

HOUSE JOURNAL
SIXTY-THIRD GENERAL ASSEMBLY
STATE OF COLORADO
Second Regular Session

Fifty-seventh Legislative Day

Wednesday, March 6, 2002

1 Prayer by Pastor Dan Elliott, South Fellowship, Littleton.

2

3 The Speaker called the House to order at 9:00 a.m.

4

5 The roll was called with the following result:

6

7 Present--63.

8

9 Excused--Representatives Rhodes, Sinclair--2.

10

11 The Speaker declared a quorum present.

12

13 On motion of Representative Rippy, the reading of the journal of
14 March 5, 2002, was declared dispensed with and approved as corrected
15 by the Chief Clerk.

16

17

APPOINTMENTS

18

19 Representative Grossman announced the following temporary changes in
20 Committee assignments:

21

22 For today only, Representative Garcia to replace Representative Tochtrop
23 on the Committee on Health, Environment, Welfare, & Institutions
24 For today only, Representative Daniel to replace Representative Tochtrop
25 on the Agriculture, Livestock, & Natural Resources

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28

29

CONSIDERATION OF RESOLUTION

30

31 **HJR02-1024** by Representative(s) Madden, Plant, Saliman; also
32 Senator(s) Tupa, Phillips--Concerning honoring Carl
33 Wieman and Eric Cornell for creating the Bose-Einstein
34 condensate and winning the 2001 Nobel Prize in Physics.

35

36 (Printed and placed in member's file; also printed in House Journal,
37 March 5, pages 719-720.)

38

39 On motion of Representative Madden, the resolution was read at length
40 and **adopted** by **viva voce** vote.

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42 Co-sponsors added: Roll call of the House.

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House in recess. House reconvened.

MESSAGE FROM THE SENATE

Mr. Speaker:

The Senate has adopted and transmits herewith: SJR02-011.

INTRODUCTION AND CONSIDERATION OF RESOLUTION

The following resolution was read at length and given immediate consideration:

SJR02-011 by Senator(s) Thiebaut; also Representative(s) Cloer--
Concerning honoring former Governor John Love.

(Printed and placed in member's file.)

On motion of Representative Spradley, the rules were suspended and the resolution given immediate consideration.

On motion of Representative Cloer the resolution was read at length and **adopted** by the following roll call vote:

YES	62	NO	0	EXCUSED	3	ABSENT	0
Alexander	Y	Groff	Y	Marshall	Y	Spence	Y
Bacon	Y	Grossman	Y	Miller	Y	Spradley	Y
Berry	Y	Harvey	Y	Mitchell	Y	Stafford	Y
Borodkin	Y	Hefley	Y	Paschall	Y	Stengel	Y
Boyd	Y	Hodge	Y	Plant	Y	Swenson	Y
Cadman	Y	Hoppe	Y	Ragsdale	Y	Tapia	Y
Chavez	Y	Jahn	Y	Rhodes	E	Tochtrop	Y
Clapp	Y	Jameson	Y	Rippy	Y	Veiga	Y
Cloer	Y	Johnson	Y	Romanoff	Y	Vigil	Y
Coleman	Y	Kester	Y	Saliman	E	Webster	Y
Crane	Y	King	Y	Sanchez	Y	Weddig	Y
Daniel	Y	Larson	Y	Schultheis	Y	White	Y
Decker	Y	Lawrence	Y	Scott	Y	Williams S.	Y
Fairbank	Y	Lee	Y	Sinclair	E	Williams T.	Y
Fritz	Y	Mace	Y	Smith	Y	Witwer	Y
Garcia	Y	Madden	Y	Snook	Y	Young	Y
						Mr. Speaker	Y

Co-sponsors added: Roll call of the House.

House in recess. House reconvened.

REPORTS OF COMMITTEES OF REFERENCE**BUSINESS AFFAIRS & LABOR**

After consideration on the merits, the Committee recommends the following:

SB02-076 be referred to the Committee of the Whole with favorable recommendation.

SB02-114 be referred to the Committee of the Whole with favorable recommendation.

SB02-118 be amended as follows, and as so amended, be referred to the Committee of the Whole with favorable recommendation:

Amend reengrossed bill, page 3, line 21, strike "THE LANDLORD SHALL PROVIDE";

strike line 22.

CIVIL JUSTICE & JUDICIARY

After consideration on the merits, the Committee recommends the following:

HB02-1337 be postponed indefinitely.

HB02-1342 be amended as follows, and as so amended, be referred to the Committee of the Whole with favorable recommendation:

Amend printed bill, page 3, line 7, after "OFFICIAL", insert "or PERSONAL";

line 15, after "RECORDED", insert "THE MINUTES OF", and strike "PRIOR TO" and substitute "ON OR AFTER";

line 17, after "RECORD", insert "THE MINUTES OF";

strike lines 18 and 19 and substitute the following:

"AUGUST 8, 2001; EXCEPT THAT, ELECTRONIC RECORDING SHALL NOT BE REQUIRED FOR TWO SUCCESSIVE MEETINGS OF THE STATE PUBLIC BODY WHILE THE REGULARLY USED ELECTRONIC EQUIPMENT IS INOPERABLE.";

line 20, strike "AFTER SUCH DATE.".

Page 4, line 12, after "RECORDED", insert "THE MINUTES OF";

line 13, strike "PRIOR TO" and substitute "ON OR AFTER";

1 line 14, after "RECORD", insert "THE MINUTES OF";

2

3 strike lines 15 and 16 and substitute the following:

4

5 "AUGUST 8, 2001; EXCEPT THAT, ELECTRONIC RECORDING SHALL NOT BE
6 REQUIRED FOR TWO SUCCESSIVE MEETINGS OF THE LOCAL PUBLIC BODY
7 WHILE THE REGULARLY USED ELECTRONIC EQUIPMENT IS INOPERABLE.";

8

9 line 17, strike "AFTER SUCH DATE.".

10

11

12

13 **SB02-084** be referred to the Committee of the Whole with favorable
14 recommendation.

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18

19 **EDUCATION**

20 After consideration on the merits, the Committee recommends the
21 following:

22

23 **HB02-1343** be amended as follows, and as so amended, be referred to
24 the Committee of the Whole with favorable
25 recommendation:

26

27 Amend printed bill, page 2, strike lines 13 through 22.

28

29 Page 3, strike lines one through three.

30

31 Renumber succeeding section accordingly.

32

33

34

35 **SB02-051** be amended as follows, and as so amended, be referred to
36 the Committee of the Whole with favorable
37 recommendation:

38

39 Amend reengrossed bill, page 2, line 12, strike "DECEMBER 1." and
40 substitute "OCTOBER 1. PRIOR TO ANY CHANGE IN THE APPLICATION
41 DEADLINE, THE LOCAL BOARD OF EDUCATION SHALL NOTIFY EACH
42 CHARTER SCHOOL APPLICANT IN THE DISTRICT OF THE PROPOSED CHANGE
43 BY CERTIFIED LETTER.".

44

45 Page 3, after line 20, insert the following:

46

47 "SECTION 2. **Effective date.** This act shall take effect July 1,
48 2003.".

