Friday, April 18, 2003

HOUSE JOURNAL

SIXTY-FOURTH GENERAL ASSEMBLY

STATE OF COLORADO

First Regular Session

One hundred-first Legislative Day

March 11, pages 1113-1114.)

42 43

Prayer by Father Michael Suchnicki, Samaritan House, Denver. 3 The Speaker called the House to order at 9:00 a.m. 4 5 Pledge of Allegiance led by Representative Witwer. 6 7 The roll was called with the following result: 8 9 Present--63. 10 Excused--Representatives Garcia, Hefley--2. Present after roll call--Representative Garcia. 11 12 13 The Speaker declared a quorum present. 14 15 On motion of Representative Pommer, the reading of the journal of 16 April 17, 2003, was declared dispensed with and approved as corrected 17 18 by the Chief Clerk. 19 20 21 CONSIDERATION OF RESOLUTIONS 22 24 **SJR03-035** by Senator(s) Grossman, Groff, Andrews, Gordon, 25 Johnson S., McElhany, Sandoval; also Representative(s) Merrifield--Concerning the recognition of Patriots Day. 26 27 28 (Printed and placed in member's file.) 29 30 On motion of Representative Merrifield, the resolution was read at length 31 and **adopted** by **viva voce** vote. 32 33 Co-sponsors added: Roll call of the House. 34 35 <u>HJR03-1029</u> by Representative(s) Clapp, Cadman, Frangas, Harvey, Hefley, Jahn, Judd, King, May M., Rhodes, Schultheis, 36 37 38 Smith, Stafford, Wiens; also Senator(s) Johnson S.--39 Concerning Foster Care Month. 40 41 (Printed and placed in member's file, also printed in House Journal On motion of Representative Clapp, the resolution was read at length and **adopted** by **viva voce** vote.

Co-sponsors added: Roll call of the House.

CONSIDERATION OF CONFERENCE COMMITTEE REPORTS

SB03-290

by Senator(s) Owen, Reeves, Teck; also Representative(s) Young, Plant, Witwer--Concerning the authority of the board of parks and outdoor recreation regarding its budget, and, in connection therewith, allowing the board to establish fees by rule, creating a stores revolving fund, and making an appropriation.

(Conference Committee Report printed in House Journal, April 17, pages 1752-1753.)

On motion of Representative Young, the Conference Committee Report was **adopted** by the following roll call vote:

YES	62	NO	02	EXCUSED	01	ABSENT	00
Berry	Y	Fritz	Y	May	Y	Sinclair	Y
Borodkin	Y	Garcia	Y	McCluskey	Y	Smith	Y
Boyd	Y	Hall	Y	McFadyen	Y	Spence	Y
Briggs	Y	Harvey	Y	Merrifield	Y	Stafford	Y
Brophy	Y	Hefley	E	Miller	Y	Stengel	Y
Butcher	N	Hodge	Y	Mitchell	Y	Tochtrop	Y
Cadman	Y	Hoppe	Y	Paccione	N	Veiga	Y
Carroll	Y	Jahn	Y	Plant	Y	Vigil	Y
Cerbo	Y	Johnson	Y	Pommer	Y	Weddig	Y
Clapp	Y	Judd	Y	Ragsdale	Y	Weissmann	Y
Cloer	Y	King	Y	Rhodes	Y	White	Y
Coleman	Y	Larson	Y	Rippy	Y	Wiens	Y
Crane	Y	Lee	Y	Romanoff	Y	Williams S.	Y
Decker	Y	Lundberg	Y	Rose	Y	Williams T.	Y
Fairbank	Y	Madden	Y	Salazar	Y	Witwer	Y
Frangas	Y	Marshall	Y	Schultheis	Y	Young	Y
						Speaker	Y

 The question being "Shall the bill, as amended, pass?". A roll call vote was taken. As shown by the following recorded vote, a majority of those elected to the House voted in the affirmative and the bill, as amended, was declared **repassed**.

10								
47	YES	63	NO	01	EXCUSED	01	ABSENT	00
48	Berry	Y	Fritz	Y	May	Y	Sinclair	Y
49	Borodkin	Y	Garcia	Y	McCluskey	Y	Smith	Y
50	Boyd	Y	Hall	Y	McFadyen	N	Spence	Y
51	Briggs	Y	Harvey	Y	Merrifield	Y	Stafford	Y
52	Brophy	Y	Hefley	E	Miller	Y	Stengel	Y
53	Butcher	Y	Hodge	Y	Mitchell	Y	Tochtrop	Y
54	Cadman	Y	Hoppe	Y	Paccione	Y	Veiga	Y
55	Carroll	Y	Jahn	Y	Plant	Y	Vigil	Y
56	Cerbo	Y	Johnson	Y	Pommer	Y	Weddig	Y

1	Clapp	Y	Judd	Y	Ragsdale	Y	Weissmann	Y
2	Cloer	Y	King	Y	Rhodes	Y	White	Y
3	Coleman	Y	Larson	Y	Rippy	Y	Wiens	Y
4	Crane	Y	Lee	Y	Romanoff	Y	Williams S.	Y
5	Decker	Y	Lundberg	Y	Rose	Y	Williams T.	Y
6	Fairbank	Y	Madden	Y	Salazar	Y	Witwer	Y
7	Frangas	Y	Marshall	Y	Schultheis	Y	Young	Y
8							Speaker	Y

10 SB03-284

by Senator(s) Teck, Owen, Reeves; also Representative(s) Young, Plant, Witwer--Concerning the reduction of the period of mandatory juvenile parole, and making an appropriation in connection therewith.

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(Conference Committee Report printed in House Journal, April 17, page 1754.)

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On motion of Representative Young, the Conference Committee Report was **adopted** by the following roll call vote:

19 20

21	YES	64	NO	00	EXCUSED	01	ABSENT	00
22	Berry	Y	Fritz	Y	May	Y	Sinclair	Y
23	Borodkin	Y	Garcia	Y	McCluskey	Y	Smith	Y
24	Boyd	Y	Hall	Y	McFadyen	Y	Spence	Y
25	Briggs	Y	Harvey	Y	Merrifield	Y	Stafford	Y
26	Brophy	Y	Hefley	E	Miller	Y	Stengel	Y
27	Butcher	Y	Hodge	Y	Mitchell	Y	Tochtrop	Y
28	Cadman	Y	Hoppe	Y	Paccione	Y	Veiga	Y
29	Carroll	Y	Jahn	Y	Plant	Y	Vigil	Y
30	Cerbo	Y	Johnson	Y	Pommer	Y	Weddig	Y
31	Clapp	Y	Judd	Y	Ragsdale	Y	Weissmann	Y
32	Cloer	Y	King	Y	Rhodes	Y	White	Y
33	Coleman	Y	Larson	Y	Rippy	Y	Wiens	Y
34	Crane	Y	Lee	Y	Romanoff	Y	Williams S.	Y
35	Decker	Y	Lundberg	Y	Rose	Y	Williams T.	Y
36	Fairbank	Y	Madden	Y	Salazar	Y	Witwer	Y
37	Frangas	Y	Marshall	Y	Schultheis	Y	Young	Y
38							Speaker	Y

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The question being "Shall the bill, as amended, pass?". A roll call vote was taken. As shown by the following recorded vote, a majority of those elected to the House voted in the affirmative and the bill, as amended, was declared **repassed**.

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45	YES	64	NO	00	EXCUSED	01	ABSENT	00
46	Berry	Y	Fritz	Y	May	Y	Sinclair	Y
47	Borodkin	Y	Garcia	Y	McCluskey	Y	Smith	Y
48	Boyd	Y	Hall	Y	McFadyen	Y	Spence	Y
49	Briggs	Y	Harvey	Y	Merrifield	Y	Stafford	Y
50	Brophy	Y	Hefley	E	Miller	Y	Stengel	Y
51	Butcher	Y	Hodge	Y	Mitchell	Y	Tochtrop	Y
52	Cadman	Y	Hoppe	Y	Paccione	Y	Veiga	Y
53	Carroll	Y	Jahn	Y	Plant	Y	Vigil	Y
54	Cerbo	Y	Johnson	Y	Pommer	Y	Weddig	Y
55	Clapp	Y	Judd	Y	Ragsdale	Y	Weissmann	Y
56	Cloer	Y	King	Y	Rhodes	Y	White	Y

Coleman	Y	Larson	Y	Rippy	Y	Wiens	Y	l
Crane	Y	Lee	Y	Romanoff	Y	Williams S.	Y	
Decker	Y	Lundberg	Y	Rose	Y	Williams T.	Y	
Fairbank	Y	Madden	Y	Salazar	Y	Witwer	Y	
Frangas	Y	Marshall	Y	Schultheis	Y	Young	Y	
						Speaker	\mathbf{V}	l

<u>HB03-1005</u> by Representative(s) Hoppe, Hodge, Miller, Rippy, White; also Senator(s) Entz, Isgar, Phillips, Taylor--Concerning the extension of the implementation dates for certain water augmentation requirements.

(Conference Committee Report printed in House Journal, April 17, page 1719.)

On motion of Representative Hoppe, the Conference Committee Report was **adopted** by the following roll call vote:

YES	64	NO	00	EXCUSED	01	ABSENT	00
Berry	Y	Fritz	Y	May	Y	Sinclair	Y
Borodkin	Y	Garcia	Y	McCluskey	Y	Smith	Y
Boyd	Y	Hall	Y	McFadyen	Y	Spence	Y
Briggs	Y	Harvey	Y	Merrifield	Y	Stafford	Y
Brophy	Y	Hefley	Е	Miller	Y	Stengel	Y
Butcher	Y	Hodge	Y	Mitchell	Y	Tochtrop	Y
Cadman	Y	Hoppe	Y	Paccione	Y	Veiga	Y
Carroll	Y	Jahn	Y	Plant	Y	Vigil	Y
Cerbo	Y	Johnson	Y	Pommer	Y	Weddig	Y
Clapp	Y	Judd	Y	Ragsdale	Y	Weissmann	Y
Cloer	Y	King	Y	Rhodes	Y	White	Y
Coleman	Y	Larson	Y	Rippy	Y	Wiens	Y
Crane	Y	Lee	Y	Romanoff	Y	Williams S.	Y
Decker	Y	Lundberg	Y	Rose	Y	Williams T.	Y
Fairbank	Y	Madden	Y	Salazar	Y	Witwer	Y
Frangas	Y	Marshall	Y	Schultheis	Y	Young	Y
						Speaker	Y

The question being "Shall the bill, as amended, pass?".

A roll call vote was taken. As shown by the following recorded vote, a majority of those elected to the House voted in the affirmative and the bill, as amended, was declared **repassed**.

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43	YES	64	NO	00	EXCUSED	01	ABSENT	00
44	Berry	Y	Fritz	Y	May	Y	Sinclair	Y
45	Borodkin	Y	Garcia	Y	McCluskey	Y	Smith	Y
46	Boyd	Y	Hall	Y	McFadyen	Y	Spence	Y
47	Briggs	Y	Harvey	Y	Merrifield	Y	Stafford	Y
48	Brophy	Y	Hefley	E	Miller	Y	Stengel	Y
49	Butcher	Y	Hodge	Y	Mitchell	Y	Tochtrop	Y
50	Cadman	Y	Hoppe	Y	Paccione	Y	Veiga	Y
51	Carroll	Y	Jahn	Y	Plant	Y	Vigil	Y
52	Cerbo	Y	Johnson	Y	Pommer	Y	Weddig	Y
53	Clapp	Y	Judd	Y	Ragsdale	Y	Weissmann	Y
54	Cloer	Y	King	Y	Rhodes	Y	White	Y
55	Coleman	Y	Larson	Y	Rippy	Y	Wiens	Y
56	Crane	Y	Lee	Y	Romanoff	Y	Williams S.	Y

Decker	Y	Lundberg	Y	Rose	Y	Williams T.	Y
Fairbank	Y	Madden	Y	Salazar	Y	Witwer	Y
Frangas	Y	Marshall	Y	Schultheis	Y	Young	Y
						Speaker	Y

Co-sponsor added: Representative Weddig.

 HB03-1103

by Representative(s) Briggs; also Senator(s) Chlouber-Concerning an increase of the service required to be provided by qualified private businesses pursuant to competitively negotiated contracts to fifty percent of the regional transportation district service that involves transporting the general public by means of any self-propelled vehicle that is designed primarily for travel on the public highways.

(Conference Committee Report printed in House Journal, April 17, pages 1719-1720.)

On motion of Representative Briggs, the Conference Committee Report was **adopted** by the following roll call vote:

YES	47	NO	17	EXCUSED	01	ABSENT	00
Berry	Y	Fritz	Y	May	Y	Sinclair	Y
Borodkin	N	Garcia	Y	McCluskey	Y	Smith	Y
Boyd	N	Hall	Y	McFadyen	N	Spence	Y
Briggs	Y	Harvey	Y	Merrifield	N	Stafford	Y
Brophy	Y	Hefley	E	Miller	Y	Stengel	Y
Butcher	Y	Hodge	Y	Mitchell	Y	Tochtrop	N
Cadman	Y	Hoppe	Y	Paccione	N	Veiga	Y
Carroll	N	Jahn	Y	Plant	Y	Vigil	N
Cerbo	N	Johnson	Y	Pommer	N	Weddig	N
Clapp	Y	Judd	Y	Ragsdale	N	Weissmann	N
Cloer	Y	King	Y	Rhodes	Y	White	Y
Coleman	N	Larson	Y	Rippy	Y	Wiens	Y
Crane	Y	Lee	Y	Romanoff	Y	Williams S.	Y
Decker	Y	Lundberg	Y	Rose	Y	Williams T.	Y
Fairbank	Y	Madden	N	Salazar	Y	Witwer	Y
Frangas	N	Marshall	N	Schultheis	Y	Young	Y
						Speaker	Y

 The question being "Shall the bill, as amended, pass?". A roll call vote was taken. As shown by the following recorded vote, a

majority of those elected to the House voted in the affirmative and the bill, as amended, was declared **repassed**.

10								
46	YES	40	NO	24	EXCUSED	01	ABSENT	00
47	Berry	Y	Fritz	Y	May	Y	Sinclair	Y
48	Borodkin	N	Garcia	Y	McCluskey	Y	Smith	Y
49	Boyd	N	Hall	Y	McFadyen	N	Spence	Y
50	Briggs	Y	Harvey	Y	Merrifield	N	Stafford	Y
51	Brophy	Y	Hefley	E	Miller	Y	Stengel	Y
52	Butcher	Y	Hodge	N	Mitchell	Y	Tochtrop	N
53	Cadman	Y	Hoppe	Y	Paccione	N	Veiga	N
54	Carroll	N	Jahn	N	Plant	N	Vigil	N
55	Cerbo	N	Johnson	Y	Pommer	N	Weddig	N
56	Clapp	Y	Judd	N	Ragsdale	N	Weissmann	N

Cloer	Y	King	Y	Rhodes	Y	White	Y	
Coleman	N	Larson	Y	Rippy	Y	Wiens	Y	
Crane	Y	Lee	Y	Romanoff	Y	Williams S.	N	
Decker	Y	Lundberg	Y	Rose	Y	Williams T.	Y	
Fairbank	Y	Madden	N	Salazar	N	Witwer	Y	
Frangas	N	Marshall	N	Schultheis	Y	Young	Y	
						Speaker	Y	

HB03-1224

by Representative(s) Lee, Schultheis, Harvey, Briggs, Brophy, Cadman, Clapp, Crane, Decker, Fairbank, Fritz, Hall, Hefley, King, Larson, Lundberg, May M., McCluskey, Mitchell, Rhodes, Rose, Sinclair, Spence, Spradley, Stafford, Stengel, White, Wiens; also Senator(s) Andrews, May R., Chlouber, Arnold, Cairns, Dyer, Entz, Hillman, Johnson S., Jones, Kester, McElhany, Owen, Taylor, Teck--Concerning a prohibition against the acceptance by public entities of identity documents that are not secure.

(Conference Committee Report printed in House Journal, April 17, pages 1726-1727.)

Representative Lee moved the Conference Committee Report be **adopted**.

A substitute motion by Representative Decker that the House reject the Conference Committee Report and **adhere** to its position on **HB03-1224** was declared **lost** by the following roll call vote:

YES	18	NO	46	EXCUSED	01	ABSENT	00
Berry	Y	Fritz	N	May	N	Sinclair	N
Borodkin	Y	Garcia	N	McCluskey	N	Smith	N
Boyd	Y	Hall	N	McFadyen	Y	Spence	N
Briggs	N	Harvey	N	Merrifield	Y	Stafford	N
Brophy	N	Hefley	E	Miller	N	Stengel	N
Butcher	N	Hodge	Y	Mitchell	N	Tochtrop	N
Cadman	N	Hoppe	N	Paccione	Y	Veiga	Y
Carroll	N	Jahn	Y	Plant	N	Vigil	N
Cerbo	Y	Johnson	N	Pommer	Y	Weddig	N
Clapp	N	Judd	N	Ragsdale	N	Weissmann	Y
Cloer	N	King	N	Rhodes	N	White	N
Coleman	N	Larson	N	Rippy	Y	Wiens	N
Crane	N	Lee	N	Romanoff	N	Williams S.	Y
Decker	Y	Lundberg	N	Rose	N	Williams T.	Y
Fairbank	N	Madden	N	Salazar	Y	Witwer	N
Frangas	Y	Marshall	N	Schultheis	N	Young	N
						Speaker	N

A substitute motion by Representative Larson that the House reject the Conference Committee Report, discharge the First Conference Committee for **HB03-1224**, and that a Second Conference Committee be appointed was declared **lost** by the following roll call vote:

YES	32	NO	32	EXCUSED	01	ABSENT	00
Berry	Y	Fritz	N	May	N	Sinclair	N
Borodkin	Y	Garcia	N	McCluskey	N	Smith	N
Boyd	Y	Hall	N	McFadyen	Y	Spence	N

1	Briggs	N	Harvey	N	Merrifield	Y	Stafford	N
2	Brophy	N	Hefley	E	Miller	N	Stengel	N
3	Butcher	Y	Hodge	Y	Mitchell	N	Tochtrop	Y
4	Cadman	N	Hoppe	N	Paccione	Y	Veiga	Y
5	Carroll	Y	Jahn	Y	Plant	Y	Vigil	Y
6	Cerbo	Y	Johnson	N	Pommer	Y	Weddig	Y
7	Clapp	N	Judd	Y	Ragsdale	Y	Weissmann	Y
8	Cloer	N	King	N	Rhodes	N	White	N
9	Coleman	Y	Larson	Y	Rippy	Y	Wiens	N
10	Crane	N	Lee	N	Romanoff	Y	Williams S.	Y
11	Decker	Y	Lundberg	N	Rose	N	Williams T.	Y
12	Fairbank	N	Madden	Y	Salazar	Y	Witwer	N
13	Frangas	Y	Marshall	Y	Schultheis	N	Young	N
14							Speaker	Y
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Representative Lee's motion that the Conference Committee Report be adopted was declared **lost** by the following roll call vote:

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19	YES	32	NO	32	EXCUSED	01	ABSENT	00
20	Berry	N	Fritz	Y	May	Y	Sinclair	Y
21	Borodkin	N	Garcia	N	McCluskey	Y	Smith	Y
22	Boyd	N	Hall	Y	McFadyen	N	Spence	Y
23	Briggs	Y	Harvey	Y	Merrifield	N	Stafford	Y
24	Brophy	Y	Hefley	E	Miller	Y	Stengel	Y
25	Butcher	N	Hodge	N	Mitchell	Y	Tochtrop	N
26	Cadman	Y	Hoppe	Y	Paccione	N	Veiga	N
27	Carroll	N	Jahn	N	Plant	N	Vigil	N
28	Cerbo	N	Johnson	Y	Pommer	N	Weddig	N
29	Clapp	Y	Judd	N	Ragsdale	N	Weissmann	N
30	Cloer	Y	King	Y	Rhodes	Y	White	Y
31	Coleman	N	Larson	N	Rippy	Y	Wiens	Y
32	Crane	Y	Lee	Y	Romanoff	N	Williams S.	N
33	Decker	N	Lundberg	Y	Rose	Y	Williams T.	N
34	Fairbank	Y	Madden	N	Salazar	N	Witwer	Y
35	Frangas	N	Marshall	N	Schultheis	Y	Young	Y
36							Speaker	N

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39 40 **HB03-1301** by Representative(s) Hall; also Senator(s) Teck--Concerning the penalties for persons who issue checks to the department of revenue that are returned as unpaid for any reason caused by the maker.

