

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

PREAMENDED

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

LLS NO. 17-0482.01 Christy Chase x2008

SENATE BILL 17-065

SENATE SPONSORSHIP

Lundberg, Aguilar

HOUSE SPONSORSHIP

(None),

Senate Committees

Health & Human Services

House Committees

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.*

1 SERVICES THAT WILL BE RENDERED. "HEALTH CARE PRICE" IS THE PRICE
2 CHARGED FOR THE STANDARD SERVICE FOR THE PARTICULAR DIAGNOSIS
3 AND DOES NOT INCLUDE ANY AMOUNT THAT MAY BE CHARGED FOR
4 COMPLICATIONS OR EXCEPTIONAL TREATMENT.

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

9 (5) "HEALTH CARE PROVIDER" MEANS A PERSON WHO IS LICENSED,
10 CERTIFIED, OR REGISTERED BY THIS STATE TO PROVIDE HEALTH CARE
11 SERVICES.

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

14 (I) MEDICAL, MENTAL, DENTAL, OR OPTOMETRIC CARE OR
15 HOSPITALIZATION; OR

16 (II) OTHER SERVICES FOR THE PURPOSE OF PREVENTING,
17 ALLEVIATING, CURING, OR HEALING A PHYSICAL OR MENTAL ILLNESS OR
18 INJURY.

19 (b) "HEALTH CARE SERVICES" INCLUDES SERVICES RENDERED
20 THROUGH THE USE OF TELEMEDICINE.

21 (7) "HEALTH INSURER" MEANS A CARRIER, AS DEFINED IN SECTION
22 10-16-102 (8), DISABILITY INSURER, GROUP DISABILITY INSURER, OR
23 BLANKET DISABILITY INSURER.

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

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

2 (I) AN EMPLOYER OF THE RECIPIENT OF THE HEALTH CARE
3 SERVICES;

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

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

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

13 (10) "RECIPIENT" MEANS AN INDIVIDUAL WHO RECEIVES HEALTH
14 CARE SERVICES FROM A HEALTH CARE PROVIDER OR HEALTH CARE
15 FACILITY.

16 **25-49-103. Transparency - charges for services rendered by**
17 **health care providers.** (1) (a) (I) A HEALTH CARE PROVIDER SHALL
18 MAKE AVAILABLE TO THE PUBLIC, IN A SINGLE DOCUMENT, EITHER
19 ELECTRONICALLY OR ON THE PROVIDER'S WEBSITE IF ONE EXISTS, THE
20 HEALTH CARE PRICES FOR AT LEAST THE FIFTEEN MOST COMMON HEALTH
21 CARE SERVICES THE HEALTH CARE PROVIDER PROVIDES. IF THE HEALTH
22 CARE PROVIDER, IN THE NORMAL COURSE OF HIS OR HER PRACTICE,
23 REGULARLY PROVIDES FEWER THAN FIFTEEN HEALTH CARE SERVICES, THE
24 HEALTH CARE PROVIDER SHALL MAKE AVAILABLE THE HEALTH CARE
25 PRICES FOR THE HEALTH CARE SERVICES THE PROVIDER MOST COMMONLY
26 PROVIDES.

27 (II) A HEALTH CARE PROVIDER WHO IS A MEMBER OF A

1 PROFESSIONAL CORPORATION THAT CONTRACTS WITH A SINGLE HEALTH
2 MAINTENANCE ORGANIZATION, AS DEFINED IN SECTION 10-16-102 (35).
3 COMPLIES WITH THIS SECTION IF THE PROFESSIONAL CORPORATION OR ITS
4 CONTRACTING HEALTH MAINTENANCE ORGANIZATION POSTS, EITHER
5 ELECTRONICALLY OR ON ITS WEBSITE, THE HEALTH CARE PRICES FOR AT
6 LEAST THE FIFTEEN MOST COMMON HEALTH CARE SERVICES THAT THE
7 HEALTH CARE PROVIDER OR HEALTH MAINTENANCE ORGANIZATION
8 WOULD CHARGE INDIVIDUALS WHO ARE NOT MEMBERS OF THE HEALTH
9 MAINTENANCE ORGANIZATION.

10 (b) THE HEALTH CARE PROVIDER SHALL IDENTIFY THE SERVICES
11 BY:

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

15 (II) A PLAIN ENGLISH DESCRIPTION.

16 (c) THE HEALTH CARE PROVIDER SHALL UPDATE THE DOCUMENT
17 AS FREQUENTLY AS THE HEALTH CARE PROVIDER DEEMS APPROPRIATE,
18 BUT AT LEAST ANNUALLY.

19 (2) THE HEALTH CARE PROVIDER SHALL INCLUDE A DISCLOSURE
20 SPECIFYING THAT THE HEALTH CARE PRICE FOR ANY GIVEN HEALTH CARE
21 SERVICE IS AN ESTIMATE AND THAT THE ACTUAL CHARGES FOR THE
22 HEALTH CARE SERVICE ARE DEPENDENT ON THE CIRCUMSTANCES AT THE
23 TIME THE SERVICE IS RENDERED.