49

50 Renumber succeeding section accordingly.

51

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53

54 **SB02-113** be amended as follows, and as so amended, be referred to
55 the Committee of the Whole with favorable
56 recommendation:

1 Amend reengrossed bill, page 2, line 11, strike "A" and substitute "AN";
 2
 3 line 12, strike "TIMELY" and substitute "IMMEDIATE".
 4

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 6
 7 **SB02-144** be referred to the Committee of the Whole with favorable
 8 recommendation.
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13 **HEALTH, ENVIRONMENT, WELFARE, & INSTITUTIONS**

14 After consideration on the merits, the Committee recommends the
 15 following:
 16

17 **HB02-1003** be amended as follows, and as so amended, be referred to
 18 the Committee of the Whole with favorable
 19 recommendation:
 20

21 Amend printed bill, strike everything below the enacting clause, and
 22 substitute the following:
 23

24 "SECTION 1. 10-16-102 (6) (a), (6) (b), (10) (b) (II), and (40),
 25 Colorado Revised Statutes, are amended, and the said 10-16-102 (10) (b)
 26 is further amended BY THE ADDITION OF A NEW
 27 SUBPARAGRAPH, to read:
 28

29 **10-16-102. Definitions.** As used in this article, unless the context
 30 otherwise requires:
 31

32 (6) (a) "Business group of one" means, for purposes of
 33 qualification, an individual, a sole proprietor, or a single full-time
 34 employee of a subchapter S corporation, C corporation, nonprofit
 35 corporation, limited liability company, or partnership: ~~who works~~
 36 ~~twenty-four hours or more a week on a permanent basis and~~
 37

38 (I) Who:
 39

40 (A) Has carried on significant business activity for a period of at
 41 least one year prior to application for coverage FROM WHICH GROSS
 42 INCOME IS DERIVED; AND
 43

44 (B) Has gross income as indicated on federal internal revenue
 45 service forms 1040, schedule C, F, or SE, or other forms recognized by
 46 the federal internal revenue service for income reporting purposes; ~~which~~
 47 ~~generated gross income from which that individual, sole proprietor, or~~
 48 ~~single full-time employee has derived at least a substantial part of such~~
 49 ~~individual's income; AND~~
 50

51 (II) WHOSE GROSS INCOME, for one year out of the most recent
 52 consecutive three-year period, ~~For the purposes of this subsection (6);~~
 53 ~~"substantial part of such individual's income" means income derived from~~
 54 ~~business activities of the business group of one that are IS:~~
 55

56 (A) AT LEAST THE EQUIVALENT OF TWENTY-FOUR HOURS PER

1 WEEK MULTIPLIED BY THE FEDERAL MINIMUM WAGE; OR

2
3 (B) Sufficient to pay for annual health insurance premiums for the
4 business group of one.

5
6 (b) "Business group of one" includes a full-time household
7 employee who works twenty-four hours or more a week EARNs A GROSS
8 AMOUNT PER WEEK OF AT LEAST TWENTY-FOUR HOURS MULTIPLIED BY THE
9 FEDERAL MINIMUM WAGE on a permanent basis as a household employee,
10 if that employee has derived at least a substantial part of such employee's
11 earned income for AT LEAST one year out of the preceding three-year
12 period from household employment, and if the employee's employer, on
13 at least fifty percent of the days in a normal work week during the
14 preceding calendar quarter, employed at least one household employee.

15
16 (10) (b) "Case characteristics" are limited to the following
17 demographic characteristics:

18
19 (II) Geographic location of the policyholder including the
20 following location categories only, unless the commissioner determines
21 that, based on differences in medical costs for certain counties described
22 in sub-subparagraphs (B) or (C), or both, of this subparagraph (II), certain
23 counties should be included in one or more separate geographic location
24 categories that the commissioner may establish.

25
26 (A) Counties in Colorado that are part of a primary metropolitan
27 statistical area or a metropolitan statistical area, except that different
28 primary metropolitan statistical areas and metropolitan statistical areas
29 may have different rates;

30
31 (B) Counties in Colorado with a population of twenty thousand
32 or fewer residents; and

33
34 (C) All other counties in Colorado; AS DETERMINED BY RULE OF
35 THE COMMISSIONER PURSUANT TO SECTION 10-16-104.7;

36
37 (IV) SMOKING STATUS OF INDIVIDUAL MEMBERS OF A SMALL
38 GROUP.

39
40 (40) (a) "Small employer" means any person, firm, corporation,
41 partnership, or association that is actively engaged in business that, on at
42 least fifty percent of its working days during the preceding calendar
43 quarter, employed no more than fifty eligible employees, the majority of
44 whom were employed within this state and that was not formed primarily
45 for the purpose of purchasing insurance. On and after January 1, 1996,
46 "small employer" includes a business group of one. In determining the
47 number of eligible employees, companies that are affiliated companies,
48 or that are eligible to file a combined tax return for purposes of state
49 taxation, shall be considered one employer.

50
51 (b) IN ORDER TO BE CLASSIFIED AS A SMALL EMPLOYER WITH MORE
52 THAN ONE EMPLOYEE WHEN ONLY ONE EMPLOYEE ENROLLS IN THE SMALL
53 EMPLOYER'S HEALTH BENEFIT PLAN, THE SMALL EMPLOYER SHALL SUBMIT
54 TO THE SMALL EMPLOYER CARRIER THE TWO MOST RECENT QUARTERLY
55 EMPLOYMENT AND TAX STATEMENTS SUBSTANTIATING THAT THE
56 EMPLOYER HAD TWO OR MORE ELIGIBLE EMPLOYEES DURING AT LEAST

1 FIFTY PERCENT OF EACH OF THOSE TWO MOST RECENT QUARTERS. SUCH
2 SMALL EMPLOYER GROUP SHALL ALSO MEET THE PARTICIPATION
3 REQUIREMENTS OF THE SMALL EMPLOYER CARRIER.
4

5 **SECTION 2.** 10-16-104 (1.7) (a), the introductory portions to
6 10-16-104 (4) (a) and (5), 10-16-104 (5.5) (a) (I) and (8) (b), the
7 introductory portions to 10-16-104 (9) (a) and (10) (a), 10-16-104 (11)
8 (b), the introductory portion to 10-16-104 (12) (a), and 10-16-104 (13) (a)
9 and (14) (a), Colorado Revised Statutes, are amended to read:
10

11 **10-16-104. Mandatory coverage provisions. (1.7) Therapies**
12 **for congenital defects and birth abnormalities.** (a) After the first
13 thirty-one days of life, policy limitations and exclusions that are generally
14 applicable under the policy may apply; except that all individual and
15 group health benefit plans, NOT INCLUDING BASIC HEALTH BENEFIT PLANS
16 OFFERED PURSUANT TO SECTION 10-16-105 (7.2) (b) (I) (A) OR (7.2) (b) (I)
17 (B), shall provide medically necessary physical, occupational, and speech
18 therapy for the care and treatment of congenital defects and birth
19 abnormalities for covered children up to five years of age.
20

21 (4) **Low-dose mammography.** (a) For the purposes of this
22 subsection (4), "low-dose mammography" means the X-ray examination
23 of the breast using equipment dedicated specifically for mammography,
24 including but not limited to the X-ray tube, filter, compression device,
25 screens, and film and cassettes, with an average radiation exposure
26 delivery of less than one rad mid-breast, with two views for each breast.
27 All individual and all group sickness and accident insurance policies,
28 except CATASTROPHIC PLANS OFFERED AS BASIC HEALTH BENEFIT PLANS
29 PURSUANT TO SECTION 10-16-105 (7.2) (b) (I) (A) AND supplemental
30 policies covering a specified disease or other limited benefit, which THAT
31 are delivered or issued for delivery within the state by an entity subject
32 to the provisions of part 2 of this article and all individual and group
33 health care service or indemnity contracts issued by an entity subject to
34 the provisions of part 3 or 4 of this article, as well as any other group
35 health care coverage provided to residents of this state, shall provide
36 coverage for routine and certain diagnostic screening by low-dose
37 mammography for the presence of breast cancer in adult women. Routine
38 and diagnostic screenings provided pursuant to subparagraph (II) or (III)
39 of this paragraph (a) shall be provided on a contract year or a calendar
40 year basis by entities subject to part 2 or 3 of this article and shall not be
41 subject to policy deductibles. Such coverages shall be the lesser of sixty
42 dollars per mammography screening, or the actual charge for such
43 screening. The minimum benefit required under this subsection (4) shall
44 be adjusted to reflect increases and decreases in the consumer price
45 index. Benefits for routine mammography screenings shall be determined
46 on a calendar year or a contract year basis, which shall be specified in the
47 policy or contract. The routine and diagnostic coverages provided
48 pursuant to this subsection (4) shall in no way diminish or limit
49 diagnostic benefits otherwise allowable under a policy. If an insured
50 person who is eligible for a routine mammography screening benefit
51 pursuant to subparagraphs (I), (II), and (III) of this paragraph (a), has not
52 utilized such benefit during a calendar year or a contract year, then such
53 provisions shall apply to one diagnostic screening for such year. If more
54 than one diagnostic screening is provided for such person in a given
55 calendar year or contract year, the other diagnostic service benefit
56 provisions in the policy or contract shall apply with respect to such