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(Conference Committee Report printed in House Journal, April 17, page 1727.)

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46 Under Joint Rule 6(b)(4) Representative Hall moved that the House reject the Conference Committee Report, discharge the First Conference Committee for HB03-1301, that a Second Conference Committee be appointed. The motion was declared **passed** by the following roll call vote:

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52	YES	64	NO	00	EXCUSED	01	ABSENT	00
53	Berry	Y	Fritz	Y	May	Y	Sinclair	Y
54	Borodkin	Y	Garcia	Y	McCluskey	Y	Smith	Y
55	Boyd	Y	Hall	Y	McFadyen	Y	Spence	Y
56	Briggs	Y	Harvey	Y	Merrifield	Y	Stafford	Y

1	Brophy	Y	Hefley	E	Miller	Y	Stengel	Y
2	Butcher	Y	Hodge	Y	Mitchell	Y	Tochtrop	Y
3	Cadman	Y	Hoppe	Y	Paccione	Y	Veiga	Y
4	Carroll	Y	Jahn	Y	Plant	Y	Vigil	Y
5	Cerbo	Y	Johnson	Y	Pommer	Y	Weddig	Y
6	Clapp	Y	Judd	Y	Ragsdale	Y	Weissmann	Y
7	Cloer	Y	King	Y	Rhodes	Y	White	Y
8	Coleman	Y	Larson	Y	Rippy	Y	Wiens	Y
9	Crane	Y	Lee	Y	Romanoff	Y	Williams S.	Y
10	Decker	Y	Lundberg	Y	Rose	Y	Williams T.	Y
11	Fairbank	Y	Madden	Y	Salazar	Y	Witwer	Y
12	Frangas	Y	Marshall	Y	Schultheis	Y	Young	Y
13							Speaker	Y

The first Conference Committee was discharged and the Speaker appointed Representatives Hall Chairman, Stengel and Jahn as House conferees to the Second Conference Committee.

House in recess. House reconvened.

RECALL OF HB03-1263

Representative Plant moved for recall of **HB03-1263** for purpose of reconsideration. The motion passed by unanimous consent. The bill was ordered recalled.

CONSENT GRANTED TO CONFERENCE COMMITTEE

Representative Coleman moved that the First Conference Committee on SB03-009 be granted permission to go beyond the scope of the difference between the House and the Senate. The motion was passed by the following roll call vote:

YES	64	NO	00	EXCUSED	01	ABSENT	00
Berry	Y	Fritz	Y	May	Y	Sinclair	Y
Borodkin	Y	Garcia	Y	McCluskey	Y	Smith	Y
Boyd	Y	Hall	Y	McFadyen	Y	Spence	Y
Briggs	Y	Harvey	Y	Merrifield	Y	Stafford	Y
Brophy	Y	Hefley	E	Miller	Y	Stengel	Y
Butcher	Y	Hodge	Y	Mitchell	Y	Tochtrop	Y
Cadman	Y	Hoppe	Y	Paccione	Y	Veiga	Y
Carroll	Y	Jahn	Y	Plant	Y	Vigil	Y
Cerbo	Y	Johnson	Y	Pommer	Y	Weddig	Y
Clapp	Y	Judd	Y	Ragsdale	Y	Weissmann	Y
Cloer	Y	King	Y	Rhodes	Y	White	Y
Coleman	Y	Larson	Y	Rippy	Y	Wiens	Y
Crane	Y	Lee	Y	Romanoff	Y	Williams S.	Y
Decker	Y	Lundberg	Y	Rose	Y	Williams T.	Y
Fairbank	Y	Madden	Y	Salazar	Y	Witwer	Y
Frangas	Y	Marshall	Y	Schultheis	Y	Young	Y
						Speaker	Y

NOTICE OF INTENT TO RECONSIDER HB03-1224 1 2 3 Having voted on the prevailing side, Representative Lee served notice of intent to reconsider the House action (reject Conference Committee 5 report, discharge 1st Conference Committee, appoint 2nd Conference 6 committee, page 1762) on **HB03-1224**. 7 8 9 10 On motion of Representative King, **HB03-1123**, **1317**, **1188**, **1210**, **1213**, 11 1345, HCR03-1003, HB03-1105, 1339, 1323, SB03-051, HB03-1316, 12 1342 were added to the Special Orders calendar on Friday, April 18, 13 2003. 14 15 On motion of Representative Harvey, the House resolved itself into 16 17 Committee of the Whole for consideration of Special Orders and he was 18 called to the Chair to act as Chairman. 19 20 21 SPECIAL ORDERS--SECOND READING OF BILLS 23 The Committee of the Whole having risen, the Chairman reported the 24 titles of the following bills had been read (reading at length had been 25 dispensed with by unanimous consent), the bills considered and action 26 taken thereon as follows: 27 28 (Amendments to the committee amendment are to the printed committee report which was printed and placed in the members' bill file.) 30 31 HB03-1123 by Representative(s) Sinclair, King, Lee, Rippy, Stafford; 32 also Senator(s) Johnson S.--Concerning the cash funding 33 of the regulation of racing events, and, in connection 34 therewith, making an appropriation. 35 36 Amendment No. 1, Finance Report, dated February 5, 2003, and placed 37 in member's bill file; Report also printed in House Journal, February 6, 38 pages 344-345. 39 40 Amendment No. 2, Appropriations Report, dated April 3, 2003, and 41 placed in member's bill file; Report also printed in House Journal, 42 April 3, pages 1437-1438. 43 44 As amended, ordered engrossed and placed on the Calendar for Third 45 Reading and Final Passage. 46 47 48 HB03-1188 by Representative(s) King, Cloer; also Senator(s) 49 McElhany--Concerning compulsory insurance coverage 50 for motor vehicles.

Amendment No. 1, Business Affairs & Labor Report, dated April 15, 2003, and placed in member's bill file; Report also printed in House Journal, April 16, pages 1688-1702.

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Amendment No. 2, by Representative King.

 Amend the Business Affairs and Labor Committee Report, dated April 15, 2003, page 20, after line 25, insert the following:

"**SECTION 4.** 10-3-1104 (1) (u), Colorado Revised Statutes, is amended to read:

10-3-1104. Unfair methods of competition and unfair or deceptive acts or practices. (1) The following are defined as unfair methods of competition and unfair or deceptive acts or practices in the business of insurance:

(u) Certifying pursuant to section 10-4-725 10-4-630 or issuing, soliciting, or using an automobile policy form, endorsement, or notice form that does not comply with statutory mandates. Such solicitation or certification shall be subject to the sanctions described in sections 10-3-1107, 10-3-1108, and 10-3-1109.

SECTION 5. 10-3-1110 (2), Colorado Revised Statutes, is amended to read:

10-3-1110. Regulations. (2) The commissioner may, after notice and hearing, as provided in article 4 of title 24, C.R.S., promulgate rules and regulations with respect to the payment of benefits under group and individual contracts of property or casualty coverage, except for property and casualty coverage provided pursuant to the "Colorado Auto Accident Reparations Act", part 7 6 of article 4 of this title, issued by organizations authorized to do business in this state under the provisions of article 4 of this title. Such rules and regulations may establish a penalty payable to the claimant on benefit payments which THAT are delayed more than sixty days after a valid and complete filing of the claim unless there is a reasonable dispute between the parties concerning such claim. Such penalty shall not exceed twenty dollars on claims of less than one hundred dollars or interest at a rate of eight percent annually on claims above one hundred dollars. In addition to such penalties payable to the claimant, the commissioner, after notice and hearing, may assess a civil penalty against any insurer of one hundred dollars per day for each day benefit payments are delayed more than sixty days after a valid and complete filing of the claim unless there is a reasonable dispute between the parties concerning such claim.

SECTION 6. 10-4-115 (2), Colorado Revised Statutes, is amended to read:

10-4-115. Private utilization review. (2) An insurance carrier regulated pursuant to the provisions of this article may contract with any private utilization review organization and receive from that private utilization review organization a utilization review opinion. If the insurance carrier relies on the opinion of the private utilization review organization resulting in a decision to not pay benefits which THAT an appropriate fact finder later determines were due and owing, then the insurance carrier shall be responsible to pay the past due benefits in addition to interest and costs. and attorney fees, as may be required by section 10-4-708 (1.7). Nothing in this subsection (2) shall be construed to affect or limit the commissioner's power to regulate under the

House Journal--101st Day--April 18, 2003 provisions of section 10-3-1104 (1) (h), nor shall anything in this subsection (2) limit or affect the insured's remedies under the "Colorado" Auto Accident Reparations Act", part 7 6 of this article, or any common law remedy. **SECTION 7.** 10-16-106.5 (2.5), Colorado Revised Statutes, is amended to read: 10-16-106.5. Prompt payment of claims - legislative **declaration.** (2.5) This section shall not apply to claims arising under the "Colorado Auto Accident Reparations Act", part 7 6 of article 4 of this title. **SECTION 8.** 13-80-101 (1) (j), Colorado Revised Statutes, is amended to read: **13-80-101.** General limitation of actions - three years. (1) The following civil actions, regardless of the theory upon which suit is brought, or against whom suit is brought, shall be commenced within three years after the cause of action accrues, and not thereafter: Act", part 7 6 of article 4 of title 10, C.R.S.; to read:

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53 54 (j) All actions under the "Colorado Auto Accident Reparations

SECTION 9. 24-30-1512, Colorado Revised Statutes, is amended

24-30-1512. Risk management fund and self-insured property **fund not subject to insurance laws.** The setting aside of reserves for self-insurance purposes in the risk management fund created in section 24-30-1510, in the self-insured property fund created in section 24-30-1510.5, and in the state employee workers' compensation account in the risk management fund created in section 24-30-1510.7, shall not be construed to be creating an insurance company, nor shall the risk management fund or the self-insured property fund otherwise be subject to the provisions of the laws of this state regulating insurance or insurance companies. The requirements of section 10-4-716 10-4-621, C.R.S., concerning MOTOR VEHICLE self-insurance under the "Colorado Auto Accident Reparations Act" are not applicable to this part 15.

SECTION 10. 26-4-403 (8), Colorado Revised Statutes, is amended to read:

26-4-403. Recoveries - overpayments - penalties - interest adjustments - liens. (8) Nothing in the "Colorado Auto Accident Reparations Act", part 7 6 of article 4 of title 10, C.R.S., shall be construed to limit the right of the state department to recover the medical assistance furnished to or on behalf of a recipient as the result of the negligence of a third party.

SECTION 11. 42-2-127.7 (2) (a), (3), (5) (a), and (8) (c) (I), Colorado Revised Statutes, are amended to read:

42-2-127.7. Authority to suspend license - uninsured motorists - legislative declaration. (2) (a) The department may suspend the license of any person upon its determination that the person drove a vehicle in this state without having in full force and effect a complying policy or certificate of self-insurance as required by sections 10-4-705 10-4-616 and 10-4-716 10-4-621, C.R.S.

(3) Whenever a law enforcement officer determines, by checking the motorist insurance identification database created in section 42-7-604, and by any other means authorized by law, that a driver violates section 42-4-1409 by not having a complying policy or certificate of self-insurance in full force and effect as required by sections 10-4-705 10-4-616 and 10-4-716 10-4-621, C.R.S., the law enforcement officer making such determination shall forward to the department an affidavit that includes a statement of the officer's probable cause that the person committed such violation, and a copy of the citation and complaint, if any, filed with the court. The affidavit shall be dated, signed, and sworn to by the law enforcement officer under penalty of perjury, but need not be notarized or sworn to before any other person.

(5) (a) Whenever a law enforcement officer determines, by checking the motorist insurance identification database created in section 42-7-604, and by any other means authorized by law, that a driver violates section 42-4-1409 by not having a complying policy or certificate of self-insurance as required by sections 10-4-705 10-4-616 and 10-4-716 10-4-621, C.R.S., the officer, acting on behalf of the department may serve the notice of suspension personally on such driver. If the law enforcement officer serves the notice of suspension, the officer shall take possession of any driver's license issued by this state or any other state which THAT is held by the person. When the officer takes possession of a valid license, the officer, acting on behalf of the department, shall issue a temporary permit which THAT is valid for seven days after its date of issuance.

(8) (c) (I) When a license is suspended under paragraph (a) of subsection (2) of this section, the sole issue at the hearing shall be whether by a preponderance of the evidence the person drove a vehicle in this state without having in force a complying policy or certificate of self-insurance as required by sections 10-4-705 10-4-616 and 10-4-716 10-4-621, C.R.S. If the presiding hearing officer finds the affirmative of the issue, the suspension order shall be sustained. If the presiding hearing officer finds the negative of the issue, the suspension order shall be rescinded.

SECTION 12. 42-3-105 (1) (c) (I) and (2), Colorado Revised Statutes, are amended to read:

 42-3-105. Application for registration - tax - repeal. (1) (c) (I) The department may not register a motor vehicle unless the applicant has a complying motor vehicle insurance policy, including an operator's policy of insurance under section 10-4-706.5, C.R.S., or a certificate of self-insurance in full force and effect as required by sections 10-4-705 10-4-616 and 10-4-716 10-4-621, C.R.S. The requirements of this paragraph (c) apply only to motor vehicles classified as Class C personal property under section 42-3-106 (1) (c), to light trucks that do not exceed sixteen thousand pounds empty weight and that are not insured through a commercial line of insurance, and to sports utility vehicles that are classified as Class B personal property under section 42-3-106 (1) (b). The applicant shall provide the department with the

proof of insurance certificate or insurance identification card provided to the applicant by the applicant's insurer pursuant to section 10-4-604.5, C.R.S., or provide proof of insurance in such other media as is authorized by the department. Nothing in this paragraph (c) shall be interpreted to preclude the department from electronically transmitting insurance information to designated agents pursuant to section 42-7-604 for the purpose of ensuring compliance with mandatory insurance requirements.

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(2) Upon applying for a registration card, the owner of a motor vehicle shall receive a written notice that shall be printed on the application for registration, in type that is larger than the other information contained on the application for registration. Such notice shall state that motor vehicle insurance or operator's coverage is compulsory in Colorado, that noncompliance is a misdemeanor traffic offense, that the minimum penalty for such offense is one-hundred-dollar fine, and that the maximum penalty for such offense is one year's imprisonment and a one-thousand-dollar fine, and that such owner shall be required as a condition of obtaining a registration card to sign the affirmation clause that appears on such card. The clause shall state, "I swear or affirm in accordance with section 24-12-102, C.R.S., under penalty of perjury that I now have in effect a complying policy of motor vehicle insurance including an operator's policy pursuant to the "Colorado Auto Accident Reparations Act", part 7 6 of article 4 of title 10, C.R.S., or a certificate of self-insurance to cover the vehicle or operator of the vehicle for which this registration is issued, and I understand that such insurance must be renewed so that coverage is continuous.

28 Signature ______, Date _____."

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SECTION 13. 42-3-112 (2) and (3) (a), Colorado Revised Statutes, are amended to read:

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42-3-112. Records of application and registration. (2) The department, upon registering a vehicle, shall issue to the owner a registration card which THAT shall contain upon the face thereof the date issued, the registration number assigned to the owner and to the vehicle, the name and address of the owner, a notice, in type which THAT is larger than the other information contained on the registration card, that motor vehicle insurance coverage is compulsory in Colorado, noncompliance is a misdemeanor traffic offense, that the minimum penalty for such offense is a one-hundred-dollar fine and that the maximum penalty for such offense is one year's imprisonment and a one-thousand-dollar fine, and that such owner shall be required upon receipt of the registration card to sign the affirmation clause on such card which THAT states "I swear or affirm under penalty of perjury that I now have in effect a complying policy of motor vehicle insurance pursuant to the "Colorado Auto Accident Reparations Act", part 7 6 of article 4 of title 10, C.R.S., or a certificate of self-insurance to cover the vehicle for which this registration is issued, and I understand that such insurance must be renewed so that coverage is continuous. Signature .", a description of the , Date_ registered vehicle, including the identification number thereof, and, with reference to every new vehicle sold in this state after January 1, 1932, the date of sale by the manufacturer or dealer to the person first operating such vehicle, and such other statement of facts as may be determined by the department.

	Page 1770 House Journal101st DayApril 18, 2003
1 2 3 4 5 6 7 8 9 0 1 2 3 4	(3) (a) Any notice for renewal of registration shall include a notice, in type which THAT is larger than the other information contained in the notice, which specifies that motor vehicle insurance coverage is compulsory in Colorado, that noncompliance is a misdemeanor traffic offense, that the minimum penalty for such offense is a one-hundred-dollar fine and that the maximum penalty for such offense is one year's imprisonment and a one-thousand-dollar fine, and that such owner shall be required as a condition of obtaining a renewed registration card and upon receipt of the registration card to sign the affirmation clause on such card which THAT states "I swear or affirm under penalty of perjury that I now have in effect a complying policy of motor vehicle insurance pursuant to the "Colorado Auto Accident Reparations Act", part 7 6 of article 4 of title 10, C.R.S., or a certificate of self-insurance to cover the vehicle for which this registration is issued, and I understand
5	that such insurance must be renewed so that coverage is continuous.
6	Signature, Date"
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8	SECTION 14. 42-7-202 (5), Colorado Revised Statutes, is
9	amended to read:
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1	42-7-202. Report of accident required. (5) Nothing in this
22	section shall be deemed to affect the underwriting of insurance policies
3	issued under the "Colorado Auto Accident Reparations Act", part 7 6 of

article 4 of title 10, C.R.S.

SECTION 15. 42-7-605 (1) (a), Colorado Revised Statutes, is amended to read:

42-7-605. Notice of lack of financial responsibility. (1) If the comparison made pursuant to section 42-7-604 (6) (b) shows that a motor vehicle that has not been exempted under section 42-3-134 (1) (b) has not been insured for three consecutive months, the department of revenue shall direct the designated agent to notify the owner of the motor vehicle that said owner has forty-five days to provide the designated agent with one of the following, or said owner's registration will be subject to immediate administrative suspension after the expiration of said forty-five day period:

(a) Proof of complying coverage in accordance with section 10-4-705 10-4-616, C.R.S., or of self-insurance in accordance with section 10-4-716 10-4-621, C.R.S.; or".

Renumber succeeding sections accordingly.

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

HB03-1210 by Representative(s) Madden; also Senator(s) Hillman--Concerning a list of delinquent state taxpayers that is made available on the internet.

Amendment No. 1, Information & Technology Report, dated February 12, 2003, and placed in member's bill file; Report also printed in House Journal, February 13, page 655.

