



Health Insurance

In the 2020 session, the Colorado General Assembly considered measures related to health insurance benefits, reinsurance, the Colorado Option health plan, and Medicaid.

Private Health Insurance

Mandated and expanded benefits. Several bills were considered that would mandate or expand insurance coverage for certain medical conditions or medications.

House Bill 20-1158 requires that health insurance plans regulated by the Colorado Division of Insurance (DOI) cover the diagnosis and treatment of infertility and fertility preservation services beginning January 1, 2022. Insurance plans that are regulated by DOI include individual plans and large and small group plans. DOI does not regulate Medicaid, Medicare and federal plans, or self-insured plans.

House Bill 20-1061 allows pharmacists to prescribe HIV prevention medication under certain circumstances and requires that health insurance plans regulated by DOI provide coverage for HIV prevention medication prescribed by a pharmacist. In addition, insurers cannot require a patient to undergo step therapy, which requires patients to use less expensive drug alternatives, or receive prior authorization before accessing HIV medications.

House Bill 20-1086 would have required health insurance plans regulated by DOI to provide

coverage for the total cost of a 60-minute annual mental health examination. The bill was postponed indefinitely by the Senate Appropriations Committee.

Senate Bill 20-156 would have added preventive health care services that must be covered by insurers with no co-pay. The services are recommended by the U.S. Preventive Services Task Force and include osteoporosis screening for individuals age 60-64, anemia screening, urinary incontinence screening, and screening and treatment of sexually transmitted infections (STIs). In addition, the bill specified that, if necessary, a health care provider must administer, dispense, or prescribe preventive measures or medications when examining or treating a minor for an STI. The bill was postponed indefinitely by the Senate Appropriation Committee.

Senate Bill 20-212 includes several provisions related to telehealth. The bill prohibits health insurance plans regulated by DOI from:

- imposing specific requirements on the technology a provider can use to deliver telehealth services;
- requiring an individual to have a previously established relationship with a provider in order to receive telehealth services; and
- imposing additional certification, location, or training requirements on providers as a condition of reimbursing the provider for telehealth services.

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Reinsurance. Reinsurance is a type of insurance available to insurance carriers to reduce their risk of paying high-cost claims. Reinsurance covers a portion of the costs for high-cost claims, enabling insurance carriers to charge lower premiums to consumers. Colorado's reinsurance program was created in 2019 for an initial period of two years and uses state and federal funds to cover a portion of claims for high cost individuals insured through the individual market. The individual insurance market in Colorado allows individual consumers to compare and purchase health insurance coverage, and receive federal premium subsidies, dependent on income.

Senate Bill 20-145 would have repealed Colorado's reinsurance program in 2022. The bill was postponed indefinitely by the Senate Finance Committee.

Senate Bill 20-215 creates the Health Insurance Affordability Enterprise within DOI to extend and refinance the reinsurance program. The enterprise will collect a Health Insurance Affordability Fee from health insurance carriers beginning annually in 2021 and from Colorado hospitals in 2022 and 2023 only. The revenue from the fees will be used to fund the reinsurance program, to lower the cost of individual market premiums, and to cover administrative expenses of the enterprise. The bill authorizes the commissioner of insurance to seek an extension of the reinsurance program from the federal government.

Regulation of health insurance. *House Bill 20-1008* would have required health care cost-sharing arrangements to report operational and financial information to DOI and publically disclose information about the cost-sharing arrangement to consumers. A health care cost-sharing arrangement is a health care sharing ministry or medical cost-sharing community that collects funds from its members on a regular basis for purposes of sharing, or covering the medical costs of its members. The bill was deemed lost in the House.

House Bill 20-1349 would have directed the commissioner of insurance to design a health insurance plan known as the Colorado Option (plan) to be offered by private health insurers in the individual insurance market in 2022. Health insurers would have been required to offer the plan in each county that they currently offer individual plans. The plan would have been required to meet the following criteria:

- provide preeductible coverage for certain services;
- include coverage for the essential health benefits package;
- include a hospital reimbursement rate formula;
- require a medical loss ratio of 85 percent; and
- require carriers and pharmacy benefit managers to pass rebate savings to consumers.

The commissioner of insurance would have been required to establish a hospital reimbursement rate formula, and hospitals would have been required to participate in the plan. The bill was deemed lost in the House.

Senate Bill 20-005 would have required DOI to commission a study on cost-sharing between health insurance carriers and consumers for health care services. The study would have been conducted by a third party accounting firm with input from stakeholders. The bill was postponed indefinitely by the Senate Appropriations Committee.

Medicaid

Medicaid is a health insurance program for low-income individuals administered by the Department of Health Care Policy and Financing (HCPF).

Senate Bill 20-212 requires Medicaid to reimburse Federally Qualified Health Centers, Indian Health Centers, and Rural Health Clinics for providing

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telehealth services to Medicaid clients. Covered services include speech therapy, physical therapy, occupational therapy, hospice care, home health care, and pediatric behavioral health care. Telehealth must be reimbursed in the same way as services delivered in person.

House Bill 20-1232 requires Medicaid to cover the routine costs associated with participating in a clinical trial involving a life threatening or debilitation disease.

HCPF administers a Medicaid buy-in program for working adults with disabilities that would not qualify for Medicaid due to income. Unlike standard Medicaid, premiums are required for the buy-in program and are calculated using a sliding scale based on income. *Senate Bill 20-033* requires HCPF to seek federal authorization to expand the program to include adults with disabilities that are age 65 or older.

House Bill 20-1361 caps the adult dental benefit provided through Medicaid at \$1,000 per year for each client, once the requirement for a higher federal Medicaid match through the federal "Families First Coronavirus Response Act" expires. The \$1,000 cap will continue until December 31, 2022.