1 additional screenings. This mandated mammography coverage shall be
2 provided according to the following guidelines:
3

4 (5) **Mental illness.** Every group policy or contract providing
5 hospitalization or medical benefits by an entity subject to the provisions
6 of part 2 or 3 of this article, EXCEPT BASIC HEALTH BENEFIT PLANS
7 OFFERED PURSUANT TO SECTION 10-16-105 (7.2) (b) (I) (A) OR (7.2) (b) (I)
8 (B), shall provide benefits for conditions arising from mental illness at
9 least equal to the following:
10

11 (5.5) **Biologically based mental illness.** (a) (I) Every group
12 policy, plan certificate, and contract of a carrier subject to the provisions
13 of part 2, 3, or 4 of this article, except BASIC HEALTH BENEFIT PLANS
14 OFFERED PURSUANT TO SECTION 10-16-105 (7.2) (b) (I) (A) AND (7.2) (b)
15 (I) (B) AND those described in section 10-16-102 (21) (b), shall provide
16 coverage for the treatment of biologically based mental illness that is no
17 less extensive than the coverage provided for any other physical illness.
18 Any preauthorization or utilization review mechanism used in the
19 determination to provide such coverage shall be the same as, or no more
20 restrictive than, that used in the determination to provide coverage for any
21 other physical illness. The commissioner shall adopt such rules as are
22 necessary to carry out the provisions of this subsection (5.5). In
23 promulgating such rules, the commissioner shall recognize that the
24 substance of the mechanisms for preauthorization or utilization review
25 may differ between medical specialties and that such mechanisms shall
26 not be more restrictive with respect to a covered person or a mental health
27 provider for a determination under this subparagraph (I) than for any
28 other physical illness.
29

30 (8) **Availability of hospice care coverage.** (b) Notwithstanding
31 any other provision of the law to the contrary, no individual or group
32 policy of sickness and accident insurance issued by an insurer subject to
33 the provisions of part 2 of this article and no plan issued by an entity
34 subject to the provisions of part 3 of this article which provides hospital,
35 surgical, or major medical coverage on an expense incurred basis, EXCEPT
36 BASIC HEALTH BENEFIT PLANS OFFERED PURSUANT TO SECTION 10-16-105
37 (7.2) (b) (I) (A) OR (7.2) (b) (I) (B), shall be sold in this state unless a
38 policyholder under such policy or plan is offered the opportunity to
39 purchase coverage for benefits for the costs of home health services and
40 hospice care which have been recommended by a physician as medically
41 necessary. Nothing in this paragraph (b) shall require an insurer to offer
42 coverages for which premiums would not cover expected benefits. This
43 paragraph (b) shall not apply to any insurance policy, plan, contract, or
44 certificate which provides coverage exclusively for disability loss of
45 income, dental services, optical services, hospital confinement indemnity,
46 accident only, or prescription drug services.
47

48 (9) **Availability of coverage for alcoholism.** (a) Any other
49 provision of law to the contrary notwithstanding, no hospitalization or
50 medical benefits contract on a group basis issued by an insurer subject to
51 the provisions of part 2 of this article or an entity subject to the provisions
52 of part 3 of this article, EXCEPT BASIC HEALTH BENEFIT PLANS OFFERED
53 PURSUANT TO SECTION 10-16-105 (7.2) (b) (I) (A) OR (7.2) (b) (I) (B), shall
54 be sold in this state unless the policyholder under such contract or
55 persons holding the master contract under such contract are offered the
56 opportunity to purchase coverage for benefits for the treatment of and for

1 conditions arising from alcoholism, which benefits are at least equal to
2 the following minimum requirements:
3

4 **(10) Prostate cancer screening.** (a) All individual and all group
5 sickness and accident insurance policies, except CATASTROPHIC PLANS
6 OFFERED AS BASIC HEALTH BENEFIT PLANS PURSUANT TO SECTION
7 10-16-105 (7.2) (b) (I) (A) AND supplemental policies covering a specified
8 disease or other limited benefit, which THAT are delivered or issued for
9 delivery within the state by an entity subject to the provisions of part 2 of
10 this article and all individual and group health care service or indemnity
11 contracts issued by an entity subject to the provisions of part 3 or 4 of this
12 article, as well as any other group health care coverage offered to
13 residents of this state, shall provide coverage for annual screening for the
14 early detection of prostate cancer in men over the age of fifty years and
15 in men over the age of forty years who are in high-risk categories, which
16 coverage by entities subject to part 2 or 3 of this article shall not be
17 subject to policy deductibles. Such coverage shall be the lesser of
18 sixty-five dollars per prostate cancer screening or the actual charge for
19 such screening. Such benefit shall in no way diminish or limit diagnostic
20 benefits otherwise allowable under a policy. This coverage shall be
21 provided according to the following guidelines:
22

23 **(11) Child health supervision services.** (b) An individual
24 HEALTH BENEFIT PLAN, A small group HEALTH BENEFIT PLAN OTHER THAN
25 CATASTROPHIC PLANS OFFERED AS BASIC HEALTH BENEFIT PLANS
26 PURSUANT TO SECTION 10-16-105 (7.2) (b) (I) (A), or A large group health
27 benefit plan issued in Colorado or covering a Colorado resident that
28 provides coverage for a family member of the insured or subscriber, shall,
29 as to such family member's coverage, also provide that the health
30 insurance benefits applicable to children include coverage for child health
31 supervision services up to the age of thirteen. Each such plan shall, at a
32 minimum, provide benefits for preventive child health supervision
33 services. A plan described in this paragraph (b) may provide that child
34 health supervision services rendered during a periodic review shall only
35 be covered to the extent such services are provided during the course of
36 one visit by or under the supervision of a single physician, physician's
37 assistant, or registered nurse.
38

39 **(12) Hospitalization and general anesthesia for dental
40 procedures for dependent children.** (a) All individual and all group
41 sickness and accident insurance policies that are delivered or issued for
42 delivery within the state by an entity subject to the provisions of part 2 of
43 this article and all individual and group health care service or indemnity
44 contracts issued by an entity subject to the provisions of part 3 or 4 of this
45 article, except BASIC HEALTH BENEFIT PLANS OFFERED PURSUANT TO
46 SECTION 10-16-105 (7.2) (b) (I) (A) AND (7.2) (b) (I) (B) AND supplemental
47 policies that cover a specific disease or other limited benefit, shall
48 provide coverages for general anesthesia, when rendered in a hospital,
49 outpatient surgical facility, or other facility licensed pursuant to section
50 25-3-101, C.R.S., and for associated hospital or facility charges for dental
51 care provided to a dependent child, as dependent is defined in section
52 10-16-102 (14), of a covered person. Such dependent child shall, in the
53 treating dentist's opinion, satisfy one or more of the following criteria:
54