Amendment No. 2, Appropriations Report, dated April 4, 2003, and 23 placed in member's bill file; Report also printed in House Journal, April 4, pages 1477-1478. 5 As amended, ordered engrossed and placed on the Calendar for Third 6 Reading and Final Passage. 7 8 HB03-1213 by Representative(s) Johnson R., Stengel; also Senator(s) 9 Dyer--Concerning the removal of commercial purpose 10 from the crime of sexual exploitation of a child. 11 12 Amendment No. 1, Appropriations Report, dated April 4, 2003, and placed in member's bill file; Report also printed in House Journal, 13 April 4, pages 1478-1480. 14 15 16 <u>Amendment No. 2</u>, by Representative Johnson. 17 Amend the Appropriations Committee Report, dated April 4, 2003, page 18 19 1, strike lines 2 through 7. 20 21 Renumber succeeding sections accordingly. Page 3, line 16, strike "H.B. 03-1212," and substitute "H.B. 03-1213,"; 23 24 25 line 22, strike "H.B. 03-1212," and substitute "H.B. 03-1213,"; 26 27 line 23, strike "ASSEMBLY;"." and substitute "ASSEMBLY."; 28 29 after line 23, insert the following: 30 31 "**SECTION 4.** Appropriation. For implementation of this act, 32 appropriations made in the annual general appropriations act for the fiscal year beginning July 1, 2003, shall be adjusted as follows: The general 34 fund appropriation to the department of corrections, institutions, utilities subprogram, utilities, is decreased by sixty-nine thousand four hundred 35 36 sixty-seven dollars (\$69,467)."."; 38 line 26, strike "THEREFORE." and substitute "THEREFOR.". 39 40 As amended, ordered engrossed and placed on the Calendar for Third 41 Reading and Final Passage. 42 43 HB03-1317 by Representative(s) Fritz, Clapp, Fairbank, Jahn, Rhodes, 44 Rippy, Smith, Witwer; also Senator(s) Dyer--Concerning limitations on the provision of materials used to illegally 45 46 manufacture a controlled substance, and making an 47 appropriation in connection therewith. 48 49 Amendment No. 1, Appropriations Report, dated April 3, 2003, and placed in member's bill file; Report also printed in House Journal, 50 51 April 3, page 1442.

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Amendment No. 2, by Representatives Fritz, Hoppe, Young, Brophy.

Amend printed bill, page 3, before line 3, insert the following:

1 2 3 4 5	"(d) It is the intent of the general assembly that nothing in this act be construed to require a person who sells, distributes, or uses chemicals, supplies, or equipment that is regulated by federal or state law to violate any applicable federal or state regulation, standard, or requirement.".
5 6 7	Amendment No. 3, by Representatives Fritz, Hoppe, Young, Brophy.
8 9	Amend printed bill, page 3, after line 23, insert the following:
0	"SECTION 4. 35-13-105, Colorado Revised Statutes, is amended
1 2	to read:
3	35-13-105. Restriction of use of containers. (1) No person,
4	firm, or corporation, other than the owner and those authorized by the owner to do so, shall sell, fill, refill, deliver, or permit to be delivered, or
16	use in any manner any anhydrous ammonia container or receptacle for any other purpose whatsoever.
8	(O) No 2 011 2 11 11 11 11 11 11 11 11 11 11 11 11
9	(2) NO PERSON SHALL SELL, PURCHASE, ATTEMPT TO PURCHASE,
20 21	FILL, REFILL, DELIVER, OR PERMIT TO BE DELIVERED ANY ANHYDROUS AMMONIA CONTAINER OR RECEPTACLE THAT HAS NOT BEEN INSPECTED IN
	COMPLIANCE WITH THE PROVISIONS OF THIS ARTICLE AND THAT IS LESS
23	THAN FIVE HUNDRED GALLONS.".
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22 23 24 25 26 27	Renumber succeeding sections accordingly.
27	Page 1, line 102, strike "SUBSTANCE, AND" and substitute "SUBSTANCE.";
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29	strike line 103.
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31 32	As amended, ordered engrossed and placed on the Calendar for Third Reading and Final Passage.
33	IIDO2 1245 les Demoscratico (s) Wiells also Constants Talia
34 35 36	by Representative(s) Vigil; also Senator(s) Takis-Concerning the concurrent legislative jurisdiction over the real property constituting the Rocky Mountain arsenal.
37	real property constituting the Rocky Mountain argenti.
38 39	Amendment No. 1, State, Veterans, & Military Affairs Report, dated April 15, 2003, and placed in member's bill file; Report also printed in
10 11	House Journal, April 15, pages 1663-1664.
12	As amended, ordered engrossed and placed on the Calendar for Third
13	Reading and Final Passage.
14 15	HCR03-1003 by Representative(s) Fairbank, Harvey, Schultheis,
16	Williams T., Lee, Brophy, Cadman, Clapp, Cloer, Crane,
17	Fritz, King, Mitchell, Rhodes, Spence, Stafford-
18	Submitting to the registered electors of the state of
19	Colorado an amendment to article IX of the constitution of
50	the state of Colorado, concerning the repeal of section 7
51	regarding the prohibition against the use of public assets
52	for sectarian educational purposes.

Laid over until May 8. The resolution was deemed lost.

1 2 3 4	<u>HB03-1339</u>	by Representative(s) Harvey; also Senator(s) McElhany-Concerning the funding of real estate commission programs relating to the conduct of real estate licensees.							
5 6	(Previously amended as printed in House Journal, April 3, page 1444.)								
7 8 9 10		Amendment No. 2, Finance Report, dated April 9, 2003, and placed in member's bill file; Report also printed in House Journal, April 9, page 1535.							
11 12 13		ordered engrossed and placed on the Calendar for Third Final Passage.							
14 15 16 17	<u>HB03-1323</u>	by Representative(s) MitchellConcerning the coordination of the permitting by all levels of government of natural resource development projects.							
18 19 20	dated April 3,	No. 1, Agriculture, Livestock, & Natural Resources Report, 2003, and placed in member's bill file; Report also printed rnal, April 4, pages 1465-1466.							
21 22 23		ordered engrossed and placed on the Calendar for Third Final Passage.							
24 25 26 27 28	HB03-1316	by Representative(s) Spradley; also Senator(s) Arnold-Concerning modifications to the compensation process for state employees.							
28 29 30 31 32	placed in me	No. 1, Appropriations Report, dated April 11, 2003, and ember's bill file; Report also printed in House Journal, es 1591-1595.							
33 34 35		ordered engrossed and placed on the Calendar for Third Final Passage.							
36 37 38 39	Calendar (HB	Representative King, the remainder of the Special Orders 303-1178 , 1105 , SB03-051 , HB03-1342) was laid over until ining place on Calendar.							
40 41 42 43	ADOPTIO	ON OF COMMITTEE OF THE WHOLE REPORT							
43 44 45 46 47	1210 amend	nd Reading: HB03-1123 amended, 1188 amended, led, 1213 amended, 1317 amended, 1345 amended, d, 1323 amended, 1316 amended.							
48 49 50	HB03-1178,	il date indicated retaining place on Calendar: 1105, SB03-051, HB03-1342 April 21, 2003. 3 May 8, 2003.							
51 52 53 54 55 56	Report. As s	n moved the adoption of the Committee of the Whole hown by the following roll call vote, a majority of those e House voted in the affirmative, and the Report was							

1	YES	60	NO	00	EXCUSED	05	ABSENT	00
2	Berry	Y	Fritz	Y	May	Y	Sinclair	Y
3	Borodkin	Y	Garcia	Y	McCluskey	Y	Smith	Y
4	Boyd	Y	Hall	Y	McFadyen	Y	Spence	Y
5	Briggs	Y	Harvey	Y	Merrifield	Y	Stafford	Y
6	Brophy	Y	Hefley	E	Miller	Y	Stengel	Y
7	Butcher	E	Hodge	Y	Mitchell	Y	Tochtrop	Y
8	Cadman	Y	Hoppe	Y	Paccione	Y	Veiga	E
9	Carroll	Y	Jahn	Y	Plant	Y	Vigil	Y
10	Cerbo	Y	Johnson	Y	Pommer	Y	Weddig	Y
11	Clapp	Y	Judd	Y	Ragsdale	Y	Weissmann	Y
12	Cloer	Y	King	Y	Rhodes	Y	White	Y
13	Coleman	Y	Larson	E	Rippy	Y	Wiens	Y
14	Crane	Y	Lee	E	Romanoff	Y	Williams S.	Y
15	Decker	Y	Lundberg	Y	Rose	Y	Williams T.	Y
16	Fairbank	Y	Madden	Y	Salazar	Y	Witwer	Y
17	Frangas	Y	Marshall	Y	Schultheis	Y	Young	Y
18							Speaker	Y

APPOINTMENTS TO CONFERENCE COMMITTEES

The Speaker appointed Representatives Stengel, Chairman, Frangas and Sinclair as House conferees to the First Conference Committee on **HB03-1147**.

Pursuant to a request from the Senate, the Speaker appointed House conferees to the First Conference Committees as follows:

SB03-126--Representatives McCluskey, Chairman, Smith, Miller SB03-248--Representatives King, Chairman, Spence, Jahn

House in recess. House reconvened.

REPORTS OF COMMITTEES OF REFERENCE

BUSINESS AFFAIRS & LABOR

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

HB03-1347 be amended as follows, and as so amended, be referred to the Committee on Appropriations with favorable recommendation:

Amend printed bill, page 2, after line 17, insert the following:

"SECTION 2. Appropriation. In addition to any other appropriation, there is hereby appropriated, out of any moneys in the employment support fund created in section 8-77-109, Colorado Revised Statutes, not otherwise appropriated, to the department of labor and employment, for allocation to the division of labor, for the fiscal year beginning July 1, 2003, the sum of eight hundred fifteen thousand two

hundred thirty-three dollars (\$815,233) and 13.5 FTE, or so much thereof 2 as may be necessary, for the implementation of this act.". 3 4 Renumber succeeding section accordingly. 5 6 Page 1, line 102, strike "EMPLOYMENT." and substitute "EMPLOYMENT, 7 AND MAKING AN APPROPRIATION IN CONNECTION THEREWITH.". 8 9 10 HB03-1348 11 be referred to the Committee of the Whole with favorable 12 recommendation. 13 14 **HB03-1349** be referred to the Committee of the Whole with favorable 15 16 recommendation. 17 18 19 **SB03-078** be amended as follows, and as so amended, be referred to 20 the Committee on Appropriations with favorable 21 recommendation: 22 23 Amend reengrossed bill, strike everything below the enacting clause and 24 substitute the following: 25 26 "SECTION 1. 10-4-702, Colorado Revised Statutes, is amended 27 to read: 28 29 **10-4-702.** Legislative declaration. (1) The general assembly 30 declares that its purpose in enacting this part 7 is to avoid inadequate 31 compensation to victims of automobile accidents; to require registrants 32 of motor vehicles in this state to procure insurance covering legal liability arising out of ownership or use of such vehicles and also providing 34 benefits to persons occupying such vehicles and to persons injured in 35 accidents involving such vehicles REQUIRE REASONABLE AND AFFORDABLE MOTOR VEHICLE INSURANCE IN THIS STATE, WHILE BALANCING PREMIUM COSTS AGAINST THE BENEFITS PROVIDED. 37 38 39 (2) THE GENERAL ASSEMBLY FURTHER DECLARES THAT, AS A 40 RESULT OF INCREASING COST AND RESULTING LACK OF AFFORDABILITY, 41 SIGNIFICANT REFORMS OF COLORADO MOTOR VEHICLE INSURANCE ARE 42 NECESSARY. IT IS THE INTENT OF THE GENERAL ASSEMBLY TO RETAIN 43 COMPULSORY MOTOR VEHICLE INSURANCE WHERE BENEFITS ARE OBTAINED WITHOUT REGARD TO THE FAULT OF THE DRIVER (NO-FAULT) IN 45 COLORADO, WHILE MAKING IT MORE AFFORDABLE. THE GENERAL ASSEMBLY FINDS THAT NO-FAULT INSURANCE WILL BE MORE AFFORDABLE 47 IF AVAILABLE SERVICES ARE BASED ON A STANDARD OF MEDICAL 48 NECESSITY FOR CARE AND TREATMENT. THE PURPOSE OF IMPLEMENTING 49 A MEDICAL NECESSITY STANDARD IS TO ASSURE APPROPRIATE TREATMENT 50

64 CONTROLLING THE ESCALATING PREMIUMS RELATED TO MEDICAL AND 65 REHABILITATION BENEFITS. CONSUMERS ARE OFFERED ADDITIONAL 66 COST-CONTAINMENT OPTIONS ALLOWING THE CONSUMER TO CONTROL

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IS PROVIDED WHILE AFFORDING AUTO ACCIDENT VICTIMS ACCESS TO SERVICES NEEDED TO ACHIEVE APPROPRIATE MEDICAL IMPROVEMENT.

FURTHER, AN INSURED MAY ELECT A COST-CONTAINMENT OPTION

THROUGH A MANAGED CARE ARRANGEMENT, WHICH WOULD ASSISTING IN

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55 56 COSTS TO THE GREATEST EXTENT PRACTICAL FOR EACH INDIVIDUAL. UNNECESSARY LITIGATION WILL ALSO BE REDUCED BY THE ENACTMENT OF THESE REFORMS, WHICH STRENGTHENS THE ORIGINAL INTENT OF NO-FAULT INSURANCE LAW.

SECTION 2. 10-4-703 (1), (2.5), and (6), Colorado Revised Statutes, are amended, and the said 10-4-703 is further amended BY THE ADDITION OF THE FOLLOWING NEW SUBSECTIONS, to read:

- **10-4-703. Definitions.** As used in this part 7, unless the context otherwise requires:
- (1) "Commissioner" means the commissioner of insurance "ACCIDENT" MEANS, IN CONNECTION WITH THE USE OF A MOTOR VEHICLE, AN EVENT THAT RESULTS FROM THE OPERATION OR USE OF A MOTOR VEHICLE AS TRANSPORTATION, THAT CAUSES BODILY INJURY OR PROPERTY DAMAGE, AND THAT IS UNFORESEEN, UNPLANNED, OR UNINTENDED FROM THE POINT OF VIEW OF THE PERSON WHO SUSTAINS SUCH INJURY OR PROPERTY DAMAGE.
- (1.3) (a) "BODILY INJURY" MEANS BODILY AND PHYSICAL INJURY, INCLUDING OBJECTIVELY VERIFIABLE TRAUMATIC BRAIN INJURY, TO AN ELIGIBLE INJURED PERSON AND SICKNESS, DISEASE, OR DEATH THAT RESULTS FROM THE BODILY INJURY.
- (b) "BODILY INJURY" SHALL BE PRESUMED TO INCLUDE MENTAL OR EMOTIONAL CONDITIONS ONLY IF SUCH CONDITIONS RESULT FROM IMMEDIATELY LIFE- OR LIMB-THREATENING INJURIES TO THE INSURED OR OTHERS IN THE MOTOR VEHICLE ACCIDENT, OR DEATH OF ANOTHER PERSON IN OR AS A RESULT OF THE MOTOR VEHICLE ACCIDENT.
 - (1.5) "COMMISSIONER" MEANS THE COMMISSIONER OF INSURANCE.
- (2.5) "Converter" means a person other than a named insured, RESIDENT SPOUSE, or resident relative who operates or uses a motor vehicle in a manner that a reasonable person would determine was unauthorized or beyond the scope of permission given by a named insured or resident relative. In determining whether a person is a converter, the following factors should be considered: WITHOUT THE EXPRESS PERMISSION OF THE NAMED INSURED OR RESIDENT SPOUSE OR, IF EXPRESS PERMISSION WAS GRANTED AND IF SUCH PERMISSION INCLUDED LIMITATIONS OF USE OR PERMISSION FOR ONLY ONE OR MORE SPECIFIC PURPOSES, BEYOND THE SCOPE OF SUCH EXPRESS PERMISSION.
 - (a) The duration of the person's control over the vehicle;
- (b) The circumstances surrounding the conduct of the person operating or using the motor vehicle;
 - (c) The person's good faith.
- (5.5) "ELIGIBLE INJURED PERSON" MEANS A PERSON WITHIN ANY OF THE CATEGORIES OF PERSONS DESCRIBED IN SECTION 10-4-707 (1) AND ANY ELIGIBLE PEDESTRIAN.
 - (5.7) "EXPEDITED REVIEW" MEANS EITHER AN INTERNAL REVIEW,

1 PURSUANT TO SECTION 10-4-725.2, OR EXTERNAL REVIEW, PURSUANT TO 2 SECTION 10-4-725.3, OF AN ADVERSE DETERMINATION IN A SITUATION IN 3 WHICH ADHERENCE TO THE TIME PERIODS SPECIFIED FOR THE STANDARD INTERNAL OR EXTERNAL REVIEW PROCEDURES WOULD SERIOUSLY 5 JEOPARDIZE THE LIFE OR HEALTH OF THE INSURED OR WOULD JEOPARDIZE 6 THE INSURED'S ABILITY TO ATTAIN MAXIMUM MEDICAL IMPROVEMENT.

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(6) "Insured" means the named insured, RESIDENT SPOUSE, relatives of the named insured who reside in the same household as the named insured, or any person using the described motor vehicle with the permission of the named insured. "INSURED" ALSO MEANS AN ENROLLEE IN A MANAGED CARE PLAN ISSUED PURSUANT TO SECTION 10-4-706.6 AND DOES NOT MEAN A SELF-INSURED PURSUANT TO SECTION 10-4-716.

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(6.5) "INSURER" SHALL HAVE THE SAME MEANING AS IN SECTION 10-1-102(8), INCLUDING, BUT NOT LIMITED TO, A MANAGED CARE PLAN AS DEFINED IN SECTION 10-16-102 (26.5) AND DOES NOT MEAN A SELF-INSURED ENTITY PURSUANT TO SECTION 10-4-716.

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(6.7) (a) "MAXIMUM MEDICAL IMPROVEMENT" MEANS A POINT IN TIME WHEN ANY MEDICALLY DETERMINABLE PHYSICAL OR MENTAL IMPAIRMENT AS A RESULT OF INJURY HAS BECOME STABLE AND WHEN NO FURTHER TREATMENT IS REASONABLY EXPECTED TO IMPROVE THE CONDITION. THE POSSIBILITY OF IMPROVEMENT OR DETERIORATION RESULTING FROM THE PASSAGE OF TIME ALONE SHALL NOT AFFECT A FINDING OF MAXIMUM MEDICAL IMPROVEMENT.

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(b) "MAXIMUM MEDICAL IMPROVEMENT" SHALL NOT REQUIRE FUTURE MEDICAL MAINTENANCE IF SUCH MAINTENANCE WILL NOT:

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(I) SIGNIFICANTLY IMPROVE THE CONDITION;

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(II) AFFECT THE POSSIBILITY OF IMPROVEMENT RESULTING FROM THE PASSAGE OF TIME; OR

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(III) AFFECT THE POSSIBILITY OF DETERIOR ATION RESULTING FROM THE PASSAGE OF TIME.

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(7.5) "MOTOR VEHICLE ACCIDENT" SHALL HAVE THE SAME MEANING AS "ACCIDENT" IN SUBSECTION (1) OF THIS SECTION.

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(13) "Use of a motor vehicle as transportation" means CONVENTIONAL ACTIVITIES ASSOCIATED WITH THE USE OF A MOTOR VEHICLE, ROADSIDE MOTOR VEHICLE REPAIRS, OR DRIVING THE MOTOR VEHICLE. "USE OF A MOTOR VEHICLE AS TRANSPORTATION" DOES NOT INCLUDE USE OF A MOTOR VEHICLE IN CONJUNCTION WITH UNLAWFUL OR CRIMINAL CONDUCT OTHER THAN THE VIOLATIONS OF THE REGULATION OF VEHICLES AND TRAFFIC PURSUANT TO ARTICLE 4 OF TITLE 42, C.R.S.

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SECTION 3. 10-4-705 (2), Colorado Revised Statutes, is amended to read:

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10-4-705. Coverage compulsory. (2) On and after January 1, 2004, any owner of a motor vehicle who operates the motor vehicle on the public highways of this state or who knowingly permits the operation of the motor vehicle on the public highways of this state who fails to have

8 obligations of any insurer under this part 7.