24 **25-49-104. Transparency - health care facility charges.**

25 (1)(a) A HEALTH CARE FACILITY SHALL MAKE AVAILABLE TO THE PUBLIC,
26 IN A SINGLE DOCUMENT, EITHER ELECTRONICALLY OR ON ITS WEBSITE IF
27 ONE EXISTS, THE HEALTH CARE PRICES FOR AT LEAST:

1 (I) THE FIFTY MOST USED, DIAGNOSIS-RELATED GROUP CODES OR
2 OTHER CODES FOR IN-PATIENT HEALTH CARE SERVICES USED BY THE
3 HEALTH CARE FACILITY FOR BILLING OR, IF THOSE CODES ARE NOT USED,
4 THE CODES UNDER ANOTHER CODING SYSTEM FOR IN-PATIENT HEALTH
5 CARE SERVICES COMMONLY USED BY THE FACILITY AND ACCEPTED AS A
6 NATIONAL STANDARD FOR BILLING; AND

7 (II) THE TWENTY-FIVE MOST USED OUT-PATIENT CPT CODES OR
8 HEALTH CARE SERVICES PROCEDURE CODES USED FOR BILLING OR, IF
9 THOSE CODES ARE NOT USED, THE CODES UNDER ANOTHER CODING
10 SYSTEM FOR OUT-PATIENT HEALTH CARE SERVICES COMMONLY USED BY
11 THE FACILITY AND ACCEPTED AS A NATIONAL STANDARD FOR BILLING.

12 (b) IF A HEALTH CARE FACILITY DID NOT USE FIFTY CODES FOR
13 IN-PATIENT HEALTH CARE SERVICES AT LEAST ELEVEN TIMES IN THE
14 PREVIOUS TWELVE MONTHS OR DID NOT USE TWENTY-FIVE CODES FOR
15 OUT-PATIENT HEALTH CARE SERVICES AT LEAST ELEVEN TIMES IN THE
16 PREVIOUS TWELVE MONTHS, THE HEALTH CARE FACILITY SHALL MAKE
17 AVAILABLE THE HEALTH CARE PRICE FOR ONLY THOSE MOST COMMON
18 IN-PATIENT AND OUT-PATIENT HEALTH CARE SERVICES OR PROCEDURE
19 CODES THAT THE HEALTH CARE FACILITY USED AT LEAST ELEVEN TIMES IN
20 THE PREVIOUS TWELVE MONTHS.

21 (c) A HEALTH CARE FACILITY SHALL INCLUDE WITH THE HEALTH
22 CARE PRICE PROVIDED PURSUANT TO THIS SUBSECTION (1) A PLAIN
23 ENGLISH DESCRIPTION OF THE SERVICE FOR WHICH THE HEALTH CARE
24 PRICE IS PROVIDED.

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

27 (2) THE HEALTH CARE FACILITY SHALL INCLUDE A DISCLOSURE

1 SPECIFYING THAT THE HEALTH CARE PRICE FOR ANY GIVEN HEALTH CARE
2 SERVICE IS AN ESTIMATE AND THAT THE ACTUAL CHARGES FOR THE
3 HEALTH CARE SERVICE ARE DEPENDENT ON THE CIRCUMSTANCES AT THE
4 TIME THE SERVICE IS RENDERED.

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

8 **25-49-105. No review of health care prices - no punishment for**
9 **exercising rights - no impairment of contracts.** (1) NOTHING IN THIS
10 ARTICLE 49 REQUIRES A HEALTH CARE FACILITY OR HEALTH CARE
11 PROVIDER TO REPORT ITS HEALTH CARE PRICES TO ANY AGENCY FOR
12 REVIEW, FILING, OR OTHER PURPOSES, EXCEPT AS REQUIRED BY SECTION
13 25-3-112. THIS ARTICLE 49 DOES NOT GRANT ANY AGENCY THE
14 AUTHORITY TO APPROVE, DISAPPROVE, OR LIMIT A HEALTH CARE
15 FACILITY'S OR HEALTH CARE PROVIDER'S HEALTH CARE PRICES OR
16 CHANGES TO ITS HEALTH CARE PRICES. THE DEPARTMENT OF PUBLIC
17 HEALTH AND ENVIRONMENT IS NOT AUTHORIZED TO TAKE ANY ACTION
18 REGARDING OR PURSUANT TO THIS ARTICLE 49.

19 (2) THIS ARTICLE 49 IS INTENDED TO MAKE HEALTH CARE PRICES
20 AND PAYMENTS, AND PARTICIPATION IN OR EXERCISING RIGHTS UNDER
21 THIS ARTICLE 49, FREE FROM PAPERWORK, PUNISHMENT, REPORTING, AND
22 REGULATION TO THE FULL EXTENT PERMISSIBLE UNDER THE STATE
23 CONSTITUTION AND STATE AND FEDERAL LAW. A PERSON, ENTITY,
24 AGENCY, OR HEALTH INSURER SHALL NOT PUNISH A RECIPIENT, HEALTH
25 CARE PROVIDER, HEALTH CARE FACILITY, PERSON, ENTITY, OR EMPLOYER
26 FOR PARTICIPATING DIRECTLY IN, EXERCISING RIGHTS UNDER, OR
27 COMPLYING WITH THIS ARTICLE 49.

1 (3) NOTHING IN THIS ARTICLE 49 IMPAIRS CONTRACTS BETWEEN
2 PRIVATE PARTIES.

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