55 **(13) Diabetes.** (a) Any health benefit plan, except BASIC HEALTH
56 BENEFIT PLANS OFFERED PURSUANT TO SECTION 10-16-105 (7.2) (b) (I) (A)

1 AND supplemental policies covering a specified disease or other limited
2 benefit, that provides hospital, surgical, or medical expense insurance
3 shall provide coverage for diabetes that shall include equipment, supplies,
4 and outpatient self-management training and education, including medical
5 nutrition therapy if prescribed by a health care provider licensed to
6 prescribe such items pursuant to Colorado law, and, if coverage is
7 provided through a managed care plan, such qualified provider shall be
8 a participating provider in such managed care plan.
9

10 (14) **Prosthetic devices.** (a) Any health benefit plan, except
11 BASIC HEALTH BENEFIT PLANS OFFERED PURSUANT TO SECTION 10-16-105
12 (7.2) (b) (I) (A) AND (7.2) (b) (I) (B) AND supplemental policies covering
13 a specified disease or other limited benefit, that provides hospital,
14 surgical, or medical expense insurance shall provide coverage for benefits
15 for prosthetic devices that equal those benefits provided for under federal
16 laws for health insurance for the aged and disabled pursuant to 42 U.S.C.
17 secs. 1395k, 1395l, and 1395m and 42 CFR 414.202, 414.210, 414.228,
18 and 410.100, as applicable to this subsection (14).
19

20 **SECTION 3.** Part 1 of article 16 of title 10, Colorado Revised
21 Statutes, is amended BY THE ADDITION OF A NEW SECTION to
22 read:
23

24 **10-16-104.7. Geographic case characteristics for small**
25 **employers.** (1) THE COMMISSIONER SHALL PROMULGATE A RULE
26 CONCERNING GEOGRAPHIC CASE CHARACTERISTICS, WHICH MAY INCLUDE
27 METROPOLITAN STATISTICAL AREAS FOR SMALL EMPLOYERS. IN
28 PROMULGATING SUCH RULE, THE COMMISSIONER SHALL TAKE TESTIMONY
29 FROM ALL INTERESTED PARTIES, INCLUDING, BUT NOT LIMITED TO,
30 CONSUMER ADVOCATES AND CONSUMERS, INSURERS, HEALTH CARE
31 PROVIDERS, THE STATE DEMOGRAPHER, AND PRODUCERS. THE RULE SHALL
32 BE PROMULGATED NO LATER THAN NINETY DAYS AFTER THE EFFECTIVE
33 DATE OF THIS SECTION AND SHALL INCLUDE, WITHOUT LIMITATION, THE
34 FOLLOWING FEATURES:
35

36 (a) IF THE RULE ESTABLISHES SEPARATE GEOGRAPHIC CASE
37 CHARACTERISTICS AREAS, EACH SUCH AREA SHALL REFLECT A RELATIVE
38 PERCENTAGE TO OTHER SUCH AREAS IN THE STATE SO AS TO ENSURE THAT
39 PREMIUM RATES ARE NOT EXCESSIVE, INADEQUATE, OR UNFAIRLY
40 DISCRIMINATORY;
41

42 (b) THE RULE SHALL CONTAIN A DETERMINATION OF THE
43 APPROPRIATE POPULATION BASE FOR STATISTICAL RELIABILITY IN
44 DETERMINING GEOGRAPHIC AREAS OR METROPOLITAN STATISTICAL AREAS;
45

46 (c) THE RULE SHALL PROVIDE JUSTIFICATIONS OF WHY ANY
47 SEPARATE GEOGRAPHIC AREAS, WHICH MAY INCLUDE METROPOLITAN
48 STATISTICAL AREAS, SERVE THE PUBLIC INTEREST IN REGARD TO RELATIVE
49 RATES FOR DIFFERENT GEOGRAPHIC AREAS OF THE STATE; AND
50

51 (d) THE RULE MAY CONSIDER THE COST OF HEALTH CARE
52 EXPERIENCE OF ANY SEPARATE GEOGRAPHIC CASE CHARACTERISTIC AND
53 INFORMATION INCLUDING ACTUARIAL OPINIONS OR CERTIFICATIONS AND
54 SET LOSS RATIOS FOR LOSS RATIO GUARANTEES SUBMITTED BY SMALL
55 EMPLOYER CARRIERS PURSUANT TO SECTION 10-16-107 (1). THE COST OF
56 HEALTH CARE EXPERIENCE MAY BE A CONSIDERATION, BUT SHALL NOT BE

1 DETERMINATIVE OF SEPARATE GEOGRAPHIC CASE CHARACTERISTICS, NOR
2 SHALL IT COMPROMISE THE PUBLIC INTEREST OF INSUREDS AND POTENTIAL
3 INSUREDS OF THIS STATE.

4

5 **SECTION 4.** 10-16-105 (7.2), (7.3) (a), (7.6) (a) (I), (7.6) (a) (II),
6 the introductory portion to 10-16-105 (8) (f), and 10-16-105 (8) (f) (II),
7 Colorado Revised Statutes, are amended, and the said 10-16-105 is
8 further amended BY THE ADDITION OF A NEW SUBSECTION, to
9 read:

10

11 **10-16-105. Small group sickness and accident insurance -**
12 **guaranteed issue - mandated provisions for basic and standard health**
13 **benefit plans - wellness discount.** (7.2) The commissioner shall
14 promulgate rules to implement a basic health benefit plan and a standard
15 health benefit plan to be offered by each small employer carrier as a
16 condition of transacting business in this state. Such rules shall be
17 ~~effective January 1, 1995,~~ and in conformity with the provisions of article
18 4 of title 24, C.R.S., AND SHALL INCLUDE, WITHOUT LIMITATION, THE
19 FOLLOWING FEATURES:

20

21 (a) THE STANDARD HEALTH BENEFIT PLAN SHALL REFLECT THE
22 BENEFIT DESIGN OF COMMON PLAN OFFERINGS IN THE SMALL GROUP
23 MARKET; AND

24

25 (b) (I) THE BASIC HEALTH BENEFIT PLAN OFFERED BY A MANAGED
26 CARE PLAN SHALL REFLECT TWO OF THE FOLLOWING BENEFIT DESIGNS:

27

28 (A) CATASTROPHIC COVERAGE AS DEFINED IN SECTION 10-16-116
29 THAT DOES NOT INCLUDE ANY OF THE MANDATED BENEFITS PURSUANT TO
30 SECTION 10-16-104; EXCEPT THAT MATERNITY AND NEWBORN COVERAGE
31 SHALL BE PROVIDED PURSUANT TO SECTION 10-16-104 (1), (2), AND (3)
32 AND IMMUNIZATIONS FOR CHILDREN SHALL BE PROVIDED PURSUANT TO
33 SECTION 10-16-104 (1.5);

34

35 (B) CATASTROPHIC COVERAGE AS DEFINED IN SECTION 10-16-116
36 THAT INCLUDES THE MANDATED BENEFITS FOR PREVENTIVE CARE,
37 MATERNITY, AND DIABETES COVERAGE PURSUANT TO SECTION 10-16-104
38 (1), (1.5), (2), (3), (4), (10), (11), AND (13);

39

40 (C) CATASTROPHIC COVERAGE AS DEFINED IN SECTION 10-16-116;

41

42 (D) A HEALTH BENEFIT PLAN IN WHICH THE COVERED PERSON IS
43 RESPONSIBLE FOR A DEDUCTIBLE AMOUNT OF ONE THOUSAND FIVE
44 HUNDRED DOLLARS AFTER THE FIRST ONE THOUSAND DOLLARS OF
45 COVERAGE;

46

47 (E) A BASIC HEALTH BENEFIT PLAN AS DETERMINED BY RULE BY
48 THE COMMISSIONER.