SECTION 4. 10-4-706, Colorado Revised Statutes, is REPEALED AND REENACTED, WITH AMENDMENTS, to read:

10-4-706. Required coverages. (1) On and after January 1, 2004, subject to the limitations and exclusions authorized by this part 7, the coverages required for compliance with this part 7 are as follows:

in full force and effect a complying policy covering said motor vehicle at

the time of any accident, on account of which benefits under section

10-4-706 (1) (b) to (1) (e) or alternatively, as applicable, section 10-4-706 (2) or (3) OR 10-4-706.1 would be payable, shall be personally liable for

the payment of such benefits to the person for whom such payment would

have been required, if such coverage had been in effect under the terms

of section 10-4-707. Such an owner shall have all of the rights and

(a) **Legal liability.** Legal liability coverage for bodily injury or death arising out of the use of the motor vehicle as transportation to a limit, exclusive of interest and costs, of twenty-five thousand dollars to any one person in any one accident and fifty thousand dollars to all persons in any one accident and for property damage arising out of the use of the motor vehicle as transportation to a limit, exclusive of interest and costs, of fifteen thousand dollars in any one accident;

(b) **Medical care and treatment.** Compensation without regard to fault for payment of all reasonable charges for medically necessary care and treatment performed within three years after the motor vehicle accident for bodily injury arising out of the accident within the policy amount elected by the applicant or policyholder;

(c) **Rehabilitation.** (I) Compensation without regard to fault for payment of the cost of all reasonable charges for medically necessary rehabilitation procedures or treatment and rehabilitative occupational therapy necessary within five years after the motor vehicle accident within the policy amount elected by the applicant or policyholder.

(II) EXCEPT AS PROVIDED IN A MANAGED CARE ARRANGEMENT PURSUANT TO SECTION 10-4-706.6, REHABILITATIVE PROCEDURES, TREATMENT, OR COURSE OF REHABILITATION SHALL MEET THE FOLLOWING STANDARDS:

(A) ANY REHABILITATIVE PROCEDURE OR TREATMENT SHALL BE REASONABLY DESIGNED TO CONTRIBUTE SUBSTANTIALLY TO REHABILITATION, AND THE COST OF ANY PROCEDURE OR TREATMENT SHALL BE REASONABLE IN RELATION TO ITS PROBABLE REHABILITATIVE EFFECTS.

(B) REHABILITATIVE TREATMENT AND PROCEDURES SHALL BE REASONABLY DESIGNED TO LEAD AN INJURED PERSON TO THE ATTAINMENT OF THE PERSON'S MAXIMUM MEDICAL IMPROVEMENT UNDER THE CIRCUMSTANCES RESULTING FROM THE INJURIES SUSTAINED IN THE MOTOR VEHICLE ACCIDENT. THE PURPOSE OF REHABILITATION SHALL BE THE

PHYSICAL RESTORATION OF AN INJURED PERSON TO ACTIVITIES OF DAILY LIVING THROUGH THERAPY, AS DISTINGUISHED FROM MEDICAL TREATMENT, WHICH IS TREATMENT FOR THE PHYSICAL INJURY ITSELF.

(d) The amount of coverage in paragraph (c) of this subsection (1) shall be available, upon the direction of the insured, for treatment performed within three years after the motor vehicle accident pursuant to paragraph (b) of this subsection (1). The coverage in paragraph (b) of this subsection (1) shall not be available for treatment pursuant to paragraph (c) of this subsection (1).

(2) Maximum medical improvement. When a personentitled to benefits pursuant to this section reaches maximum medical improvement as determined by the person's health care provider or a physician designated by the health care provider, the coverage available pursuant to subsection (1) of this section shall only cover benefits to provide such treatment as is medically necessary to prevent the deterioration of the person's condition, subject to the limits prescribed in this section. The treatment necessary to obtain maximum medical improvement shall be set forth in writing by the primary health care provider and shall be subject to internal and external review procedures pursuant to sections 10-4-725.2 and 10-4-725.3.

(3) Underwriting adjustments. The commissioner may adopt a rule that addresses an underwriting adjustment for applicants and policyholders who live in areas of the state where access to health care providers is inadequate so as to preclude the applicant's or policyholder's ability to choose a managed care cost-containment option pursuant to section 10-4-706.6. The rule shall contemplate that insurers may apply other reasonable filed criteria to set rates for individual insureds.

(4) **Medical necessity.** "MEDICAL NECESSITY" OR "MEDICALLY NECESSARY", IN REFERENCE TO THE PAYMENT OF EXPENSES OF MEDICAL CARE, TREATMENT, OR SERVICES:

(a) MEANS AND INCLUDES THE PROVISION OF CARE AND TREATMENT BY A LICENSED, CERTIFIED, OR REGISTERED HEALTH CARE PROVIDER PURSUANT TO THE HEALTH CARE PROVIDER'S PROFESSIONAL STANDARDS, GUIDELINES, OR PROTOCOLS AND SUBJECT TO INTERNAL AND EXTERNAL REVIEW PROCEDURES PURSUANT TO SECTIONS 10-4-725.2 AND 10-4-725.3; AND

(b) Does not include expenses that are for:

(I) EXPERIMENTAL OR INVESTIGATIONAL TREATMENTS OR SERVICES THAT ARE NOT COMMONLY AND CUSTOMARILY RECOGNIZED THROUGH THE MEDICAL PROFESSION AND WITHIN THE UNITED STATES AS APPROPRIATE FOR THE TREATMENT OF BODILY INJURY;

(II) RESEARCH TREATMENT THAT IS PROVIDED AS PART OF A CLINICAL RESEARCH PROTOCOL OR CLINICAL TRIAL THAT IS INTENDED TO EVALUATE THE SAFETY, TOXICITY, OR EFFICACY OF A DRUG OR TREATMENT;

TREATMENTS OR SERVICES THAT ARE NOT PRIMARILY

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PALLIATIVE IN NATURE, NOR COMMONLY AND CUSTOMARILY RECOGNIZED THROUGH THE HEALTH CARE PROFESSION AND WITHIN THE UNITED STATES

DESIGNED TO SERVE A MEDICAL PURPOSE, THAT ARE NOT PRIMARILY

AS APPROPRIATE FOR THE TREATMENT OF BODILY INJURY;

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(IV) THERMOGRAPHY OR OTHER RELATED PROCEDURES; OR

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(V) THE PURCHASE OR RENTAL OF ITEMS THAT ARE NOT PRIMARILY DESIGNED AS DURABLE MEDICAL EQUIPMENT TO SERVE A SPECIFIC MEDICAL PURPOSE.

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SECTION 5. Part 7 of article 4 of title 10. Colorado Revised Statutes, is amended BY THE ADDITION OF THE FOLLOWING NEW SECTIONS to read:

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10-4-706.1. Income-based personal injury protection policy qualifications. (1) ON AND AFTER JANUARY 1, 2004, NOTWITHSTANDING ANY PROVISION OF THIS SECTION TO THE CONTRARY, AN INSURER SHALL OFFER TO PERSONS QUALIFIED PURSUANT TO SUBSECTION (3) OF THIS SECTION AN INCOME-BASED PERSONAL INJURY PROTECTION POLICY FOR COMPLIANCE WITH THIS PART 7. INCOME-BASED PERSONAL INJURY PROTECTION COVERAGE MAY BE OFFERED THROUGH A MANAGED CARE ARRANGEMENT PURSUANT TO SECTION 10-4-706.6. ACCEPTANCE OF A POLICY OFFERED PURSUANT TO THIS SECTION SHALL BE VOLUNTARY AND SHALL BE SUBJECT TO ALL REQUIREMENTS OF THIS SECTION.

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(2) A PERSON QUALIFIED PURSUANT TO SUBSECTION (3) OF THIS SECTION MAY PURCHASE COVERAGE FOR COMPENSATION WITHOUT REGARD TO FAULT, UP TO A LIMIT OF TWENTY-FIVE THOUSAND DOLLARS PER PERSON FOR ANY ONE MOTOR VEHICLE ACCIDENT, FOR PAYMENT OF ALL MEDICALLY NECESSARY CARE AND TREATMENT PERFORMED WITHIN THREE YEARS AFTER A MOTOR VEHICLE ACCIDENT FOR BODILY INJURY ARISING OUT OF THE MOTOR VEHICLE ACCIDENT.

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(3) (a) TO QUALIFY FOR AN INCOME-BASED PERSONAL INJURY PROTECTION POLICY, THE COMBINED ANNUAL GROSS INCOME OF A PERSON APPLYING FOR SUCH A POLICY AND SUCH PERSON'S RESIDENT SPOUSE, IF ANY, SHALL NOT EXCEED ONE HUNDRED EIGHTY-FIVE PERCENT OF THE FEDERAL POVERTY LEVEL FOR A FAMILY OF FOUR, ADJUSTED UPWARD FOR FAMILY SIZE.

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(b) ON OR BEFORE JANUARY 1 OF EACH YEAR, THE COMMISSIONER SHALL PRESCRIBE INCOME PROTOCOLS FOR DETERMINING ELIGIBILITY FOR AN INCOME-BASED PERSONAL INJURY PROTECTION POLICY BASED UPON THE APPLICABLE FAMILY SIZE INCOME LEVELS CONTAINED IN THE NONFARM INCOME POVERTY PROTOCOLS PRESCRIBED BY THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES.

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(c) INCOME VERIFICATION FOR AN INCOME-BASED PERSONAL INJURY PROTECTION POLICY SHALL BE THROUGH WRITTEN EVIDENCE FROM THE PERSON SEEKING TO QUALIFY FOR A POLICY ISSUED PURSUANT TO THIS SECTION OF THE ANNUAL GROSS INCOME OF SUCH PERSON AND SUCH PERSON'S RESIDENT SPOUSE FOR THE MOST RECENT TAX YEAR AVAILABLE. SUCH EVIDENCE SHALL BE CONTAINED IN A DOCUMENT ACCEPTABLE TO THE INSURER. FOR PERSONS QUALIFIED PURSUANT TO THIS SUBSECTION

(3), EVERY THIRD YEAR FOLLOWING THE DATE UPON WHICH THE POLICY IS ISSUED, THE INSURER SHALL INFORM THE INSURED OF THE INCOME REQUIREMENT ASSOCIATED WITH SUCH POLICY AND MAY REQUEST THE INSURED TO EITHER PROVIDE INCOME VERIFICATION TO THE INSURER OR OPT OUT OF THE INCOME-BASED PERSONAL INJURY PROTECTION COVERAGE IF THE INSURED NO LONGER QUALIFIES.

(4) (a) The income-based personal injury protection policy shall apply only to the named insured, resident spouse, and resident children. For purposes of this section, a child is a resident if such child qualifies as a dependent of the named insured under the federal "Internal Revenue Code of 1986", 26 U.S.C. sec. 151 (c).

(b) Any person injured in an accident, other than those persons whose coverage is specifically limited to income-based personal injury protection pursuant to paragraph (a) of this subsection (4), shall, if expenses incurred by such injured person exceed the limits of such income-based personal injury protection policy, receive coverage for such expenses of not less than the full coverage direct access coverage policy pursuant to section 10-4-706.6(1) (a).

(5) A PERSON WHO QUALIFIES FOR AND OPTS FOR AN INCOME-BASED PERSONAL INJURY PROTECTION POLICY PURSUANT TO THIS SECTION SHALL BE DEEMED IN VIOLATION OF THIS PART 7 IF SUCH PERSON DOES NOT OBTAIN A POLICY PROVIDING LEGAL LIABILITY COVERAGE AS SPECIFIED IN SECTION 10-4-706 (1) (a).

10-4-706.2. Care and treatment for persons under thirteen years of age. (1) On and after January 1, 2004, any person who is entitled to coverage under section 10-4-706, 10-4-706.1, 10-4-706.4, or 10-4-706.6 and is less than thirteen years of age when the motor vehicle accident necessitating such benefits occurs shall be subject to the provisions of this section. The provisions of this section apply to bodily injury sustained in a motor vehicle accident on or after January 1, 2004.

(2) WITHIN THREE YEARS AFTER THE DATE OF THE ACCIDENT, A PHYSICIAN MAY RENDER A WRITTEN OPINION, BASED ON A REASONABLE DEGREE OF MEDICAL PROBABILITY AND SUPPORTED BY DETAILED AND DESCRIPTIVE OBJECTIVE EVIDENCE, THAT A MEDICALLY NECESSARY SURGERY OR RECONSTRUCTIVE PROCEDURE CANNOT BE PROVIDED TO THE CLAIMANT WITHIN THREE YEARS AFTER THE DATE OF THE ACCIDENT BECAUSE OF SUCH PERSON'S STATUS OF JUVENILE GROWTH AND LACK OF PHYSICAL MATURITY. IF SUCH OPINION IS RENDERED, BENEFITS SHALL BE PAID IN THE FUTURE WHEN EXPENSES ARE INCURRED FOR SUCH SURGERY OR RECONSTRUCTIVE PROCEDURE, UNLESS A DETERMINATION IS MADE UNDER THIS SECTION BEFORE SUCH SURGERY OR RECONSTRUCTIVE PROCEDURE OCCURS THAT IT IS NO LONGER MEDICALLY NECESSARY OR THAT THE NEED FOR SUCH SURGERY OR RECONSTRUCTIVE PROCEDURE WAS NOT CAUSED BY THE MOTOR VEHICLE ACCIDENT. ANY BENEFITS PAYMENT FOR A MEDICALLY NECESSARY SURGERY OR RECONSTRUCTIVE PROCEDURE THAT AROSE OUT OF A MOTOR VEHICLE ACCIDENT SHALL BE SUBJECT TO THE LIMITS OF COVERAGE IN FORCE AT THE TIME OF SUCH ACCIDENT. SUCH TREATMENT AND EXPENSES SHALL BE COMPENSATED AS IF THEY WERE

PERFORMED WITHIN THREE YEARS AFTER THE ACCIDENT IF THEY ARE ACTUALLY INCURRED BEFORE THE CLAIMANT ATTAINS EIGHTEEN YEARS OF AGE. THIS SECTION APPLIES ONLY TO SURGERY OR RECONSTRUCTIVE PROCEDURES OCCURRING THREE YEARS OR MORE AFTER AMOTOR VEHICLE ACCIDENT, INCLUDING EXPENSES FOR MEDICAL, HOSPITAL, AND NURSING SERVICES AND DIAGNOSTIC PROCEDURES SPECIFICALLY RELATED THERETO.

(3) No later than ninety days before a future surgery or reconstructive procedure is scheduled to occur, the claimant or his or her representative or the provider who intends to perform the surgery or reconstructive procedure shall notify the insurer in writing of the surgery or reconstructive procedure. Such written notice shall include the date of the motor vehicle accident, the claim number, if any was assigned by the insurer, a description of the proposed treatment, the diagnosis or prognosis, the date the treatment is scheduled to begin, and the name, address, telephone number, and specialty of the provider. The insurer may request an external review be conducted pursuant to section 10-4-725.3 to determine if such surgery or reconstructive procedure is medically necessary and arose out of the use and operation of a motor vehicle.

(4) ANY FUTURE SURGERY OR RECONSTRUCTIVE PROCEDURE THAT IS PAID ON BEHALF OF A CLAIMANT UNDER THIS SECTION SHALL BE IN ADDITION TO ANY MEDICAL BENEFITS PAID FOR TREATMENT AND EXPENSES INCURRED WITHIN THREE YEARS AFTER THE ACCIDENT, SUBJECT TO APPLICABLE COVERAGE LIMITS IN FORCE AT THE TIME OF THE ACCIDENT.

(5) The treating provider shall maintain the originals of all medical reports, office notes, tests, X rays, diagnostic studies, and all other records of any kind in such provider's file until the claimant is eighteen years of age. The provider or the provider's successor in interest shall produce upon written request all such documents, or copies thereof, as appropriate, to any subsequent provider treating the claimant, an appropriate health care provider performing an external review pursuant to section 10-4-725.3, or an insurer.

(6) Any coverage provided under this section shall be subject to all provisions of the underlying insurance policy, including any cost-containment option selected pursuant to section 10-4-706.6.

(7) AN INSURER SHALL NOT BE REQUIRED TO MAINTAIN A PERSONAL INJURY PROTECTION CLAIM FILE LONGER THAN IS REQUIRED BY APPLICABLE LAW UNLESS THE CLAIM FILE CONTAINS A WRITTEN OPINION RECEIVED BY THE INSURER WITHIN THREE YEARS AFTER THE DATE OF THE MOTOR VEHICLE ACCIDENT, PURSUANT TO SUBSECTION (2) OF THIS SECTION. ANY INSURER THAT RECEIVES SUCH A WRITTEN OPINION SHALL MAINTAIN SUCH CLAIM FILE UNTIL THE CLAIMANT RECEIVES THE NECESSARY SURGERY OR RECONSTRUCTIVE PROCEDURE OR ATTAINS EIGHTEEN YEARS OF AGE, WHICHEVER OCCURS FIRST.

10-4-706.3. Choosing coverage. (1) PRIOR TO THE FIRST RENEWAL ON AND AFTER JANUARY 1, 2004, OF ANY POLICY OF MOTOR VEHICLE INSURANCE IN EFFECT ON DECEMBER 31, 2003, EACH INSURER

SHALL OFFER A FULL COVERAGE DIRECT ACCESS POLICY AND OPTIONS PURSUANT TO SECTION 10-4-706.6 THAT CUSTOMIZE THE FULL COVERAGE DIRECT ACCESS POLICY. SUCH POLICY OPTIONS SHALL BE OFFERED TO AN APPLICANT AT THE TIME THE INSURANCE APPLICATION IS TAKEN. THE OFFER SHALL BE IN WRITING OR IN THE SAME MEDIUM IN WHICH THE APPLICATION IS TAKEN.

(2) **Applicability of election.** The Policy option elected by the applicant shall bind the named insured, resident spouse, any resident relative, and persons operating the covered motor vehicle with the permission of the named insured or the resident spouse. Full coverage direct access coverage shall apply to any other person entitled to personal injury protection coverage under the policy of insurance.

(3) **Voluntary election.** It is the intent of the general assembly that an applicant's choice of policy option pursuant to this section be voluntary and that no insurer shall require an insured to agree to a particular option as a condition of providing insurance coverage.

(4) **Election of coverage.** (a) After a named insured selects a policy with the desired personal injury protection coverage, including optional coverage pursuant to section 10-4-706.1 or 10-4-706.6, an insurer shall notify such named insured in any renewal or replacement policy of the personal injury protection coverage selected pursuant to this section. After receipt of such notice, the named insured may request a different coverage option; except that such change shall not affect any claim arising out of an accident that occurred prior to the date of such notice.

(b) The policy option pursuant to section 10-4-706.6 chosen by the applicant or policyholder may be changed by the named insured at any time upon prior notice to the insurer; except that such change shall not affect any claim arising out of an accident that occurred prior to the date of such notice.

(5) **Rate filings.** An insurer offering the coverages authorized by this section shall demonstrate, in rate filings submitted to the commissioner, the premium differentials for each option, expressed either as a dollar savings or increase, compared to the premium for personal injury protection coverage, or as a percentage of the premium, and shall further certify to the commissioner, pursuant to section 10-4-725, any disclosure language to be used pursuant to subsection (1) of this section.

(6) **Required disclosure.** THE INSURER SHALL DISCLOSE:

(a) THAT THE APPLICANT OR POLICYHOLDER IS ENTITLED TO CHOOSE ANY OPTION AVAILABLE THROUGH THE INSURER IN SUMMARY FORM AND A DESCRIPTION OF THESE OPTIONS PURSUANT TO THIS SECTION;

(b) THE APPROXIMATE COST TO THE APPLICANT OR POLICYHOLDER FOR EACH OF THE POLICY OPTIONS AVAILABLE THROUGH THE INSURER,

SPECIFICALLY:

EXPRESSED EITHER AS A DOLLAR SAVINGS OR INCREASE, COMPARED TO THE PREMIUM FOR FULL COVERAGE DIRECT ACCESS PERSONAL INJURY PROTECTION COVERAGE, OR AS A PERCENTAGE OF THE PREMIUM OFFERED BY THE INSURER;

(c) That a complying policy includes personal injury protection coverage that is designed to provide coverage for medically necessary care and treatment for medical and rehabilitation services for injuries that result from a motor

VEHICLE ACCIDENT. THE FULL COVERAGE DIRECT ACCESS POLICY

PROVIDES FOR FIFTY THOUSAND DOLLARS FOR MEDICAL EXPENSES AND

FIFTY THOUSAND DOLLARS FOR REHABILITATION. THE AMOUNT OF THE PERSONAL INJURY PROTECTION COVERAGE IS A CHOICE OF THE CONSUMER.

