE HEALTH CARE FACILITY SHALL UPDATE THE DOCUMENT AS
19 FREQUENTLY AS IT DEEMS APPROPRIATE, BUT AT LEAST ANNUALLY.

20 (2) THE HEALTH CARE FACILITY SHALL INCLUDE:

21 (a) A DISCLOSURE SPECIFYING THAT THE HEALTH CARE PRICE FOR
22 ANY GIVEN HEALTH CARE SERVICE IS AN ESTIMATE AND THAT THE ACTUAL
23 CHARGES FOR THE HEALTH CARE SERVICE ARE DEPENDENT ON THE
24 CIRCUMSTANCES AT THE TIME THE SERVICE IS RENDERED; AND

25 (b) THE FOLLOWING STATEMENT OR A STATEMENT CONTAINING
26 SUBSTANTIALLY SIMILAR INFORMATION:

27 IF YOU ARE COVERED BY HEALTH INSURANCE, YOU ARE

1 STRONGLY ENCOURAGED TO CONSULT WITH YOUR HEALTH
2 INSURER TO DETERMINE ACCURATE INFORMATION ABOUT
3 YOUR FINANCIAL RESPONSIBILITY FOR A PARTICULAR
4 HEALTH CARE SERVICE PROVIDED AT THIS HEALTH CARE
5 FACILITY. IF YOU ARE NOT COVERED BY HEALTH
6 INSURANCE, YOU ARE STRONGLY ENCOURAGED TO CONTACT
7 (INSERT OFFICE NAME AND TELEPHONE NUMBER) TO
8 DISCUSS PAYMENT OPTIONS PRIOR TO RECEIVING A HEALTH
9 CARE SERVICE FROM THIS HEALTH CARE FACILITY SINCE
10 POSTED HEALTH CARE PRICES MAY NOT REFLECT THE
11 ACTUAL AMOUNT OF YOUR FINANCIAL RESPONSIBILITY.

12 (3) A HEALTH CARE FACILITY MAY DISCLOSE THE BASIS FOR ITS
13 HEALTH CARE PRICES AND MAY TAKE INTO CONSIDERATION ALL PAYER
14 SOURCES WHEN DETERMINING A HEALTH CARE PRICE.

15 **25-49-105. No review of health care prices - no punishment for**
16 **exercising rights - no impairment of contracts.** (1) NOTHING IN THIS
17 ARTICLE 49 REQUIRES A HEALTH CARE FACILITY OR HEALTH CARE
18 PROVIDER TO REPORT ITS HEALTH CARE PRICES TO ANY AGENCY FOR
19 REVIEW, FILING, OR OTHER PURPOSES, EXCEPT AS REQUIRED BY SECTION
20 25-3-112, OR FOR APPLICATIONS FOR HEALTH CARE PROFESSIONAL LOAN
21 REPAYMENT SUBMITTED PURSUANT TO SECTION 25-1.5-503. THIS ARTICLE
22 49 DOES NOT GRANT ANY AGENCY THE AUTHORITY TO APPROVE,
23 DISAPPROVE, OR LIMIT A HEALTH CARE FACILITY'S OR HEALTH CARE
24 PROVIDER'S HEALTH CARE PRICES OR CHANGES TO ITS HEALTH CARE
25 PRICES. THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT IS NOT
26 AUTHORIZED TO TAKE ANY ACTION REGARDING OR PURSUANT TO THIS
27 ARTICLE 49.

1 (2) THIS ARTICLE 49 IS INTENDED TO MAKE HEALTH CARE PRICES
2 AND PAYMENTS, AND PARTICIPATION IN OR EXERCISING RIGHTS UNDER
3 THIS ARTICLE 49, FREE FROM PAPERWORK, PUNISHMENT, REPORTING, AND
4 REGULATION TO THE FULL EXTENT PERMISSIBLE UNDER THE STATE
5 CONSTITUTION AND STATE AND FEDERAL LAW. A PERSON, ENTITY,
6 AGENCY, OR HEALTH INSURER SHALL NOT PUNISH A RECIPIENT, HEALTH
7 CARE PROVIDER, HEALTH CARE FACILITY, PERSON, ENTITY, OR EMPLOYER
8 FOR PARTICIPATING DIRECTLY IN, EXERCISING RIGHTS UNDER, OR
9 COMPLYING WITH THIS ARTICLE 49. THE HEALTH CARE PRICE FOR A GIVEN
10 HEALTH CARE SERVICE THAT A HEALTH CARE PROVIDER OR HEALTH CARE
11 FACILITY MAKES AVAILABLE TO THE PUBLIC PURSUANT TO THIS ARTICLE
12 49 SHALL NOT BE USED AS THE BASIS FOR DETERMINING PAYMENT RATES
13 FROM A PUBLIC OR PRIVATE THIRD PARTY FOR THAT HEALTH CARE
14 SERVICE.

15 (3) NOTHING IN THIS ARTICLE 49 IMPAIRS CONTRACTS BETWEEN
16 PRIVATE PARTIES.

17 **SECTION 2. Act subject to petition - effective date.** This act
18 takes effect January 1, 2018; except that, if a referendum petition is filed
19 pursuant to section 1 (3) of article V of the state constitution against this
20 act or an item, section, or part of this act within the ninety-day period
21 after final adjournment of the general assembly, then the act, item,
22 section, or part will not take effect unless approved by the people at the
23 general election to be held in November 2018 and, in such case, will take
24 effect on the date of the official declaration of the vote thereon by the
25 governor.