49

50 (II) A BASIC HEALTH BENEFIT PLAN DESIGN ISSUED PURSUANT TO
51 SUB-SUBPARAGRAPH (A) OF SUBPARAGRAPH (I) OF THIS PARAGRAPH (b)
52 MAY BE OFFERED IN CONJUNCTION WITH A MEDICAL SAVINGS ACCOUNT.

53

54 (c) (I) THE BASIC HEALTH BENEFIT PLAN OFFERED BY A HEALTH
55 MAINTENANCE ORGANIZATION SHALL REFLECT AT LEAST ONE OF THE
56 FOLLOWING BENEFIT DESIGNS:

1 (A) CATASTROPHIC COVERAGE AS DEFINED IN SECTION 10-16-116
2 THAT DOES NOT INCLUDE ANY OF THE MANDATED BENEFITS PURSUANT TO
3 SECTION 10-16-104; EXCEPT THAT MATERNITY AND NEWBORN COVERAGE
4 SHALL BE PROVIDED PURSUANT TO SECTION 10-16-104 (1), (2), AND (3)
5 AND IMMUNIZATIONS FOR CHILDREN SHALL BE PROVIDED PURSUANT TO
6 SECTION 10-16-104 (1.5);

7
8 (B) CATASTROPHIC COVERAGE AS DEFINED IN SECTION 10-16-116
9 THAT INCLUDES THE MANDATED BENEFITS FOR PREVENTIVE CARE,
10 DIABETES, AND MATERNITY COVERAGE PURSUANT TO SECTION 10-16-104
11 (1), (1.5), (2), (3), (4), (10), (11), AND (13);

12
13 (C) CATASTROPHIC COVERAGE AS DEFINED IN SECTION 10-16-116;

14
15 (D) A HEALTH BENEFIT PLAN IN WHICH THE COVERED PERSON IS
16 RESPONSIBLE FOR A DEDUCTIBLE AMOUNT OF ONE THOUSAND FIVE
17 HUNDRED DOLLARS AFTER THE FIRST ONE THOUSAND DOLLARS OF
18 COVERAGE; OR

19
20 (E) A BASIC HEALTH BENEFIT PLAN AS DETERMINED BY RULE BY
21 THE COMMISSIONER.

22
23 (II) A HEALTH MAINTENANCE ORGANIZATION BASIC HEALTH
24 BENEFIT PLAN MAY REFLECT A SHARING OF HIGHER CONSUMER COSTS
25 THROUGH HIGHER COPAYMENTS INSTEAD OF HIGHER DEDUCTIBLE
26 AMOUNTS.

27
28 (7.3) (a) Except as otherwise provided in this subsection (7.3),
29 effective January 1, ~~1995~~ 2003, every small employer carrier shall, as a
30 condition of transacting business in this state with small employers,
31 actively offer to such small employers the choice of a ONE OF THE basic
32 health benefit plan PLANS ESTABLISHED BY SUBSECTION (7.2) (b) OF THIS
33 SECTION or a standard health benefit plan. Effective July 1, 1997, every
34 small employer carrier shall also offer to small employers a choice of all
35 the other small group plans the carrier markets in Colorado; except that
36 this requirement shall not apply to a health benefit plan offered by a
37 carrier if such plan is made available in the small group market only
38 through one or more bona fide association plans and except as provided
39 in paragraph (i) of this subsection (7.3).

40
41 (7.6) (a) No small employer carrier is required to accept
42 applications from or offer coverage pursuant to paragraph (a) of
43 subsection (7.3) of this section:

44
45 (I) To a small employer, where the employer is not physically
46 located in the small employer carrier's established geographic service
47 area, EXCEPT AS PROVIDED IN SECTION 10-16-704.5;

48
49 (II) To an employee, when the employee does not work or reside
50 within the small employer carrier's established geographic area, EXCEPT
51 AS PROVIDED IN SECTION 10-16-704.5; or

52
53 (8) (f) The commissioner may establish ~~regulations~~ RULES to
54 implement the provisions of this subsection (8) and to assure that rating
55 practices used by small employer carriers are consistent with the purposes
56 of this subsection (8), including ~~regulations~~ RULES that:

1 (II) Prescribe the manner in which case characteristics THAT ARE
2 CONSISTENT WITH SECTION 10-16-104.7 may be used by small employer
3 carriers.
4

5 (13) FOR A SMALL EMPLOYER WITH AT LEAST TWO ELIGIBLE
6 EMPLOYEES, A SMALL EMPLOYER CARRIER MAY OFFER A WELLNESS
7 DISCOUNT OF UP TO TWENTY PERCENT OF THE AMOUNT OF THE PREMIUM
8 TO THE SMALL EMPLOYER IF THE NUMBER OF ENROLLED EMPLOYEES THAT
9 ARE NONSMOKERS IS GREATER THAN OR EQUAL TO A PERCENTAGE THAT
10 REPRESENTS THE AVERAGE NONSMOKING POPULATION. THE
11 COMMISSIONER SHALL PROMULGATE A RULE TO IMPLEMENT THIS
12 SUBSECTION (13) THAT SHALL INCLUDE, BUT NOT BE LIMITED TO, A
13 DETERMINATION OF THE AVERAGE NONSMOKING POPULATION.
14

15 **SECTION 5.** 10-16-105 (8), Colorado Revised Statutes, is
16 amended BY THE ADDITION OF A NEW PARAGRAPH to read:
17

18 **10-16-105. Small group sickness and accident insurance -**
19 **guaranteed issue - mandated provisions for basic and standard health**
20 **benefit plans - wellness discount.** (8) (g) THE SMALL EMPLOYER
21 CARRIER SHALL NOT USE CASE CHARACTERISTICS EXCEPT AS PROVIDED IN
22 SUBPARAGRAPH (I) OF PARAGRAPH (a) OF THIS SUBSECTION (8) AND IN
23 SUBSECTION (13) OF THIS SECTION.
24

25 **SECTION 6.** 10-16-116 (2) (h), Colorado Revised Statutes, is
26 amended to read:
27

28 **10-16-116. Catastrophic health insurance - coverage.** (2) Each
29 catastrophic health insurance policy issued pursuant to subsection (1) of
30 this section is required to:
31

32 (h) For group coverage, include a portability clause which
33 provides that,
34

35 (†) when an employee leaves employment for any reason, the
36 employee, the employee's spouse, and the employee's dependent children
37 may each elect to continue coverage or convert coverage to an individual
38 policy pursuant to section 10-16-108. ~~and~~
39

40 ~~(H) Conversion benefits shall be the insured's choice of the same~~
41 ~~coverage issued, without evidence of insurability, as an individual policy~~
42 ~~or the conversion coverage specified in section 10-16-108;~~
43

44 **SECTION 7.** 10-16-118 (1) (a) (I), Colorado Revised Statutes,
45 is amended, and the said 10-16-118 is further amended BY THE
46 ADDITION ON A NEW PARAGRAPH, to read:
47

48 **10-16-118. Limitations on preexisting condition limitations.**
49 (1) A health coverage plan that covers residents of this state:
50

51 (a) (I) If it is a group health benefit plan, shall not deny, exclude,
52 or limit benefits for a covered individual because of a preexisting
53 condition for losses incurred more than six months following the date of
54 enrollment of the individual in such plan or, if earlier, the first day of the
55 waiting period for such enrollment; EXCEPT THAT, FOR BUSINESS GROUPS
56 OF ONE, A HEALTH BENEFIT PLAN SHALL NOT DENY, EXCLUDE, OR LIMIT

1 BENEFITS FOR A COVERED INDIVIDUAL BECAUSE OF A PREEXISTING
2 CONDITION FOR LOSSES INCURRED MORE THAN TWELVE MONTHS
3 FOLLOWING THE DATE OF ENROLLMENT OF THE INDIVIDUAL IN SUCH PLAN.
4 A group health benefit plan may impose a preexisting condition exclusion
5 or limitation only if such exclusion relates to a condition (whether
6 physical or mental), regardless of the cause of the condition, for which
7 medical advice, diagnosis, care, or treatment was recommended or
8 received within six months immediately preceding the date of enrollment
9 of the individual in such plan or, if earlier, the first day of the waiting
10 period for such enrollment; except that a group health benefit plan shall
11 not impose any preexisting condition exclusion in the case of a child that
12 is adopted or placed for adoption before attaining eighteen years of age,
13 or relating to pregnancy.