(I) If an applicant or policyholder meets the specific income requirements of section 10-4-706.1, he or she qualifies for an income-based policy and may purchase such policy;

(II) IF AN APPLICANT OR POLICYHOLDER IS AT LEAST SIXTY-FIVE YEARS OF AGE OR IS ABLE TO PROVIDE SPECIFIC EVIDENCE OF RETIREMENT AND ENROLLMENT IN MEDICARE, HE OR SHE IS ELIGIBLE FOR AGE-BASED PERSONAL INJURY PROTECTION PURSUANT TO SECTION 10-4-706.6 AND MAY PURCHASE SUCH POLICY;

(III) IF AN APPLICANT OR POLICYHOLDER IS NOT A QUALIFIED AGED-BASED OR INCOME-BASED APPLICANT, HE OR SHE MAY ELECT OTHER PERSONAL INJURY PROTECTION COVERAGE THAT IS LESS THAN OR GREATER THAN ONE HUNDRED THOUSAND DOLLARS PURSUANT TO SECTION 10-4-706.6. AN APPLICANT OR POLICYHOLDER SHALL PURCHASE LEGAL LIABILITY COVERAGE PURSUANT TO SECTION 10-4-706 (1) (a). ANY POLICY PURCHASED IN CONFORMITY WITH SECTION 10-4-706.6 SHALL BE CONSIDERED A COMPLYING POLICY.

(d) That an applicant or policyholder may choose other cost-containment options pursuant to section 10-4-706.6, specifically:

(I) A MANAGED CARE ARRANGEMENT THAT MAY BE OFFERED THROUGH A HEALTH MAINTENANCE ORGANIZATION OR PREFERRED PROVIDER ORGANIZATION AND AN EXPLANATION OF THE WHAT MANAGED CARE IS AND HOW IT AFFECTS THE APPLICANT OR POLICYHOLDER;

(II) PERSONAL INJURY PROTECTION COVERAGE DEDUCTIBLE AND COINSURANCE AMOUNTS;

(III) LOSS OF GROSS INCOME COVERAGE;

(IV) ESSENTIAL SERVICE COVERAGE;

(V) FUNERAL EXPENSES COVERAGE;

(VI) COLLISION AND COMPREHENSIVE PROPERTY DAMAGE COVERAGE WITH DEDUCTIBLE AND COINSURANCE AMOUNTS AND A DESCRIPTION OF WHAT COVERAGE IS PROVIDED PURSUANT TO SECTIONS 10-4-710 AND 10-4-616; AND

(VII) Underinsured and uninsured motorist coverage PURSUANT TO SECTION 10-4-609 AND THAT LIMITS COVERAGE TO THE 3 VEHICLE FOR WHICH IT IS PURCHASED AND WHAT THIS COVERAGE 4 INCLUDES.

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(e) THAT IF THE APPLICANT OR POLICYHOLDER FAILS TO ELECT AN OPTION, THEN:

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(I) FOR A POLICY OF MOTOR VEHICLE INSURANCE IN FORCE AND EFFECT PRIOR TO JANUARY 1, 2004, AND RENEWED THEREAFTER, THE POLICYHOLDER SHALL BE DEEMED TO HAVE ELECTED A FULL COVERAGE DIRECT ACCESS POLICY IF THE POLICY PROVIDED BASIC COVERAGE ON DECEMBER 31, 2003;

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(II) FOR A POLICY OF MOTOR VEHICLE INSURANCE IN FORCE AND EFFECT PRIOR TO JANUARY 1, 2004, AND RENEWED THEREAFTER, THE POLICYHOLDER SHALL BE DEEMED TO HAVE ELECTED THE MANAGED CARE OPTION IF THE POLICY PROVIDED MANAGED CARE COVERAGE ON DECEMBER 31, 2003; AND

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(III) FOR A NEW POLICY ISSUED AFTER DECEMBER 31, 2003, THE APPLICANT SHALL BE DEEMED TO HAVE ELECTED A FULL COVERAGE DIRECT ACCESS POLICY WITH NO OPTIONAL COST-CONTAINMENT MECHANISMS PURSUANT TO SECTION 10-4-706.6.

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10-4-706.4. Full coverage direct access policy coverage. (1) ON AND AFTER JANUARY 1, 2004, A PERSON COVERED THROUGH A FULL COVERAGE DIRECT ACCESS POLICY MAY RECEIVE MEDICALLY NECESSARY CARE AND TREATMENT FOR INJURIES ARISING OUT OF A MOTOR VEHICLE ACCIDENT. THE MEDICAL NECESSITY OF SUCH CARE AND TREATMENT SHALL BE SUBJECT TO DETERMINATION BY INTERNAL AND EXTERNAL REVIEW PURSUANT TO SECTIONS 10-4-725.2 OR 10-4-725.3. AN INSURER MAY LIMIT COVERAGE TO ONLY LICENSED, REGISTERED, OR CERTIFIED HEALTH CARE PROVIDERS.

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(2) A FULL COVERAGE DIRECT ACCESS POLICY SHALL INCLUDE:

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(a) **Medical.** Compensation without regard to fault up to A LIMIT OF FIFTY THOUSAND DOLLARS FOR PAYMENT OF ALL REASONABLE CHARGES FOR MEDICALLY NECESSARY CARE AND TREATMENT PERFORMED WITHIN THREE YEARS AFTER THE ACCIDENT FOR BODILY INJURY ARISING OUT OF THE MOTOR VEHICLE ACCIDENT. COVERAGE PURSUANT TO THIS SUBSECTION (2) SHALL ONLY BE CONSIDERED A COMPLYING POLICY PURSUANT TO SECTION 10-4-706 WHEN PURCHASED IN CONJUNCTION WITH LEGAL LIABILITY COVERAGE PURSUANT TO SECTION 10-4-706 (1) (a).

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(b) **Rehabilitation.** Compensation without regard to fault UP TO A LIMIT OF FIFTY THOUSAND DOLLARS FOR PAYMENT OF ALL REASONABLE CHARGES FOR MEDICALLY NECESSARY REHABILITATION PROCEDURES OR TREATMENT AND REHABILITATIVE OCCUPATIONAL THERAPY NECESSARY WITHIN FIVE YEARS AFTER SUCH ACCIDENT.

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10-4-706.6. Cost-containment options. (1) (a) Other personal injury protection coverage. AN INSURER SHALL MAKE AVAILABLE, OFFER, AND PROVIDE, AT THE OPTION OF THE APPLICANT OR 56 POLICYHOLDER:

A LIMIT OF FORTY THOUSAND DOLLARS FOR PAYMENT OF ALL REASONABLE 3 CHARGES FOR MEDICALLY NECESSARY CARE AND TREATMENT PERFORMED WITHIN THREE YEARS AFTER THE ACCIDENT FOR BODILY INJURY ARISING 5 OUT OF THE MOTOR VEHICLE ACCIDENT. COVERAGE PURSUANT TO THIS 6 PARAGRAPH (a) SHALL BE CONSIDERED A COMPLYING POLICY PURSUANT 7 TO SECTION 10-4-706 WHEN PURCHASED IN CONJUNCTION WITH LEGAL 8 LIABILITY COVERAGE PURSUANT TO SECTION 10-4-706 (1) (a).

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UP TO A LIMIT OF FORTY THOUSAND DOLLARS FOR PAYMENT OF ALL REASONABLE CHARGES FOR MEDICALLY NECESSARY REHABILITATION

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COVERAGE POLICY. (III)THE PROVISIONS OF THIS PARAGRAPH (b) SHALL BE CONSIDERED A COMPLYING POLICY PURSUANT TO SECTION 10-4-706. A POLICYHOLDER OF AN AGED-BASED PERSONAL INJURY PROTECTION COVERAGE POLICY SHALL PURCHASE LEGAL LIABILITY COVERAGE PURSUANT TO SECTION 10-4-706 (1) (a).

(IV) ANY PERSON INJURED IN AN ACCIDENT, OTHER THAN THOSE PERSONS WHOSE COVERAGE IS SPECIFICALLY LIMITED TO AGE-BASED PERSONAL INJURY PROTECTION PURSUANT TO THIS PARAGRAPH (b), SHALL, IF EXPENSES INCURRED BY SUCH INJURED PERSON EXCEED THE LIMITS OF SUCH AGE-BASED PERSONAL INJURY PROTECTION POLICY, RECEIVE

PROCEDURES OR TREATMENT AND REHABILITATIVE OCCUPATIONAL THERAPY NECESSARY WITHIN FIVE YEARS AFTER SUCH ACCIDENT. (b) Age-based personal injury protection coverage. (I) THE GENERAL ASSEMBLY HEREBY FINDS, DETERMINES, AND DECLARES THAT PERSONS SIXTY-FIVE YEARS OF AGE AND OLDER IN COLORADO WHO HAVE ACCESS TO MEDICAL COVERAGE THROUGH FEDERAL PROGRAMS, SUCH AS

(I) **Medical.** Compensation without regard to fault up to

(II) **Rehabilitation.** Compensation without regard to fault

MEDICARE AND MILITARY HEALTH BENEFIT COVERAGE, ARE ABLE TO MEET THEIR NEEDS FOR PERSONAL INJURY PROTECTION COVERAGE WITHOUT DUPLICATING COVERAGE THROUGH MOTOR VEHICLE INSURANCE PURSUANT TO THIS PART 7. THEREFORE, THE GENERAL ASSEMBLY DETERMINES THAT

SUCH COVERAGE SHOULD BE OFFERED TO THESE ELIGIBLE INDIVIDUALS. (II) AN INSURER OFFERING COVERAGE PURSUANT TO THIS PART 7

SHALL MAKE AVAILABLE, OFFER, AND PROVIDE, AT THE OPTION OF THE APPLICANT OR POLICYHOLDER WHO IS AT LEAST SIXTY-FIVE YEARS OF AGE OR OLDER OR IS ABLE TO PROVIDE PROOF OF RETIREMENT SUITABLE TO THE INSURER AND IS ENROLLED IN MEDICARE, COMPENSATION WITHOUT REGARD TO FAULT, UP TO A LIMIT OF FIVE THOUSAND DOLLARS PER PERSON FOR ANY ONE MOTOR VEHICLE ACCIDENT, FOR PAYMENT OF ALL REASONABLE CHARGES FOR MEDICALLY NECESSARY CARE AND TREATMENT, INCLUDING REHABILITATION PERFORMED WITHIN THREE YEARS AFTER THE ACCIDENT FOR BODILY INJURY ARISING OUT OF THE MOTOR VEHICLE ACCIDENT. THE COVERAGE PURSUANT TO THIS SUBPARAGRAPH (II) SHALL BE CONSIDERED A COMPLYING POLICY AND SHALL MEET THE REQUIREMENTS OF SECTION 10-4-706. NOTWITHSTANDING ANY PROVISION OF THIS PARAGRAPH (b) TO THE CONTRARY, A PERSON WHO MEETS THE REQUIREMENTS OF THIS PARAGRAPH (b) AND WHO IS ENROLLED IN THE STATE'S MEDICAL ASSISTANCE PROGRAM PURSUANT TO ARTICLE 4 OF TITLE 26, C.R.S., SHALL NOT BE ELIGIBLE FOR AN AGE-BASED PERSONAL INJURY PROTECTION

COVERAGE FOR SUCH EXPENSES OF NOT LESS THAN THE FULL COVERAGE DIRECT ACCESS COVERAGE POLICY PURSUANT TO PARAGRAPH (a) OF SUBSECTION (1) OF THIS SECTION.

(2) Managed care. (a) EACH INSURER OFFERING COVERAGE PURSUANT TO THIS PART 7 SHALL MAKE AVAILABLE, OFFER, AND PROVIDE, AT THE OPTION OF THE APPLICANT OR POLICYHOLDER, ONE OR MORE COST-CONTAINMENT OPTIONS TO RECEIVE MEDICAL AND REHABILITATION BENEFITS THROUGH A MANAGED CARE PLAN. A LICENSED PHYSICIAN, DENTIST, OR CHIROPRACTOR SHALL SERVE AS THE PRIMARY TREATING PROVIDER WHEN APPROPRIATE FOR INJURIES RESULTING FROM A MOTOR VEHICLE ACCIDENT. THE MANAGED CARE OPTION SHALL PROVIDE MEDICALLY NECESSARY CARE AND TREATMENT THROUGH A MANAGED CARE ARRANGEMENT SUCH AS A HEALTH MAINTENANCE ORGANIZATION OR A PREFERRED PROVIDER ORGANIZATION. ALL CARE AND TREATMENT SHALL BE PURSUANT TO THE REQUIREMENTS OF THE MANAGED CARE ARRANGEMENT, AND MAY INCLUDE THE IMPLEMENTATION OF PROFESSIONAL STANDARDS, TREATMENT GUIDELINES, OR PROTOCOLS.

(b) If an eligible injured person who received benefits through a managed care arrangement seeks care and treatment outside of the managed care arrangement's network, the insurer may deny coverage for such care and treatment. The provisions of this paragraph (b) shall not apply to emergency care and treatment or a situation in which the managed care arrangement does not have the necessary health care provider in the arrangement's network to care and treat the eligible injured person.

(c) No deductible or coinsurance covered pursuant to this subsection (2) shall be applied with respect to care, treatment, services, products, or accommodation provided to or expenses incurred by an insured during the first twenty-four hours in which emergency treatment has been provided or until the insured person's emergency medical condition is stabilized, whichever is longer, or until the insured person is transferred to a managed care provider in accordance with applicable law.

(3) Loss of gross income. Each insurer offering coverage under this part 7 shall make available, offer, and shall provide, at the option of the applicant or policyholder, coverage for payment equivalent to one hundred percent of the first one hundred twenty-five dollars of loss of gross income per week, seventy percent of the next one hundred twenty-five dollars of loss of gross income per week, and sixty percent of any loss of gross income per week in excess thereof, with the total coverage under this subsection (3) not exceeding four hundred dollars per week, from work the injured person would have performed had he or she not been injured during a period commencing the day after the date of the accident and not exceeding fifty-two additional weeks.

(4) **Essential services.** (a) EACH INSURER OFFERING COVERAGE PURSUANT TO THIS PART 7 SHALL MAKE AVAILABLE, OFFER, AND SHALL PROVIDE, ATTHE OPTION OF THE APPLICANT OR POLICYHOLDER, COVERAGE FOR PAYMENT OF EXPENSES NOT EXCEEDING TWENTY-FIVE DOLLARS PER

DAY THAT ARE REASONABLY INCURRED FOR ESSENTIAL SERVICES IN LIEU OF THOSE ACTIVITIES THE INJURED PERSON WOULD HAVE OTHERWISE PERFORMED WITHOUT ASSISTANCE DURING THE PERIOD COMMENCING THE DAY AFTER THE DATE OF THE MOTOR VEHICLE ACCIDENT AND NOT EXCEEDING FIFTY-TWO ADDITIONAL WEEKS.

(b) COVERAGE FOR ESSENTIAL SERVICES OFFERED PURSUANT TO THIS SUBSECTION (4) SHALL NOT BE PAYABLE TO A RESIDENT RELATIVE OF THE INJURED PERSON OR FOR GRATUITOUSLY PROVIDED ESSENTIAL SERVICES.

(5) THE OPTIONAL COVERAGE SPECIFIED IN THIS SECTION SHALL NOT ACCRUE FOLLOWING THE DEATH OF THE INJURED PERSON.

(6) **Funeral benefits.** Each insurer offering coverage pursuant to this part 7 shall make available, offer, and shall provide, at the option of the applicant or policyholder, coverage for payment of expenses on account of death of a person for whom direct benefits are provided under this section, payable to the estate of the deceased, in the total amount of five thousand dollars.

(7) **Personal injury protection coverage deductibles and coinsurance.** (a) With respect to the coverages for personal injury protection coverage set forth in this section and sections 10-4-706, 10-4-706.1, 10-4-706.2, and 10-4-706.3, an insurer shall make available, offer, and provide, at the option of the named insured, deductibles and coinsurance arrangements in such amounts or percentages as each insurer shall deem appropriate; except that deductible and coinsurance amounts shall be no greater than a total of three thousand dollars. The insurer shall clearly disclose the maximum out-of-pocket expenses that may be incurred by the applicant or policyholder and the total amounts of coverage, including coinsurance or deductible amounts.

(b) ANY DEDUCTIBLES AND COINSURANCE ARRANGEMENTS PROVIDED PURSUANT TO THIS SUBSECTION (7) SHALL ONLY APPLY TO THE NAMED INSURED, RESIDENT SPOUSE, RESIDENT RELATIVE, AND PERSONS OPERATING THE COVERED MOTOR VEHICLE WITH THE PERMISSION OF THE NAMED INSURED OR RESIDENT SPOUSE.

(c) A PERSON WHO IS ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM PURSUANT TO ARTICLE 4 OF TITLE 26, C.R.S., OR THE CHILDREN'S BASIC HEALTH PLAN PURSUANT TO ARTICLE 19 OF TITLE 26, C.R.S., SHALL NOT BE ELIGIBLE TO SELECT DEDUCTIBLES OR COINSURANCE ARRANGEMENTS FOR PERSONAL INJURY PROTECTION.

(d) No deductible or coinsurance covered pursuant to this subsection (2) shall be applied with respect to care, treatment, services, products, or accommodation provided to or expenses incurred by an insured during the first twenty-four hours in which emergency treatment has been provided or until the insured person's emergency medical condition is stabilized, whichever is longer, or until the insured person is transferred to a managed care or other provider in accordance with

APPLICABLE LAW.

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(8) Collision and comprehensive coverage deductibles and coinsurance. (a) With respect to the coverages for collision coverage set forth in Section 10-4-710 (3), an insurer shall make available, offer, and shall provide, at the option of the named insured, deductibles in such amounts or percentages as each insurer shall deem appropriate. The deductibles shall be at least two hundred fifty dollars, five hundred dollars, and one thousand dollars.

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(b) WITH RESPECT TO THE COVERAGES FOR COMPREHENSIVE COVERAGE SET FORTH IN SECTION 10-4-616, AN INSURER SHALL MAKE AVAILABLE, OFFER, AND SHALL PROVIDE, AT THE OPTION OF THE NAMED INSURED, DEDUCTIBLES AND COINSURANCE IN SUCH AMOUNTS OR PERCENTAGES AS EACH INSURER SHALL DEEM APPROPRIATE. THE DEDUCTIBLES SHALL BE AT LEAST TWO HUNDRED FIFTY DOLLARS, FIVE HUNDRED DOLLARS, AND ONE THOUSAND DOLLARS.

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(9) Underinsured and uninsured motorist coverage. An insurer offering coverage pursuant to parts 6 and 7 of this article shall make available, offer, and shall provide, at the option of the applicant or policyholder, a provision that provides uninsured and underinsured motorist coverage that limits coverage for a specific motor vehicle and does not transfer coverage to any other motor vehicle pursuant to section 10-4-609.

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10-4-725.1. Procedure for denial of benefits. ON AND AFTER JANUARY 1, 2004, AN INSURER SHALL ESTABLISH PROCEDURES FOR INTERNAL REVIEW OF DENIAL OF A CLAIM FOR COVERED PERSONAL INJURY PROTECTION BENEFITS UNDER SECTION 10-4-706, 10-4-706.1, 10-4-706.2, 10-4-706.4, OR 10-4-706.6, BASED ON THE MEDICAL NECESSITY OF THE TREATMENT. SUCH PROCEDURES SHALL INCLUDE PROVISIONS FOR AN EXPEDITED INTERNAL REVIEW. THE INTERNAL REVIEW PROCEDURES SHALL BE FILED WITH THE COMMISSIONER AND SHALL SET FORTH THE PROCEDURES TO DETERMINE WHETHER A CLAIM FOR PERSONAL INJURY PROTECTION BENEFITS UNDER THIS PART 7 IS MEDICALLY NECESSARY. THE INTERNAL REVIEW PROCEDURES SHALL INCLUDE PROVISIONS FOR EXPEDITED REVIEW OF THE DENIAL OF BENEFITS. THE ELIGIBLE INJURED PERSON, THE PROVIDER, AND THE INSURER SHALL COMPLY WITH THE REQUIREMENTS OF THE REVIEW PROCESS, INCLUDING ANY REQUIREMENT THAT THE ELIGIBLE INJURED PERSON EXECUTE A RELEASE OF MEDICAL INFORMATION TO PROVIDE ALL THE INSURED'S MEDICAL RECORDS RELEVANT TO THE BODILY INJURY ARISING OUT OF THE MOTOR VEHICLE ACCIDENT AND RECORDS FOR ANY RELEVANT PRIOR PHYSICAL OR MENTAL CONDITION.