14
15 (d) THAT IS A BASIC HEALTH BENEFIT PLAN PURSUANT TO
16 10-16-105 (7.2) (b) (I) (A) OR (7.2) (b) (I) (B) THAT WAIVES MANDATED
17 PROVISIONS OUTLINED IN SECTION 10-16-104, SHALL NOT BE CONSIDERED
18 CREDITABLE COVERAGE FOR THOSE CONDITIONS THAT WERE WAIVED.

19
20 **SECTION 8.** 10-16-704 (1) (c), (9) (a.7), (9) (b) (II), Colorado
21 Revised Statutes, are amended to read:

22
23 **10-16-704. Network adequacy.** (1) A carrier providing a
24 managed care plan shall maintain a network that is sufficient in numbers
25 and types of providers to assure that all covered benefits to covered
26 persons will be accessible without unreasonable delay. In the case of
27 emergency services, covered persons shall have access to health care
28 services twenty-four hours per day, seven days per week. Sufficiency
29 shall be determined in accordance with the requirements of this section
30 and may be established by reference to any reasonable criteria used by
31 the carrier, including but not limited to:

32
33 (c) Geographic accessibility, WHICH IN SOME CIRCUMSTANCES
34 MAY REQUIRE THE CROSSING OF COUNTY OR STATE LINES;

35
36 (9) Beginning January 1, 1998, a carrier shall maintain and make
37 available upon request of the commissioner, the executive director of the
38 department of public health and environment, or the executive director of
39 the department of health care policy and financing, in a manner and form
40 that reflects the requirements specified in paragraphs (a) to (k) of this
41 subsection (9), an access plan for each managed care network that the
42 carrier offers in this state. The carrier shall make the access plans, absent
43 confidential information as specified in section 24-72-204 (3), C.R.S.,
44 available on its business premises and shall provide them to any
45 interested party upon request. In addition, all health benefit plans and
46 marketing materials shall clearly disclose the existence and availability
47 of the access plan. All rights and responsibilities of the covered person
48 under the health benefit plan, however, shall be included in the contract
49 provisions, regardless of whether or not such provisions are also specified
50 in the access plan. The carrier shall prepare an access plan prior to
51 offering a new managed care network and shall update an existing access
52 plan whenever the carrier makes any material change to an existing
53 managed care network, but not less than annually. The access plan of a
54 carrier offering a managed care plan shall demonstrate the following:

55
56 (a.7) Geographic accessibility, which in some circumstances may

1 require the crossing of county OR STATE lines; and

2
3 (b) A carrier offering a managed care plan shall maintain
4 procedures for making referrals within and outside its network that, at a
5 minimum, must include the following:

6
7 (II) (A) A provision that referral options cannot be restricted to
8 less than all providers in the network that are qualified to provide covered
9 specialty services; EXCEPT THAT A HEALTH MAINTENANCE ORGANIZATION
10 MAY OFFER VARIABLE DEDUCTIBLES AND COPAYMENTS TO CHOOSE
11 SERVICES OF PROVIDERS IN THE NETWORK THAT OFFER SUCH SERVICES AT
12 LOWER COSTS.

13
14 (B) A HEALTH MAINTENANCE ORGANIZATION THAT OFFERS
15 VARIABLE DEDUCTIBLES AND COPAYMENTS SHALL PROVIDE ADEQUATE
16 AND CLEAR DISCLOSURE, AS REQUIRED BY LAW, OF VARIABLE
17 DEDUCTIBLES AND COPAYMENTS TO POLICYHOLDERS.

18
19 (C) NOTHING IN THIS SUBPARAGRAPH (II) SHALL APPLY TO
20 COPAYMENTS OR DEDUCTIBLE AMOUNTS FOR EMERGENCY, PREVENTIVE,
21 PRENATAL PHYSICIAN, OR PRENATAL ANCILLARY SERVICES.

22
23 **SECTION 9.** Part 7 of article 16 of title 10, Colorado Revised
24 Statutes, is amended BY THE ADDITION OF A NEW SECTION to
25 read:

26
27 **10-16-704.5. Exception to network adequacy geographic**
28 **requirements.** (1) NOTWITHSTANDING ANY PROVISION OF THIS PART 7
29 TO THE CONTRARY, A HEALTH MAINTENANCE ORGANIZATION OFFERING
30 HEALTH BENEFITS IN THIS STATE MAY OFFER HEALTH BENEFIT COVERAGE
31 IN ACCORDANCE WITH THIS SECTION TO A SMALL EMPLOYER THAT DOES
32 NOT RESIDE, OR WHOSE EMPLOYEES DO NOT RESIDE, WITHIN THE HEALTH
33 MAINTENANCE ORGANIZATION'S GEOGRAPHIC SERVICE AREA REQUIRED BY
34 SECTION 10-16-704.

35
36 (2) THE HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE A
37 DISCLOSURE TO A SMALL EMPLOYER AND ITS EMPLOYEES WHO PURCHASE
38 HEALTH INSURANCE COVERAGE UNDER THE CIRCUMSTANCE DESCRIBED IN
39 SUBSECTION (1) OF THIS SECTION. SUCH DISCLOSURE SHALL ALSO BE
40 GIVEN IN WRITING TO ALL INTERESTED POLICYHOLDERS AND CERTIFICATE
41 HOLDERS AS PART OF THE SALES AND MARKETING MATERIALS BEFORE THE
42 INSURER OR ENTITY APPROVES AN APPLICATION FOR INSURANCE FROM AN
43 INSURED. THE DISCLOSURE SHALL CONTAIN THE FOLLOWING STATEMENT:
44 "INTERESTED POLICYHOLDERS, CERTIFICATE HOLDERS, AND ENROLLEES
45 ARE HEREBY GIVEN NOTICE THAT THIS SMALL GROUP POLICY REQUIRES
46 THAT AN INSURED TRAVEL OUTSIDE OF THE GEOGRAPHIC AREA IN WHICH
47 THE INSURED RESIDES, OR OUTSIDE OF THE GEOGRAPHIC AREA IN WHICH
48 THE INSURED'S EMPLOYER RESIDES, TO RECEIVE COVERED HEALTH
49 BENEFITS."

50
51 (3) A HEALTH MAINTENANCE ORGANIZATION THAT OFFERS
52 COVERAGE PURSUANT TO THIS SECTION MAY REQUIRE THAT A COVERED
53 PERSON TRAVEL A REASONABLE DISTANCE BEYOND THE REQUIREMENTS OF
54 SECTION 10-16-704 (6) FOR CARE IN ORDER TO RECEIVE SERVICES FROM A
55 PARTICIPATING PROVIDER. EXCEPT FOR EMERGENCY SERVICES, IN SUCH
56 CASES WHERE THE COVERED PERSON IS REQUIRED TO TRAVEL A

1 REASONABLE DISTANCE TO RECEIVE SERVICES FROM A PARTICIPATING
2 PROVIDER AND KNOWINGLY SEEKS SERVICES FROM A NONPARTICIPATING
3 PROVIDER, THE HEALTH MAINTENANCE ORGANIZATION SHALL NOT BE
4 REQUIRED TO PAY FOR ANY SERVICES OBTAINED OUTSIDE OF THE PLAN'S
5 NETWORK UNLESS AN OUT-OF-NETWORK BENEFIT IS AVAILABLE.

6
7 (4) (a) (I) FOR NONEMERGENCY SERVICES COVERED UNDER THIS
8 SECTION AND RECEIVED FROM A NONPARTICIPATING PROVIDER, A HEALTH
9 MAINTENANCE ORGANIZATION SHALL BE RESPONSIBLE FOR THE
10 NEGOTIATED RATE.

11
12 (II) IN THE ABSENCE OF A NEGOTIATED RATE, THE HEALTH
13 MAINTENANCE ORGANIZATION SHALL BE RESPONSIBLE FOR THE USUAL,
14 CUSTOMARY, AND REASONABLE RATE FOR SUCH GEOGRAPHIC AREA.

15
16 (b) NOTHING IN PARAGRAPH (a) OF THIS SUBSECTION (4) SHALL
17 REQUIRE EITHER A CARRIER OR A NONPARTICIPATING PROVIDER TO
18 ATTEMPT TO NEGOTIATE A REIMBURSEMENT RATE.

19
20 (c) A NONPARTICIPATING PROVIDER MAY BALANCE BILL THE
21 COVERED PERSON IN THE EVENT THAT THE REIMBURSEMENT RATE
22 DESCRIBED IN PARAGRAPH (a) OF THIS SUBSECTION (4) IS NOT EQUAL TO
23 THE PROVIDER'S BILLED CHARGES.

24
25 **SECTION 10.** 10-16-705, Colorado Revised Statutes, is amended
26 BY THE ADDITION OF A NEW SUBSECTION to read:

27
28 **10-16-705. Requirements for carriers and participating**
29 **providers.** (16) A PROVIDER WHO IS NOT LICENSED TO FURNISH HEALTH
30 CARE SERVICES IN THIS STATE AND WHO PARTICIPATES IN A NETWORK
31 SHALL BE LICENSED IN THE STATE IN WHICH THE PROVIDER PRACTICES AND
32 SHALL MEET THE MINIMUM STATUTORY AND REGULATORY STANDARDS FOR
33 THAT PROFESSIONAL PRACTICE APPLICABLE IN THIS STATE.

34
35 **SECTION 11.** 10-16-707, Colorado Revised Statutes, is amended
36 BY THE ADDITION OF A NEW SUBSECTION to read:

37
38 **10-16-707. Enforcement.** (3) FAILURE TO COMPLY WITH THE
39 REQUIREMENTS OF SECTION 10-16-705 (16) SHALL PRECLUDE A PROVIDER
40 FROM PARTICIPATION IN A NETWORK.

41
42 **SECTION 12.** 10-16-402 (2) (c), Colorado Revised Statutes, is
43 amended to read:

44
45 **10-16-402. Issuance of certificate of authority - denial.** (2) The
46 commissioner shall issue or deny a certificate of authority to any person
47 filing an application pursuant to section 10-16-401 within thirty days of
48 receipt of the certification from the executive director. Issuance of a
49 certificate of authority shall be granted upon payment of the application
50 fee prescribed in section 10-16-110 (2) if the commissioner is satisfied
51 that the following conditions are met:

52
53 (c) The health maintenance organization will effectively provide
54 or arrange for the provision of basic health care services on a prepaid
55 basis, through insurance or otherwise, except to the extent of reasonable
56 requirements for copayments AND DEDUCTIBLES AND PAYMENTS FOR

1 OUT-OF-NETWORK SERVICES RECEIVED PURSUANT TO SECTION
2 10-16-704.5;

3

4 **SECTION 13.** 24-50-606 (1), Colorado Revised Statutes, is
5 amended to read:

6

7 **24-50-606. Choice of medical plans - requirement for inclusion**
8 **of essential providers.** (1) (a) In the city and county of Denver, and the
9 counties of Adams, Arapahoe, Boulder, Douglas, El Paso, Jefferson,
10 Larimer, Pueblo, and Weld, and in each county that has at least five
11 hundred residents who are state employees, the director shall approve for
12 selection by state employees who reside in such county:

13

14 (a) (I) At least one indemnity-type medical benefit plan, which
15 indemnity-type plan may be a component of a multiple option plan,
16 offered by a carrier or carriers determined to be qualified by the director;
17 and

18

19 (II) ONE OR MORE OTHER TYPES OF MEDICAL BENEFIT PLAN
20 DEPENDING UPON THE CURRENT HEALTH CARE MARKET PLACE AFFECTING
21 COLORADO OR SPECIFIC COUNTIES IDENTIFIED IN THIS PARAGRAPH (a).

22

23 ~~(b) Two health maintenance organization plans in addition to any~~
24 ~~offered plan, which plans may be a component of a multiple option plan,~~
25 ~~offered by carriers determined to be qualified by the director. The~~
26 ~~provisions of this paragraph (b) shall not apply if the director determines~~
27 ~~that there is no qualified carrier within an individual county THE~~
28 DIRECTOR SHALL MAKE EVERY EFFORT TO OFFER MULTIPLE PLAN DESIGNS.

29

30 **SECTION 14. Effective date - applicability.** (1) Sections 3, 14,
31 and 15 of this act shall take effect upon passage.

32

33 (2) Sections 1, 2, and 4 to 13 of this act shall take effect January
34 1, 2003, and shall apply to health benefit plans issued or renewed on or
35 after said date.

36

37 **SECTION 15. Safety clause.** The general assembly hereby
38 finds, determines, and declares that this act is necessary for the immediate
39 preservation of the public peace, health, and safety."

40

41

42

43

44

45 The Chief Clerk reports the following bills have been correctly printed:
46 **HB02-1363, 1364; HCR02-1001.**

47

48

49

50

51

52 The Chief Clerk of the House of Representatives reports the following
53 bills have been delivered to the Office of the Governor: **HB02-1040,**
54 **1055** at 1:45 p.m., on March 5, 2002.

55

56

1 **MESSAGE FROM THE SENATE**

2 Mr. Speaker:

3
4 The Senate has passed on Third Reading and returns herewith
5 HB02-1018, 1085, 1086, 1110, 1063, 1031, 1021, 1088;

6
7 The Senate has passed on Third Reading and transmitted to the Revisor
8 of Statutes: SB02-165, 166;

9
10 HB02-1048, amended as printed in Senate Journal, March 4, page 390;
11 HB02-1120, amended as printed in Senate Journal, March 4, page 390;
12 SB02-132, amended as printed in Senate Journal, March 4, pages
13 392-394.

14
15
16
17 **MESSAGE FROM THE REVISOR**

18
19 We herewith transmit without comment, SB02-165 and 166; and
20 Without comment, as amended, HB02-1048, 1120, and SB02-132.

21
22
23
24 **INTRODUCTION OF BILLS**
25 **First Reading**

26
27 The following bills were read by title and referred to the committees
28 indicated:

29
30 **SB02-132** by Senator(s) Nichol; also Representative(s) Larson--
31 Concerning the reformation of the regulation of persons
32 who tow abandoned motor vehicles, and, in connection
33 therewith, recodifying the laws regulating towing
34 abandoned vehicles.

35 Committee on Transportation & Energy

36
37 **SB02-165** by Senator(s) Andrews; also Representative(s) Snook--
38 Concerning an exception to the requirement that the state
39 treasurer sell all unclaimed property for certain military
40 awards that have not been claimed by the owner.

41 Committee on Finance

42
43 **SB02-166** by Senator(s) Teck; also Representative(s) Sinclair--
44 Concerning compensation of county coroners.

45 Committee on Local Government

46
47
48
49 On motion of Representative Berry, the House resolved itself into
50 Committee of the Whole for consideration of General Orders, and she
51 was called to the Chair to act as Chairman.