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10-4-725.2. Internal review. (1) An internal review shall be completed no later than forty-five days after the request for review. The findings and conclusions shall be binding on the eligible injured person and the insurer, unless either the eligible injured person or insurer requests an external review. The party requesting external review shall notify the other party and such notice must be received no later than sixty days after the date of the internal review determination or the right to an

EXTERNAL REVIEW SHALL BE DEEMED WAIVED.

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(a) BE IN WRITING AND SET FORTH THE REASONS FOR THE DENIAL BASED ON THE MEDICAL NECESSITY OF THE TREATMENT; AND

(2) AN INSURER'S DENIAL OF A CLAIM FOR BENEFITS SHALL:

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(b) ADVISE THE ELIGIBLE INJURED PERSON OF THE RIGHT TO APPEAL SUCH DENIAL, THE TIME FRAMES FOR SUCH APPEALS, AND PROCEDURES FOR EXPEDITED REVIEW OF CLAIMED BENEFITS.

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(3) NOTHING IN THIS SECTION SHALL BE DEEMED TO PREVENT AN INSURER FROM DETERMINING THAT THE BODILY INJURY WAS NOT CAUSED, IN WHOLE OR IN PART, BY THE SUBJECT MOTOR VEHICLE ACCIDENT OR THAT THE EXPENSES FOR TREATMENT AND SERVICES WERE NOT REASONABLE AS OTHERWISE PROVIDED IN THIS PART 7.

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(1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE **REQUIRES:**

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(a) (I) "EXPERT REVIEWER" MEANS A LICENSED PHYSICIAN OR OTHER LICENSED, CERTIFIED, OR REGISTERED HEALTH CARE PROVIDER. AN EXPERT REVIEWER SHALL NOT:

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(A) HAVE BEEN INVOLVED IN THE INSURED'S CARE PREVIOUSLY;

10-4-725.3. External review of benefit denials - definitions.

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(B) BE A MEMBER OF THE BOARD OF DIRECTORS OF THE INSURER;

(D) HAVE A DIRECT FINANCIAL INTEREST IN THE CASE OR IN THE

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(C) HAVE BEEN PREVIOUSLY INVOLVED IN THE REVIEW PROCESS FOR THE INSURED SEEKING EXTERNAL REVIEW;

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33 OUTCOME OF THE REVIEW; OR

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(E) BE AN EMPLOYEE OF THE INSURER.

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(II) AN EXPERT REVIEWER SHALL:

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(A) BE AN EXPERT IN THE TREATMENT OF THE MEDICAL CONDITION OF THE INSURED WHOSE BODILY INJURY IS THE SUBJECT OF THE REVIEW AND THE SERVICE THAT IS THE SUBJECT OF THE REVIEW THROUGH THE EXPERT'S ACTUAL, CURRENT CLINICAL EXPERIENCE;

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(B) HOLD A LICENSE ISSUED BY A STATE AND, FOR PHYSICIANS, A CURRENT CERTIFICATION BY A RECOGNIZED AMERICAN MEDICAL SPECIALTY BOARD IN THE AREA APPROPRIATE TO THE SUBJECT OF REVIEW; AND

(C) HAVE NO HISTORY OF CONFIRMED DISCIPLINARY ACTION OR SANCTION, INCLUDING LOSS OF STAFF PRIVILEGES OR PARTICIPATION RESTRICTIONS, TAKEN BY ANY HOSPITAL, GOVERNMENT, OR REGULATORY BODY; EXCEPT THAT A LETTER OF ADMONITION SHALL NOT BE CONSIDERED A DISCIPLINARY ACTION OR SANCTION.

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(b) "INDEPENDENT EXTERNAL REVIEW ENTITY" MEANS AN ENTITY

1 THAT MEETS THE REQUIREMENTS OF THIS SECTION AND IS CERTIFIED BY 2 THE COMMISSIONER PURSUANT TO SECTION 10-16-113.5 TO CONDUCT INDEPENDENT EXTERNAL REVIEWS OF DETERMINATIONS BY AN INSURER TO DENY A REQUEST FOR REIMBURSEMENT FOR OR COVERAGE OF MEDICAL 5 TREATMENT THAT IS A COVERED PERSONAL INJURY PROTECTION BENEFIT 6 FOR A COVERED INDIVIDUAL ON THE GROUNDS THAT SUCH TREATMENT OR 7 COVERED PERSONAL INJURY PROTECTION BENEFIT IS NOT MEDICALLY 8 NECESSARY, MEDICALLY APPROPRIATE, MEDICALLY EFFECTIVE, OR 9 MEDICALLY EFFICIENT. THE INDEPENDENT EXTERNAL REVIEW ENTITY MAY 10 NOT REVIEW INSURER DECISIONS TO DENY A REQUEST FOR REIMBURSEMENT FOR OR COVERAGE OF A MEDICAL TREATMENT THAT IS NOT A COVERED PERSONAL INJURY PROTECTION BENEFIT. INDEPENDENT EXTERNAL REVIEW ENTITY MAY REVIEW INSURER DECISIONS TO DENY A REQUEST FOR REIMBURSEMENT OR COVERAGE OF A MEDICAL 15 TREATMENT ON THE GROUNDS THAT IT IS AN EXPERIMENTAL OR INVESTIGATIONAL PROCEDURE, BUT ONLY IF SUCH PROCEDURE IS NOT 17 EXPLICITLY LISTED AS AN EXCLUDED BENEFIT IN THE POLICY. WHERE A SPECIFIC PROCEDURE IS A LISTED EXCLUDED BENEFIT, THE INSURER SHALL 19 DENY COVERAGE ON THE GROUNDS THAT IT IS NOT A COVERED PERSONAL 20 INJURY PROTECTION BENEFIT AND THIS SHALL NOT BE REVIEWABLE BY THE 21 INDEPENDENT EXTERNAL REVIEW ENTITY.

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(c) "Medical necessity standards" means the review of medical and scientific evidence, as defined in section 10-16-113.5 (2) (f), and may include national or state treatment guidelines or protocols for the care or treatment being reviewed.

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(2) EACH INSURER SHALL MAKE AVAILABLE AN INDEPENDENT EXTERNAL REVIEW PROCESS THAT MEETS THE REQUIREMENTS OF THIS SECTION. TWENTY-FIVE PERCENT OF THE COST OF AN INDEPENDENT EXTERNAL REVIEW SHALL BE PAID BY THE ELIGIBLE INJURED PERSON AND THE REMAINING SEVENTY-FIVE PERCENT OF THE COST SHALL BE PAID BY THE INSURER. THE INSURER SHALL USE AN INDEPENDENT EXTERNAL REVIEW ENTITY THAT HAS BEEN CERTIFIED BY THE COMMISSIONER PURSUANT TO SECTION 10-16-113.5 TO CONDUCT SUCH EXTERNAL REVIEW.

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(3) Upon receipt of a request from an eligible injured person requesting an independent external review of a denial, the insurer shall contact the division of insurance. The division of insurance shall inform the insurer of the name of the certified independent external review entity to which the appeal should be sent.

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(4) The eligible injured person or insurer requesting an external review shall make a request for external review within sixty calendar days after receiving notification of determination of internal review pursuant to section 10-4-725.2. After the determination through internal review, the insurer shall advise the eligible injured person in writing of the following:

(a) THE CIRCUMSTANCES UNDER WHICH AN ELIGIBLE INJURED PERSON REQUESTING AN EXTERNAL REVIEW MAY USE THE EXTERNAL REVIEW PROCESS;

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(b) THE PROCEDURES FOR REQUESTING AN EXTERNAL REVIEW;

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(d) THE POLICIES CONCERNING EXPEDITED REVIEW OF BENEFITS.

(c) THE TIME FRAMES ASSOCIATED WITH AN EXTERNAL REVIEW;

(5) (a) THE INSURER SHALL PROVIDE TO THE EXPERT REVIEWER COPIES OF THE FOLLOWING DOCUMENTS:

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> (I) ANY INFORMATION SUBMITTED TO THE INSURER BY AN ELIGIBLE INJURED PERSON REQUESTING AN EXTERNAL REVIEW, OR BY THE PROVIDER OF AN ELIGIBLE INJURED PERSON SEEKING AN EXTERNAL REVIEW, IN SUPPORT OF THE REQUEST. THE EXPERT REVIEWER SHALL MAINTAIN THE CONFIDENTIALITY OF ANY MEDICAL RECORDS SUBMITTED PURSUANT TO THIS SUBSECTION (5).

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ANY RELEVANT DOCUMENTS USED BY THE INSURER TO DETERMINE THE MEDICAL NECESSITY, ANY DENIAL LETTERS ISSUED BY THE INSURER CONCERNING THE INDIVIDUAL CASE UNDER REVIEW, AND THE DETERMINATION. THE INSURER SHALL PROVIDE TO AN ELIGIBLE INJURED PERSON, UPON THE ELIGIBLE INJURED PERSON'S REQUEST FOR AN EXTERNAL REVIEW, ALL RELEVANT INFORMATION SUPPLIED TO THE EXPERT REVIEWER THAT IS NOT CONFIDENTIAL OR PRIVILEGED UNDER STATE OR FEDERAL LAW CONCERNING THE INDIVIDUAL CASE UNDER REVIEW.

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(b) THE EXPERT REVIEWER SHALL NOTIFY THE ELIGIBLE INJURED PERSON, THE ELIGIBLE INJURED PERSON'S PROVIDER, AND THE INSURER OF ANY ADDITIONAL MEDICAL INFORMATION REQUIRED TO CONDUCT THE REVIEW OR OF A REQUEST TO CONDUCT A PHYSICAL EXAMINATION OF THE ELIGIBLE INJURED PERSON. THE ELIGIBLE INJURED PERSON OR THE ELIGIBLE INJURED PERSON'S PROVIDER SHALL THEN SUBMIT THE ADDITIONAL INFORMATION TO THE EXPERT REVIEWER AND THE INSURER OR MAKE THE ELIGIBLE INJURED PERSON AVAILABLE FOR A PHYSICAL EXAMINATION. THE INSURER MAY, AT ITS DISCRETION, DETERMINE THAT ADDITIONAL INFORMATION PROVIDED BY THE ELIGIBLE INJURED PERSON OR THE ELIGIBLE INJURED PERSON'S PROVIDER JUSTIFIES RECONSIDERATION OF ITS DENIAL OF COVERAGE, AND A SUBSEQUENT DECISION BY THE INSURER TO PROVIDE COVERAGE SHALL TERMINATE THE EXTERNAL REVIEW UPON NOTIFICATION IN WRITING TO THE EXPERT REVIEWER AND THE ELIGIBLE INJURED PERSON.

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(6) (a) (I) THE EXPERT REVIEWER SHALL SUBMIT HIS OR HER DETERMINATION TO THE INSURER, THE ELIGIBLE INJURED PERSON, AND THE ELIGIBLE INJURED PERSON'S PROVIDER WITHIN TWENTY BUSINESS DAYS AFTER THE INSURER HAS RECEIVED A REQUEST FOR EXTERNAL REVIEW; EXCEPT THAT, AT THE REQUEST OF THE EXPERT REVIEWER, SUCH DEADLINE SHALL BE EXTENDED BY UP TO SEVEN BUSINESS DAYS FOR THE CONSIDERATION OF ADDITIONAL INFORMATION REQUIRED PURSUANT TO THIS SECTION.

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IN THE CASE OF AN EXPEDITED REVIEW, THE EXPERT REVIEWER'S DETERMINATION SHALL BE SUBMITTED WITHIN SEVEN BUSINESS DAYS AFTER THE INSURER HAS RECEIVED A REQUEST FOR EXTERNAL REVIEW; EXCEPT THAT, AT THE REQUEST OF THE EXPERT REVIEWER, THE DEADLINE SHALL BE EXTENDED FOR FIVE BUSINESS DAYS FOR THE CONSIDERATION OF ADDITIONAL INFORMATION REQUIRED 56 PURSUANT TO THIS SECTION.

House Journal--101st Day--April 18, 2003 (b) THE EXPERT REVIEWER'S DETERMINATION SHALL BE IN WRITING AND SHALL STATE WHY THE SERVICE IS OR IS NOT COVERED. THE EXPERT REVIEWER'S DETERMINATION SHALL SPECIFICALLY CITE THE SPECIFIC MEDICAL CONDITION OF THE ELIGIBLE INJURED PERSON, AND THE 5 RELEVANT DOCUMENTS PROVIDED PURSUANT TO THIS SECTION TO SUPPORT 6 THE EXPERT REVIEWER'S DETERMINATION. THE EXPERT REVIEWER'S 7 DETERMINATION SHALL BE BASED ON AN OBJECTIVE REVIEW OF THE 8 MEDICAL NECESSITY STANDARDS FOR THE CONDITION BEING REVIEWED. 9 10 (c) A DETERMINATION SHALL ALSO INCLUDE: 11 12 (I) THE TITLES AND QUALIFYING CREDENTIALS OF THE EXPERT 13 REVIEWER CONDUCTING THE REVIEW; 14 15 (II) A STATEMENT OF THE UNDERSTANDING OF THE EXPERT 16 REVIEWER CONDUCTING THE REVIEW OF THE NATURE OF THE GRIEVANCE 17 AND ALL PERTINENT FACTS; 18 19 (III) THE RATIONALE FOR THE DECISION; 20 (IV) REFERENCE TO MEDICAL AND SCIENTIFIC EVIDENCE, ANY 22 STATE OR NATIONAL TREATMENT GUIDELINES OR PROTOCOLS OBSERVED BY THE EXPERT REVIEWED, AND DOCUMENTATION CONSIDERED IN MAKING THE DETERMINATION; AND

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(V) IN CASES INVOLVING A DETERMINATION ADVERSE TO THE ELIGIBLE INJURED PERSON, THE INSTRUCTIONS FOR REQUESTING A WRITTEN STATEMENT OF THE CLINICAL RATIONALE, INCLUDING THE CLINICAL REVIEW CRITERIA USED TO MAKE THE DETERMINATION.

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(7) NOTWITHSTANDING ANY PROVISION OF THIS SECTION TO THE CONTRARY, AN ELIGIBLE INJURED PERSON OR INSURER MAY REQUEST A REVIEW BY A PANEL OF THREE EXPERT REVIEWERS. AT LEAST ONE OF THE THREE EXPERT REVIEWERS SHALL BE OF THE SAME SPECIALTY OR PROFESSION AS THE HEALTH CARE PROVIDER OF THE ELIGIBLE INJURED PERSON. ANY ADDITIONAL EXPENSE OF A PANEL REVIEW SHALL BE PAID BY THE PARTY REQUESTING THE PANEL REVIEW.

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(8) THE DETERMINATION OF THE EXPERT REVIEWER SHALL BE BINDING ON THE INSURER AND ON THE ELIGIBLE INJURED PERSON, UNLESS APPEALED TO A COURT OF APPROPRIATE JURISDICTION WITHIN NINETY DAYS AFTER THE DETERMINATION IN ACCORDANCE WITH THIS SECTION.

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(9) WHERE AN EXPERT DETERMINATION IS MADE IN FAVOR OF THE ELIGIBLE INJURED PERSON, COVERAGE FOR THE TREATMENT AND SERVICES REQUIRED UNDER THIS SECTION SHALL BE PROVIDED SUBJECT TO THIS PART 7.

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(10) AN EXPERT REVIEWER SHALL BE IMMUNE FROM CIVIL LIABILITY IN ANY ACTION BROUGHT BY ANY PERSON BASED UPON THE DETERMINATIONS MADE PURSUANT TO THIS SECTION. THIS SUBSECTION (10) SHALL NOT APPLY TO AN ACT OR OMISSION OF THE EXPERT REVIEWER THAT IS MADE IN BAD FAITH OR INVOLVES GROSS NEGLIGENCE.

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(11) NOTHING IN THIS SECTION SHALL MAKE THE INSURER LIABLE 56 FOR DAMAGES ARISING FROM ANY ACT OR OMISSION OF THE EXPERT

REVIEWER.

SECTION 6. The introductory portion to 10-4-707 (1) and 10-4-707 (1) (a), (3), (4), (5), and (6), Colorado Revised Statutes, are amended, and the said 10-4-707 is further amended BY THE ADDITION OF THE FOLLOWING NEW SUBSECTIONS, to read:

10-4-707. Benefits - how payable. (1) ON AND AFTER JANUARY 1, 2004, the coverages described in section 10-4-706 (1) (b) to (1) (e) or alternatively, as applicable, section 10-4-706 (2) or (3) 10-4-706.1, 10-4-706.2, 10-4-706.4, OR 10-4-706.6 shall be applicable to:

(a) Accidental bodily injury sustained by the named insured when injured in an A MOTOR VEHICLE accident, involving any motor vehicle, regardless of whether the accident occurs in this state or in any other jurisdiction, except where the injury is the result of the use or operation of the named insured's own motor vehicle not actually covered under the terms of this part 7;

 (3) On AND AFTER JANUARY 1, 2004, except as provided in subsection (4) of this section, when a person injured is also an insured under a complying policy other than the complying policy insuring the vehicle out of the use of which the accident arose, primary coverage shall be afforded by the policy insuring said vehicle under section 10-4-706, but in the event two or more insurers have obligations under complying policies to pay benefits to the same person, the limits of coverage available as benefits to such person shall be the limits of a single complying policy except to the extent that optional coverages purchased for additional premiums on a voluntary basis are applicable. In the event two or more insurers are liable to pay benefits on the same basis, any insurer paying benefits shall be entitled to an equitable pro rata contribution from such other insurer. 10-4-706.1, 10-4-706.2, 10-4-706.4, OR 10-4-706.6.

(4) ON AND AFTER JANUARY 1, 2004, when an accident involves the operation of a motor vehicle by a person who is neither the owner of the motor vehicle involved in the accident nor an employee of the owner acting within the course and scope of employment at the time of the accident, and the operator of the motor vehicle is an insured under a complying policy other than the complying policy insuring the motor vehicle involved in the accident, primary coverage FOR THE OPERATOR OR THE OPERATOR'S RESIDENT RELATIVE as to all coverages provided in the policy under which the operator is an insured shall be afforded by the policy insuring the said operator. except as provided in subsection (6) of this section, and any policy under which the owner is an insured shall afford excess coverage. When an accident involves the operation of a motor vehicle regulated under the provisions of article 10 or 11 of title 40, C.R.S., the provisions of subsection (3) of this section shall apply.

(5) When a person injured is a person for whom benefits are required to be paid under the "Workers' Compensation Act of Colorado", the coverages described in section 10-4-706, (1) (b) to (1) (e) or alternatively, as applicable, section 10-4-706 (2) or (3) 10-4-706.1, 10-4-706.2, 10-4-706.4, OR 10-4-706.6 shall be reduced to the extent that benefits are actually available and covered under said act within the time period for payment of benefits under this part 7 prescribed by section

10-4-708.