52
53
54
55

GENERAL ORDERS--SECOND READING OF BILLS

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The Committee of the Whole having risen, the Chairman reported the titles of the following bills had been read (reading at length had been dispensed with by unanimous consent), the bills considered and action taken thereon as follows:

(Amendments to the committee amendment are to the printed committee report which was printed and placed in the members' bill file.)

HB02-1192 by Representative(s) Sinclair, Hefley, Dean, Decker, Lee, Marshall, Plant; also Senator(s) Linkhart--Concerning the enactment of the "Citizen Participation in Government Act of 2002".

Laid over until March 7, retaining place on Calendar.

HB02-1346 by Representative(s) Miller, White, Coleman, Rippy, Tapia; also Senator(s) Chlouber, Taylor--Concerning the designation of rhodochrosite as the state mineral.

Ordered engrossed and placed on the Calendar for Third Reading and Final Passage.

HB02-1352 by Representative(s) Hoppe; also Senator(s) Isgar--Concerning recommendations of the house committee on agriculture, livestock, and natural resources relating to the continuation of requirements for certain reports to the general assembly from executive agencies, and, in connection therewith, repealing reporting requirements to the general assembly that are obsolete.

Amendment No. 1, Agriculture, Livestock, & Natural Resources Report, dated February 27, 2002, and placed in member's bill file; Report also printed in House Journal, March 1, page 646.

Amendment No. 2, by Representative Lawrence.

Amend printed bill, page 5, strike lines 2 through 4.

Strike page 6.

Page 7, strike lines 1 through 7.

Renumber succeeding sections accordingly.

Page 11, strike lines 24 through 27.

Page 12, strike lines 1 through 17.

Renumber succeeding sections accordingly.

As amended, ordered engrossed and placed on the Calendar for Third Reading and Final Passage.

- 1 **HB02-1334** by Representative(s) Kester; also Senator(s) Nichol--
2 Concerning notice of dishonor of negotiable instruments
3 by mail.
4
- 5 Ordered engrossed and placed on the Calendar for Third Reading and
6 Final Passage.
7
- 8 **HB02-1335** by Representative(s) Williams T.; also Senator(s) Fitz-
9 Gerald--Concerning recommendations of the house
10 committee on business affairs and labor relating to the
11 continuation of requirements for certain reports to the
12 general assembly from executive agencies, and, in
13 connection therewith, repealing reporting requirements to
14 the general assembly that are obsolete.
15
- 16 Amendment No. 1, Business Affairs & Labor Report, dated February 28,
17 2002, and placed in member's bill file; Report also printed in House
18 Journal, March 1, pages 646-647.
19
- 20 As amended, ordered engrossed and placed on the Calendar for Third
21 Reading and Final Passage.
22
- 23 **SB02-107** by Senator(s) Fitz-Gerald; also Representative(s) Miller,
24 White--Concerning deceptive practices in the business of
25 insurance relating to the denial of coverage based solely
26 on an individual's nonprofessional participation in
27 specified sports.
28
- 29 Ordered revised and placed on the Calendar for Third Reading and Final
30 Passage.
31
- 32 **SB02-037** by Senator(s) Anderson, Taylor, Tupa; also
33 Representative(s) Williams T., Coleman, Scott, Vigil--
34 Concerning repeal of the state crime victim compensation
35 fund, and, in connection therewith, repealing all
36 requirements related to the state crime victim
37 compensation fund.
38
- 39 Ordered revised and placed on the Calendar for Third Reading and Final
40 Passage.
41
- 42 **SB02-140** by Senator(s) Arnold; also Representative(s) Swenson--
43 Concerning the collection by the department of corrections
44 of certain moneys owed by incarcerated offenders.
45
- 46 Ordered revised and placed on the Calendar for Third Reading and Final
47 Passage.
48
- 49
- 50 **SB02-122** by Senator(s) Chlouber; also Representative(s) Larson--
51 Concerning the motorcycle operator safety training fund.
52
- 53 Laid over until March 7, retaining place on Calendar.
54
55

1 **HB02-1119** by Representative(s) Berry; also Senator(s) Takis--
2 Concerning electronic documents.

3
4 Rereferred to the Committee on Appropriations.

5
6 **HB02-1147** by Representative(s) Cloer--Concerning public
7 information requirements.

8
9 Referred to the Committee on Appropriations.

10
11 On motion of Representative Spradley, the remainder of the General
12 Orders Calendar (**HB02-1015, 1129, 1152, 1278, 1320**) was laid over
13 until March 7, retaining place on Calendar.

14
15
16
17 **ADOPTION OF COMMITTEE OF THE WHOLE REPORT**

18
19 Passed Second Reading: **HB02-1346, 1352 amended, 1334,**
20 **1335 amended, SB02-107, 037, 140.**

21
22 Laid over until date indicated retaining place on Calendar: **HB02-1192,**
23 **SB02-122, HB02-1015, 1129, 1152, 1278, 1320**--March 7, 2002.

24
25 Rereferred to Committee indicated:
26 **HB02-1119**--Committee on Appropriations.

27
28 Referred to Committee indicated:
29 **HB02-1147**--Committee on Appropriations.

30
31 The Chairman moved the adoption of the Committee of the Whole
32 Report. As shown by the following roll call vote, a majority of those
33 elected to the House voted in the affirmative, and the Report was
34 **adopted.**

35
36 YES 63 NO 0 EXCUSED 2 ABSENT 0

37								
38	Alexander	Y	Groff	Y	Marshall	Y	Spence	Y
39	Bacon	Y	Grossman	Y	Miller	Y	Spradley	Y
40	Berry	Y	Harvey	Y	Mitchell	Y	Stafford	Y
41	Borodkin	Y	Hefley	Y	Paschall	Y	Stengel	Y
42	Boyd	Y	Hodge	Y	Plant	Y	Swenson	Y
43	Cadman	Y	Hoppe	Y	Ragsdale	Y	Tapia	Y
44	Chavez	Y	Jahn	Y	Rhodes	E	Tochtrop	Y
45	Clapp	Y	Jameson	Y	Rippy	Y	Veiga	Y
46	Cloer	Y	Johnson	Y	Romanoff	Y	Vigil	Y
47	Coleman	Y	Kester	Y	Saliman	Y	Webster	Y
48	Crane	Y	King	Y	Sanchez	Y	Weddig	Y
49	Daniel	Y	Larson	Y	Schultheis	Y	White	Y
50	Decker	Y	Lawrence	Y	Scott	Y	Williams S.	Y
51	Fairbank	Y	Lee	Y	Sinclair	E	Williams T.	Y
52	Fritz	Y	Mace	Y	Smith	Y	Witwer	Y
53	Garcia	Y	Madden	Y	Snook	Y	Young	Y
54							Mr. Speaker	Y

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APPOINTMENTS

The Speaker announced the following temporary changes in Committee assignments:

For today only, Representative Lee to replace Representative Sinclair on the Committee on Finance

SIGNING OF BILLS - RESOLUTIONS - MEMORIALS

The Speaker has signed: **SJR02-009.**

LAY OVER OF CALENDAR ITEMS

On motion of Representative Spradley, the following items on the Calendar were laid over until March 7, retaining place on Calendar:

- Consideration of Senate Amendments--**HB02-1008.**
- Consideration of Governor's Vetoes--**HB02-1327, 1328.**

Correction

H.J. page 724, after line 26 insert, "Consideration of Governor's Vetoes--**HB02-1327, 1328.**"

On motion of Representative Spradley, the House adjourned until 9:00 a.m., March 7, 2002.

Approved:

DOUG DEAN,
Speaker

Attest:

JUDITH RODRIGUE,
Chief Clerk