(6) ON AND AFTER JANUARY 1, 2004, when an accident involves the operation of a motor vehicle designed to seat twelve or more passengers which AND THAT is owned by, and being operated on behalf of, a nonprofit religious, charitable, or educational organization entitled to tax exemption under section 501 (c) (3) of the federal "Internal Revenue Code of 1986", as amended, or an equivalent successor statutory provision, with the exception of such vehicles owned or being operated on behalf of a public school district, the policy covering said vehicle shall be secondary and excess to any motor vehicle policy covering any person occupying said vehicle to the extent of such other policy coverages; except that the coverage of the operator or assistant operator of said vehicle, whether or not he OR SHE is being paid to operate the vehicle, shall be governed by the provisions of subsection (3) of this section. Nothing in this subsection (6) shall supersede the provisions of subsection (5) of this section.

(7) On and after January 1, 2004, when an accident involves a pedestrian and the pedestrian is an insured under a complying policy other than the complying policy insuring the motor vehicle involved in the accident, the coverages described in section 10-4-706 or 10-4-706.1, shall be afforded by the policy insuring the pedestrian.

(8) On and after January 1, 2004, in the event two or more insurers have obligations under complying policies to pay benefits to the same person, the limits of coverage available to such person shall be the limits of a single complying policy except to the extent that optional coverages purchased for additional premiums on a voluntary basis are applicable. In the event two or more insurers are liable to pay benefits on the same basis, any insurer paying benefits shall be entitled to an equitable pro rata contribution from such other insurer.

SECTION 7. 10-4-708 (1) and (2), Colorado Revised Statutes, are amended to read:

10-4-708. Prompt payment of direct benefits. (1) (a) ON AND AFTER JANUARY 1, 2004, payment of PERSONAL INJURY PROTECTION benefits under the coverages enumerated in section 10-4-706 (1) (b) to (1) (e) or alternatively, as applicable, section 10-4-706 (2) or (3) OR 10-4-706.1 shall be made on a monthly basis. Benefits for any period are overdue if not paid OR DENIED within thirty days after the insurer receives reasonable proof of the fact and amount of expenses incurred during that period; except that an insurer may accumulate claims for periods not exceeding one month, and benefits are not overdue if paid OR DENIED within fifteen days after the period of accumulation. If reasonable proof is not supplied as to the entire claim, the amount supported by reasonable proof is overdue if not paid within thirty days after such proof is received by the insurer. Any part or all of the remainder of the claim that is later supported by reasonable proof is overdue if not paid within thirty days after such proof is received by the insurer. In the event that the insurer fails to pay such benefits when due, the person entitled to such benefits may bring an action in contract to recover the same OF A DISPUTE CONCERNING A CLAIM FOR BENEFITS, EITHER THE INJURED PERSON OR THE

INSURER MAY BRING AN ACTION IN CONTRACT TO RESOLVE THE DISPUTE.

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(b) FOR THE PURPOSES OF THIS SUBSECTION (1), "REASONABLE PROOF" MEANS EVIDENCE OF THE REASONABLE EXPENSES INCURRED FOR MEDICALLY NECESSARY CARE AND TREATMENT FOR BODILY INJURY ARISING OUT OF A MOTOR VEHICLE ACCIDENT.

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(2) ON AND AFTER JANUARY 1, 2004, benefits provided under section 10-4-706 (1) (b) to (1) (e) or alternatively, as applicable, section 10-4-706 (2) or (3) OR 10-4-706.1 may be paid by the insurer directly to any person supplying MEDICALLY necessary care, treatment, products, services, or accommodations to the person for whom benefits are required under section 10-4-706 (1) (b) to $\bar{(1)}$ (c) or alternatively, as applicable, section 10-4-706 (2) or (3) OR 10-4-706.1.

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SECTION 8. 10-4-708.4 (3), Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW PARAGRAPH to read:

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10-4-708.4. Assignment of payment - scope of benefits provider reimbursement. (3) (c) (I) ON AND AFTER JANUARY 1, 2004, AN INSURER MAY CONTRACT WITH A MEDICAL DATA PROCESSING FIRM OR OTHER PRICING ENTITY TO REVIEW THE REASONABLENESS OF PROVIDER CHARGES, OUTSIDE OF A MANAGED CARE CONTRACT PURSUANT TO SECTION 10-4-706.6, IN CONNECTION WITH THE PAYMENT OF PERSONAL INJURY PROTECTION BENEFITS PURSUANT TO SECTION 10-4-706 OR 10-4-706.1. AN INSURER USING A MEDICAL DATA PROCESSING FIRM OR OTHER PRICING ENTITY SHALL CONSIDER ADDITIONAL INFORMATION GIVEN TO THE INSURER BY A HEALTH CARE PROVIDER AND SHALL MAKE DECISIONS INDEPENDENT OF THE MEDICAL DATA PROCESSING FIRM OR OTHER PRICING ENTITY'S RECOMMENDATIONS WHEN APPROPRIATE.

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(II) IT SHALL BE AN UNFAIR METHOD OF COMPETITION AND AN UNFAIR OR DECEPTIVE TRADE PRACTICE IN THE BUSINESS OF INSURANCE, PURSUANT TO SECTION 10-3-1104 (1) (1), FOR AN INSURER TO REDUCE PAYMENT OF HEALTH CARE PROVIDER BILLS, OUTSIDE OF A MANAGED CARE CONTRACT PURSUANT TO SECTION 10-4-706.6, IN CONNECTION WITH THE PAYMENT OF PERSONAL INJURY PROTECTION BENEFITS BASED UPON THE RECOMMENDATIONS OF A MEDICAL DATA PROCESSING FIRM OR OTHER PRICING ENTITY, UNLESS THE MEDICAL DATA PROCESSING FIRM OR OTHER PRICING ENTITY CERTIFIES AT LEAST ANNUALLY WHETHER THE DATA IN THE MEDICAL DATA PROCESSING FIRM OR OTHER PRICING ENTITY'S DATABASE IS CURRENT, ACCURATE, AND SUFFICIENT TO MAKE RECOMMENDATIONS REGARDING REASONABLE CHARGES FOR BILLS SUBMITTED AS PART OF PERSONAL INJURY PROTECTION CLAIMS.

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SECTION 9. The introductory portion to 10-4-708.6 (1) (a) and 10-4-708.6 (1) (c), (2) (b), and (3), Colorado Revised Statutes, are amended to read:

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10-4-708.6. Obligations of persons providing services penalties - availability and maintenance of records. (1) (a) In addition to the standards set forth in section 10-4-706, it shall be the obligation of any health care practitioner or health care practitioner organization providing services for which compensation is provided under section 10-4-706, (1) (b) to (1) (e) or alternatively, as applicable, section 10-4-706 (2) or (3) 10-4-706.1, 10-4-706.2, 10-4-706.4, or 10-4-706.6 to

assure, to the extent of such person's authority, that services or items ordered or provided by such person to beneficiaries and recipients under this part 7:

(c) Any person, provider, health care practitioner, health care practitioner organization, or other provider of benefits under section 10-4-706, (1) (b) to (1) (e) or alternatively, as applicable, section 10-4-706 (2) or (3) 10-4-706.1, 10-4-706.2, 10-4-706.4, or 10-4-706.6 that violates the standards REQUIREMENTS of care in paragraph (a) or (b) of this subsection (1) shall be subject to disciplinary action by the appropriate licensing authority.

(2) (b) Any person providing services for which compensation is provided under section 10-4-706, (1) (b) to (1) (e) or alternatively, as applicable, section 10-4-706 (2) or (3) 10-4-706.1, 10-4-706.2, 10-4-706.4, OR 10-4-706.6 shall maintain the originals or copies of patient records justifying and relating to services provided under said section for a period of five years after the last date of examination or treatment of the patient.

(3) Any treatment or procedure recommended by a member of a managed care provider network pursuant to section 10-4-706, (1) (b) to (1) (e) or alternatively, as applicable, section 10-4-706 (2) or (3) 10-4-706.1, 10-4-706.2, 10-4-706.4, OR 10-4-706.6 shall be approved or denied within twenty business days after receipt of all information deemed necessary by the managed care organization to approve or deny the requested treatment or procedure.

SECTION 10. 10-4-709 (1), Colorado Revised Statutes, is amended, and the said 10-4-709 is further amended BY THE ADDITION OF A NEW SUBSECTION, to read:

10-4-709. Coordination of benefits. (1) To avoid duplication of benefits available through other insurance or contract rights, providers of other benefits under sections 10-16-104 (3) (b) (II) and (5), 10-16-108 (1) and (3), 10-16-214, 10-16-311, and parts 1 and 4 of article 16 of this title are hereby required to coordinate such benefits with coverages required under section 10-4-706, (1) (b) to (1) (e) or alternatively, as applicable, section 10-4-706 (2) or (3) 10-4-706.1, 10-4-706.2, 10-4-706.4, OR 10-4-706.6, and all providers of other benefits are expressly authorized to coordinate such benefits with coverages required under this part 7. The coordination of benefits provided in this subsection (1) shall apply to agreements entered into on or after April 1, 1974.

(4) To avoid duplication of Benefits available through other insurance or contract rights, providers of other benefits under medicare for an insured with an age-based personal injury protection coverage policy are required to coordinate such benefits with coverages required under section 10-4-706.6(1) (b), and all providers of other benefits are expressly authorized to coordinate such benefits with coverages required under this part 7. The benefits pursuant to section 10-4-706.6(1) (b) shall be primary coverage to medicare benefits.

SECTION 11. 10-4-710 (1), (2), (3), and (4), Colorado Revised Statutes, are amended to read:

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10-4-710. Required coverages are minimum. (1) Nothing in this part 7 shall be construed to prohibit the issuance of AN INSURER FROM ISSUING policies THAT providing PROVIDE coverages more extensive than the minimum coverages required under this part 7 nor to require the segregation of such minimum coverages from other coverages in the same policy. However, loss statistics as to bodily injury liability, property damage liability, and benefits under section 10-4-706, (1) (b) to (1) (e) or alternatively, as applicable, section 10-4-706 (2) or (3) 10-4-706.1, 10-4-706.2, 10-4-706.4, OR 10-4-706.6 shall be kept separately for rating purposes, and such statistics shall be filed with the commissioner each year.

- (2) (a) Every insurer shall offer the following enhanced benefits for inclusion in a complying policy, in addition to the basic coverages described in section 10-4-706, at the option of the named insured:
- (I) Compensation of all expenses of the type described in section 10-4-706 (1) (b) without dollar or time limitation; or
- (II) Compensation of all expenses of the type described in section 10-4-706 (1) (b) without dollar or time limitations and payment of benefits equivalent to eighty-five percent of loss of gross income per week from work the injured person would have performed had such injured person not been injured during the period commencing on the day after the date of the accident without dollar or time limitations.
- (III) (Deleted by amendment, L. 92, p. 1779, § 2, effective April 10, 1992.)
- (b) A complying policy may provide that all benefits set forth in section 10-4-706 (1) (b) to (1) (e) and in this section are subject to an aggregate limit of two hundred thousand dollars payable on account of injury to or death of any one person as a result of any one accident arising out of the use or operation of a motor vehicle.
- (3) All insurers shall offer collision coverage for damage to insured motor vehicles subject to deductibles of one hundred dollars and two hundred fifty dollars. Insurers may offer such other reasonable deductibles OF AT LEAST TWO HUNDRED FIFTY, FIVE HUNDRED, AND ONE THOUSAND DOLLARS AND COINSURANCE AMOUNTS, OR OTHER AMOUNTS as they deem appropriate. Collision coverage shall provide insurance without regard to fault against accidental property damage to the insured motor vehicle with another motor vehicle or motor vehicle caused by physical contact of the insured with another object or by upset of the insured motor vehicle, if the accident occurs within the United States, its territories or possessions, Canada, or Mexico.
- (4) The provisions of subsections (2) and (3) of this section as amended by House Bill 92-1175, enacted at the second regular session of the fifty-eighth general assembly, shall apply to policies issued on and after July 1, 1992.
- **SECTION 12.** 10-4-712 (1) and (2) (b), Colorado Revised Statutes, are amended to read:
 - 10-4-712. **Conditions and exclusions.** (1) The coverages

described in section 10-4-706 may be subject to conditions and exclusions which That are not inconsistent with the requirements of this part 7. In determining whether conditions or exclusions are inconsistent with the requirements of this part 7, a court shall consider all factors set forth in section 10-4-702.

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(2) The coverages described in section 10-4-706 may also be subject to exclusions where the injured person:

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(b) Is operating a motor vehicle as a converter without a good faith belief that he is legally entitled to operate or use such vehicle AS DEFINED IN SECTION 10-4-703 (2.5).

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SECTION 13. 10-4-713 (1), (2) (a), and (2) (b), Colorado Revised Statutes, are amended to read:

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10-4-713. No tort recovery for direct benefits. (1) Neither any person eligible for direct benefits described in section 10-4-706, (1) (b) to (1) (e) or alternatively, as applicable, section 10-4-706 (2) or (3) 10-4-706.1, 10-4-706.2, 10-4-706.4, OR 10-4-706.6, nor any insurer providing benefits described in section 10-4-706, (1) (b) to (1) (e) or alternatively, as applicable, section 10-4-706 (2) or (3) 10-4-706.1, 10-4-706.2, 10-4-706.4, OR 10-4-706.6, shall have any right to recover against an owner, user, or operator of a motor vehicle or against any person or organization legally responsible for the acts or omissions of such person in any action for damages for benefits required to be paid under section 10-4-706, (1) (b) to (1) (e) or alternatively, as applicable, section 10-4-706 (2) or (3) 10-4-706.1, 10-4-706.2, 10-4-706.4, OR 10-4-706.6, regardless of any deductible option, waiting period, or percentage limitation; except that an insurer paying benefits under section 10-4-706, (1) (b) to (1) (e) or alternatively, as applicable, section 10-4-706 (2) or (3) 10-4-706.1, 10-4-706.2, 10-4-706.4, or 10-4-706.6, to or for any one person for whose injuries legal liability exists or may exist on the part of a third person who is not an insured under a policy of automobile liability insurance issued by an insurer licensed to write automobile liability insurance in this state shall have a direct cause of action against an alleged tort-feasor to only the extent of the alleged tort-feasor's insurance coverage in excess of reasonable compensation paid to the injured person for such person's injury or damage by the alleged tort-feasor's insurer when the injured person could recover in tort pursuant to section 10-4-714. Nothing in this section shall be construed to afford such provider of benefits under section 10-4-706, (1) (b) to (1) (e) or alternatively, as applicable, section 10-4-706 (2) or (3) 10-4-706.1, 10-4-706.2, 10-4-706.4, OR 10-4-706.6 a cause of action or claim against a person to whom or for whom such benefits were paid, except in those cases in which such benefits were paid by reason of fraud or material misrepresentation of fact.

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53 54 (2) (a) Notwithstanding the provisions of subsection (1) of this section, where a motor vehicle accident involves EITHER a private passenger motor vehicle OR a public school vehicle designed to transport seven or more passengers and a nonprivate passenger motor vehicle, the insurer of the private passenger motor vehicle or the insurer of the vehicle designed to transport seven or more passengers shall have a direct cause of action for all benefits actually paid by such insurer under section 10-4-706, (1) (b) to (1) (e) or alternatively, as applicable, section

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(II) FOR THE PURPOSES OF THIS SECTION, "SERIOUS PERMANENT

(a) Death;

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(c) Permanent disability;

10-4-706 (2) or (3) 10-4-706.1, 10-4-706.2, 10-4-706.4, OR 10-4-706.6 against the owner, user, or operator of the nonprivate passenger motor vehicle or against any person or organization legally responsible for the acts or omissions of such owner, user, or operator; except that, when the injured person could recover in tort pursuant to section 10-4-714, such direct cause of action shall be to only the extent of the alleged tort-feasor's insurance coverage in excess of reasonable compensation paid to the injured person for such person's injury or damage by the alleged tort-feasor's insurer.

(b) Notwithstanding the provisions of paragraph (a) of this subsection (2), where a motor vehicle accident involves EITHER a private passenger motor vehicle or a nonprivate passenger motor vehicle and a motor vehicle owned or operated by the regional transportation district, except maintenance or service vehicles owned or operated by the district, the insurer of the private passenger motor vehicle or the nonprivate passenger motor vehicle shall not have any cause of action or right of reimbursement for any benefits actually paid by such insurer under section 10-4-706, (1) (b) to (1) (e) or alternatively, as applicable, section 10-4-706 (2) or (3) 10-4-706.1, 10-4-706.2, 10-4-706.4, OR 10-4-706.6 against the regional transportation district or against the user or operator of the regional transportation district motor vehicle.

SECTION 14. 10-4-714, Colorado Revised Statutes, is amended to read:

10-4-714. Limitation on tort actions. (1) On and after the EFFECTIVE DATE OF SENATE BILL 03-078, no person for whom direct benefit coverage is required by operation of sections 10-4-705 to 10-4-707, or for whom direct benefits would have been payable but for exercise of a deductible option or but for a waiting period or percentage limitation, shall be allowed to recover against an owner, user, or operator of a motor vehicle, or against any person or organization legally responsible for the acts or omissions of such person, for damages for bodily injury caused by a motor vehicle accident, except in those cases in which there has been caused by a motor vehicle accident ONE OR MORE OF THE FOLLOWING:

(b) (I) Dismemberment Serious Permanent Impairment of **BODILY FUNCTION**;

IMPAIRMENT OF BODILY FUNCTION" MEANS AN ACCIDENTAL AND OBJECTIVELY MANIFESTED SERIOUS AND PERMANENT IMPAIRMENT OF AN IMPORTANT BODY FUNCTION THAT SIGNIFICANTLY AFFECTS THE PERSON'S GENERAL ABILITY TO LEAD A NORMAL LIFE AS MANIFESTED BY THE PERSON'S SIGNIFICANT INABILITY TO PERFORM THE PRINCIPAL ECONOMIC OR NONECONOMIC ACTIVITIES THAT THE PERSON ENGAGED IN PRIOR TO THE ACCIDENT. A "SERIOUS PERMANENT IMPAIRMENT OF BODILY FUNCTION" MUST BE CLINICALLY ESTABLISHED ON THE BASIS OF OBJECTIVE

DIAGNOSTIC TESTS AND MEASUREMENTS THAT ARE MEDICALLY

(d) Permanent SERIOUS disfigurement.

(e) Reasonable need for services of the type described in section 10-4-706 (1) (b) and (1) (c), (2) (a), or (3) (b) having a reasonable value in excess of two thousand five hundred dollars. "Reasonable value" as used in this paragraph (e) means the average cost of specific types of services described in section 10-4-706 (1) (b) and (1) (c), (2) (a), or (3) (b) in the state of Colorado as determined by the commissioner and published not less than once each year. Notwithstanding the provisions of this paragraph (e), no person shall be allowed to recover against an owner, user, or operator of a motor vehicle used in a ridesharing arrangement, as defined in section 10-4-707.5 (2), or against any person or organization legally responsible for the acts or omissions of such person for damages caused by a motor vehicle accident in which such vehicle was involved, if such vehicle was in use at the time of the accident in a ridesharing arrangement, as defined in section 10-4-707.5 (2), based on a reasonable need for services of the type described in section 10-4-706 (1) (b) and (1) (c), (2) (a), or (3) (b) unless such services have a reasonable value in excess of five thousand dollars.

(f) Loss of earnings and loss of earning capacity extending beyond the fifty-two week period provided in section 10-4-706 (1) (d) or (3) (e) and not compensated by an applicable complying policy.

(2) Nothing in this part 7 shall be construed to preclude recovery against an alleged tort-feasor of benefits provided or economic loss recoverable in excess of the minimum coverages required in section 10-4-706 (1) (b) to (1) (d), or, if applicable, to a person qualified under section 10-4-706 (3), in excess of alternative coverages. The ISSUES OF WHETHER AN INJURED PERSON HAS SUFFERED SERIOUS PERMANENT IMPAIRMENT OF BODILY FUNCTION OR PERMANENT SERIOUS DISFIGUREMENT ARE QUESTIONS OF LAW FOR THE COURT IF THE COURT FINDS EITHER:

(a) THERE IS NO FACTUAL DISPUTE CONCERNING THE NATURE AND EXTENT OF THE PERSON'S INJURIES; OR

(b) There is a factual dispute concerning the nature and extent of the person's injuries, but the dispute is not material to the determination as to whether the person has suffered a serious permanent impairment of bodily function or permanent serious disfigurement. However, for a traumatic brain injury, a question of fact for the jury is created if a licensed psychologist, psychiatrist, allopathic or osteopathic physician, neurologist, or physical medicine and rehabilitation physician who regularly diagnoses or treats traumatic brain injuries testifies under oath that there is a serious neurological injury.

(3) NOTHING IN THIS PART 7 SHALL BE CONSTRUED TO PRECLUDE RECOVERY AGAINST AN ALLEGED TORT-FEASOR OF BENEFITS PROVIDED OR ECONOMIC LOSS RECOVERABLE IN EXCESS OF THE MINIMUM COVERAGES REQUIRED IN THIS PART 7.

SECTION 15. The introductory portion to 10-4-715 (1), Colorado Revised Statutes, is amended, and the said 10-4-715 (1) is further amended BY THE ADDITION OF A NEW PARAGRAPH, to

read:

10-4-715. No limitation on tort action against noncomplying tort-feasors. (1) ON AND AFTER THE EFFECTIVE DATE OF SENATE BILL 03-078, nothing in this part 7 shall be construed to limit the right to maintain an action in tort by either a provider of direct benefits under section 10-4-706, (1) (b) to (1) (e) or alternatively, as applicable, section 10-4-706 (2) or (3) 10-4-706.1, 10-4-706.2, 10-4-706.4, OR 10-4-706.6 or by a person who has been injured or damaged as a result of an automobile accident against an alleged tort-feasor where such alleged tort-feasor was: either:

(e) A PERSON WHOSE LIABILITY DOES NOT ARISE OUT OF THE USE OF A MOTOR VEHICLE BY THAT PERSON OR BY SOMEONE ELSE FOR WHOSE NEGLIGENCE THE PERSON IS VICARIOUSLY OR DERIVATIVELY LIABLE.

SECTION 16. 10-4-716 (2), Colorado Revised Statutes, is amended to read:

10-4-716. Self-insurers. (2) The commissioner may, in his or her discretion, upon the application of such person A PERSON IN WHOSE NAME MORE THAN TWENTY-FIVE MOTOR VEHICLES ARE REGISTERED, issue a certificate of self-insurance when the commissioner is satisfied that such person is able and will continue to be able to pay direct benefits as required under section 10-4-706 (1) (b) to (1) (e) 10-4-706.6 (1) (a) and to pay any and all judgments that may be obtained against such person. Upon not less than five days' notice and a hearing pursuant to such notice, the commissioner may, upon reasonable grounds, cancel a certificate of self-insurance. Failure to pay any benefits under section 10-4-706 (1) (b) to (1) (e) or failure to pay any judgment within thirty days after such judgment shall have become final shall constitute a reasonable ground for the cancellation of a certificate of self-insurance. IF THE COMMISSIONER BELIEVES THAT THERE EXISTS REASONABLE GROUNDS TO SUSPEND THE CERTIFICATE OF SELF-INSURANCE, THE COMMISSIONER MAY SCHEDULE A HEARING TO SUSPEND THE SELF-INSURER'S CERTIFICATE, GIVING THE SELF-INSURER AT LEAST FIVE DAYS NOTICE PRIOR TO THE DATE OF THE THE COMMISSIONER MAY, UPON FINDINGS OF FACT AND CONCLUSIONS OF LAW, SUSPEND THE CERTIFICATE OF SELF-INSURANCE AND ORDER OTHER RELIEF AVAILABLE UNDER THIS TITLE OR ARTICLE 4 OF TITLE 24, C.R.S.

SECTION 17. The introductory portion to 10-4-717 (1) and 10-4-717 (1) (a) and (3), Colorado Revised Statutes, are amended to read:

- **10-4-717. Intercompany arbitration.** (1) Every insurer licensed to write motor vehicle insurance in this state shall be deemed to have agreed: as a condition to maintaining such license after January 1, 1974:
- (a) That, where its insured is or would be held legally liable under the provisions of section 10-4-713 (2) for the benefits paid by another insurer described in section 10-4-706 (1) (b) to (1) (e) or alternatively, as applicable, section 10-4-706 (2) or (3) 10-4-706.1, 10-4-706.2, 10-4-706.4, OR 10-4-706.6, it will reimburse such other insurer to the extent of such benefits but not in excess of the amount of damages so recoverable for the type of loss covered by such benefits and only to the extent of the alleged tort-feasor's insurance coverage in excess of

reasonable compensation paid to the injured person for such person's injury or damage by the alleged tort-feasor's insurer; and

(3) Notwithstanding any statute of limitations to the contrary, any demand for initial arbitration proceedings shall be brought within one year of AFTER the first payment of any of the benefits described in section 10-4-706, (1) (b) to (1) (e) or alternatively, as applicable, section 10-4-706(2) or (3) 10-4-706.1, 10-4-706.2, 10-4-706.4, OR 10-4-706.6 by the insurer claiming for reimbursement. Arbitration proceedings need not await final payment of benefits, and the award, if any, shall include provisions for reimbursement of subsequent benefits. Proceedings may be reopened to challenge the propriety of payments subsequently made, but no question of fact decided by a prior award shall be reconsidered in any such subsequent hearing.

SECTION 18. 10-4-720 (1), Colorado Revised Statutes, is amended to read:

10-4-720. Cancellation - renewal - reclassification. (1) Except in accordance with the provisions of this part 7, no insurer shall:

(a) Cancel or fail to renew a policy of insurance which THAT complies with this part 7, issued in this state, as to THE NAMED INSURED, RESIDENT SPOUSE, OR any resident of the household of the named insured, for any reason other than nonpayment of premium, or FRAUD, CONCEALMENT, OR MATERIAL MISREPRESENTATION BY THE NAMED INSURED, RESIDENT SPOUSE, OR A RESIDENT RELATIVE, IN CONNECTION WITH THE APPLICATION FOR INSURANCE OR ANY CLAIM FOR BENEFITS;

(b) Increase a premium for any coverage on any such policy, unless the increase is part of a general increase in premiums filed with the commissioner and does not result from a reclassification of the insured; or

(c) Reduce the coverage under any such policy, unless the reduction is part of a general reduction in coverage filed with the commissioner or to satisfy the requirements of other sections of this part 7.

SECTION 19. 10-4-721 (1), Colorado Revised Statutes, is amended to read:

10-4-721. Exclusion of named driver. (1) On AND AFTER THE EFFECTIVE DATE OF SENATE BILL 03-078, in any case where an insurer is authorized under this part 7 to cancel or refuse to renew or increase the premiums on an automobile liability insurance policy under which more than one person is insured because of the claim experience or driving record of one or more but less than all of the persons insured under the policy A PERSON OTHER THAN THE NAMED INSURED, the insurer shall in lieu of cancellation, nonrenewal, or premium increase offer to continue or renew the insurance but to exclude from coverage, by name, the person whose claim experience or driving record would have justified the cancellation or nonrenewal. The premiums charged on any such policy excluding a named driver shall not reflect the claims, experience, or driving record of the excluded named driver.

SECTION 20. 10-4-726, Colorado Revised Statutes, is amended to read:

10-4-726. Repeal of part. (1) This part 7 is repealed, effective July 1, 2003 2006.

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(2) (a) On or before February 1, 2006, the department of regulatory agencies shall conduct a review and evaluation of the impact on consumers and the insurance industry of the reforms enacted in Senate Bill 03-078. The department of regulatory agencies shall submit a report of such evaluation to the business affairs and labor committees of the house of representatives and the senate.

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(b) The department of regulatory agencies shall include an analysis of the cost savings realized by the implementation of the provisions of Senate Bill 03-078 within its report pursuant to paragraph (a) of this subsection (2).

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SECTION 21. 10-4-609, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW SUBSECTION to read:

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10-4-609. Insurance protection against uninsured motorists **applicability.** (6) (a) ON AND AFTER THE EFFECTIVE DATE OF SENATE BILL 03-078, AN INSURER SHALL BE DEEMED TO HAVE COMPLIED WITH THE REQUIREMENTS OF SUBSECTION (1) OF THIS SECTION AND THE EXCLUSION OF THE INSURED FROM UNINSURED MOTORIST COVERAGE SHALL BE DEEMED VALID IF THE NAMED INSURED HAS REJECTED THE UNINSURED MOTORIST COVERAGE IN WRITING. SUCH EXCLUSION SHALL CONTINUE UNTIL SUCH TIME AS THE INSURED REQUESTS THAT THE INSURER PROVIDE UNINSURED MOTORIST COVERAGE. UNINSURED AND UNDERINSURED MOTORIST COVERAGE MAY BE PURCHASED AT A REDUCED PREMIUM IF IT DOES NOT APPLY TO BODILY INJURY, SICKNESS, DISEASE, OR DEATH RESULTING THEREFROM OF AN INSURED WHILE OCCUPYING A MOTOR VEHICLE OWNED BY, OR FURNISHED, OR AVAILABLE FOR THE REGULAR USE OF THE INSURED, A RESIDENT SPOUSE, OR RESIDENT RELATIVE, IF SUCH MOTOR VEHICLE IS NOT DESCRIBED IN THE POLICY UNDER WHICH A CLAIM IS MADE OR IS NOT A NEWLY ACQUIRED OR REPLACEMENT MOTOR VEHICLE COVERED UNDER THE TERMS OF THE POLICY.

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(b) Owned-but-uninsured exclusions are permissible in this state. Owned-but-uninsured exclusions may be included in motor vehicle insurance policies and uninsured or underinsured coverage must be purchased or rejected on a vehicle-by-vehicle basis. Uninsured and underinsured motorist coverage may be purchased at a reduced premium if it does not apply to bodily injury, sickness, disease, or death resulting therefrom of an insured while occupying a motor vehicle owned by, or furnished, or available for the regular use of the insured, a resident spouse, or resident relative, if such motor vehicle is not described in the policy under which a claim is made or is not a newly acquired or replacement motor vehicle covered under the terms of the policy.

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SECTION 22. Part 6 of article 4 of title 10, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW SECTION to

1 read:

10-4-616. Comprehensive coverage. An insurer shall offer comprehensive property damage coverage for a motor vehicle subject to reasonable deductibles of at least two hundred fifty, five hundred, and one thousand dollars, and in any other amount as it deems appropriate. An insurer may also offer reasonable coinsurance amounts as it deems appropriate.

SECTION 23. 10-3-207 (1) (d), Colorado Revised Statutes, is amended to read:

10-3-207. Fees paid by insurance companies. (1) There shall be paid to the division of insurance by every entity regulated by the division of insurance in this state the following:

(d) (I) In addition to any fee collected under paragraph (a) or (b) of this subsection (1), every insurance entity authorized to write private passenger automobile insurance coverage shall pay an annual fee not to exceed four hundred dollars to fund the costs of establishing and administering the PIP examination program established in section 10-4-706 AND ANY NECESSARY RULES PROMULGATED AND OTHER EXPENSES INCURRED BY THE DIVISION IN RESPONSE TO THE ENACTMENT OF SENATE BILL 03-078. Such fee shall be set by rule promulgated by the commissioner. Fees collected under this paragraph (d) shall be transmitted to the state treasurer, who shall credit the same to the division of insurance cash fund created in section 10-1-103 (3).

(II) THIS PARAGRAPH (d) IS REPEALED, EFFECTIVE JULY 1, 2008.

SECTION 24. No appropriation. The general assembly has determined that this act can be implemented within existing appropriations, and therefore no separate appropriation of state moneys is necessary to carry out the purposes of this act.

SECTION 25. Effective date - applicability. (1) (a) Section 14 shall take effect on passage an apply to tort actions filed on or after passage; and

(b) Sections 14, 15, 19, 20, 21, 24, 25, and 26 shall take effect upon passage.

(2) The remaining sections of this act shall take effect January 1, 2004, and shall apply to insurance policies issued or renewed and motor vehicle accidents occurring on or after said date.

SECTION 26. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.".

Page 1, strike line 102 and substitute the following:

"COMMISSIONER, AND, IN CONNECTION THEREWITH, EXTENDING REQUIRED MOTOR VEHICLE INSURANCE.".

SB03-240

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

Amend reengrossed bill, page 2, after line 1, insert the following:

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"**SECTION 1.** 8-42-107 (8) (b.5) (I) (D), (8) (b.5) (II), and (8) (c), Colorado Revised Statutes, are amended to read:

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8-42-107. Permanent partial disability benefits - schedule medical impairment benefits - how determined. (8) impairment benefits - determination of MMI for scheduled and **nonscheduled injuries.** (b.5) When an authorized treating physician providing primary care who is not accredited under the level II accreditation program pursuant to section 8-42-101 (3.5) makes a determination that an employee has reached maximum medical improvement, the following procedures shall apply:

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(I) (D) If the employee, insurer, or self-insured employer disputes a medical impairment rating, including a finding that there is no medical impairment, made pursuant to sub-subparagraph (A) of this subparagraph (I), the parties to the dispute may select an independent medical examiner in accordance with section 8-42-107.2 to review the rating. The cost of such independent medical examination shall be borne by the requesting The finding of such independent medical examiner shall be overcome only by clear and convincing evidence. Any review by an independent medical examiner shall be based on the employee's written medical records only, without further examination, unless a party to the dispute requests that such review include a physical examination by the independent medical examiner. EXCEPT WHEN THE PROVISIONS OF SECTION 8-42-107.2 (5) (b) APPLY, the party requesting a physical examination shall pay all additional costs, including, if applicable, the reasonable cost of returning the employee to Colorado.

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(II) If the employee is a state resident, such physician shall, within twenty days after the determination of maximum medical improvement, determine whether the employee has sustained any permanent impairment. If the employee has sustained any permanent impairment, such physician shall refer such employee to a level II accredited physician for a medical impairment rating, which shall be based on the revised third edition of the "American Medical Association Guides to the Evaluation of Permanent Impairment". If the referral is not timely made by the authorized treating physician, the insurer or self-insured employer shall refer the employee to a level II accredited physician within forty days after the determination of maximum medical improvement. If the employee, insurer, or self-insured employer disputes the finding regarding permanent medical impairment, including a finding that there is no permanent medical impairment, the parties to the dispute may select an independent medical examiner in accordance with section 8-42-107.2. The cost of such independent medical examination shall be borne by the requesting party. The finding of any such independent medical examiner shall be overcome only by clear and convincing evidence.

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(c) When the injured employee's date of maximum medical improvement has been determined pursuant to paragraph (b) of this subsection (8), and there is a determination that permanent medical

impairment has resulted from the injury, the authorized treating physician shall determine a medical impairment rating as a percentage of the whole person based on the revised third edition of the "American Medical Association Guides to the Evaluation of Permanent Impairment", in effect as of July 1, 1991. Except for a determination by the authorized treating physician providing primary care that no permanent medical impairment has resulted from the injury, any physician who determines a medical impairment rating shall have received accreditation under the level II accreditation program pursuant to section 8-42-101. For purposes of determining levels of medical impairment, the physician shall not render a medical impairment rating based on chronic pain without anatomic or physiologic correlation. Anatomic correlation must be based on objective findings. If either party disputes the authorized treating physician's finding of medical impairment, including a finding that there is no permanent medical impairment, the parties may select an independent medical examiner in accordance with section 8-42-107.2. The cost of such independent medical examination shall be borne by the requesting The finding of such independent medical examiner shall be overcome only by clear and convincing evidence. A hearing on this matter shall not take place until the finding of the independent medical examiner has been filed with the division.".

Renumber succeeding sections accordingly.

Page 2, line 2, strike "(3), Colorado Revised Statutes, is", and substitute "(3) and (5), Colorado Revised Statutes, are".

Page 3, line 14, strike "PHYSICIANS." and substitute "PHYSICIANS OR SPECIALISTS.".

Page 4, after line 13, insert the following:

"(5) (a) EXCEPT AS PROVIDED IN PARAGRAPH (b) OF THIS SUBSECTION (5), the requesting party shall advance the full cost of the independent medical examination to the IME at least ten days before the appointed time for the examination.

(b) A CLAIMANT WHO HAS ESTABLISHED THAT HE OR SHE IS INDIGENT SHALL RECEIVE AN INDEPENDENT MEDICAL EXAMINATION WITHOUT HAVING TO ADVANCE THE COST TO THE INDEPENDENT MEDICAL EXAMINER. THE DIRECTOR OF THE DIVISION OF WORKERS' COMPENSATION SHALL PROMULGATE RULES TO ESTABLISH A PROCEDURE TO DETERMINE INDIGENCE.".

FINANCE

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

<u>HB03-1315</u> be amended as follows, and as so amended, be referred to the Committee of the Whole with favorable recommendation:

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Amend printed bill, page 5, line 23, after the period, add "PRIOR TO
    ENTERING INTO AN AGREEMENT WITH THE NONPROFIT CORPORATION
    CREATED PURSUANT TO SECTION 24-82-703, A STATE AGENCY SHALL
   REQUEST, AND, WITHIN EXISTING RESOURCES, THE STATE TREASURER
    SHALL PROVIDE, TECHNICAL SUPPORT TO THE AGENCY IN DEVELOPING THE
 6
    FINANCIAL ASPECTS OF THE TERMS OF THE AGREEMENT.".
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    SB03-317
                 be amended as follows, and as so amended, be referred to
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                 the Committee on Appropriations with favorable
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                 recommendation:
13
    Amend reengrossed bill, page 2, line 16, strike "2006, AND LESS TWO" and
14
    substitute "2005, AND LESS TWO AND ONE-THIRD";
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   line 18, strike "2006," and substitute "2005,".
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19
    Page 3, line 12, strike "2006, AND LESS TWO" and substitute "2005, AND
20
    LESS TWO AND ONE-THIRD";
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22
    line 13, strike "2006." and substitute "2005.".
23
    Page 4, line 1, strike "2006, AND LESS THE TWO" and substitute "2005,
24
25
    AND LESS THE TWO AND ONE-THIRD";
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27
    line 3, strike "2006," and substitute "2005,";
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29
    line 12, strike "2006," and substitute "2005,";
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31
    line 13, after "TWO", insert "AND ONE-THIRD";
32
    line 16, strike "2006." and substitute "2005.";
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34
    line 27, strike "2006," and substitute "2005,".
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    Page 5, line 2, strike "2006," and substitute "2005,";
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39
    line 20, strike "2006, AND LESS TWO" and substitute "2005, AND LESS TWO"
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    AND ONE-THIRD";
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    line 22, strike "2006," and substitute "2005,".
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    HEALTH, ENVIRONMENT, WELFARE, & INSTITUTIONS
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    After consideration on the merits, the Committee recommends the
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    following:
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    SB03-019
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                 be referred favorably to the Committee on Appropriations.
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STATE, VETERANS, & MILITARY AFFAIRS
    After consideration on the merits, the Committee recommends the
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    following:
 5
    SB03-082
                  be postponed indefinitely.
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 8
    SJR03-029
                  be referred out for final action.
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    TRANSPORTATION & ENERGY
13
    After consideration on the merits, the Committee recommends the
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    following:
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    HB03-1343
                  be amended as follows, and as so amended, be referred to
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                  the Committee on Appropriations with favorable
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                  recommendation:
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21
    Amend printed bill, page 3, line 4, strike "(3) and (4)," and substitute
22
    "(3),";
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24
    line 5, strike "are" and substitute "is";
25
    strike lines 11 through 14;
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28
    line 15, strike "(1) (b), (1) (g), (1) (i),";
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    strike lines 16 and 17 and substitute the following:
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    "(4), (6) (a) (II), and (6) (a) (III),";
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    line 18, strike "(7) (g),";
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    strike lines 20 through 27.
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    Page 4, strike lines 1 through 7 and substitute the following:
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40
    "alcoholic content - penalties. (2) (a) It is a misdemeanor for any
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    person to drive any vehicle in";
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43
    line 24, strike "<del>DWAI,"</del> and substitute "DWAI,";
44
    line 27, after "SE,", insert "DWAI,".
45
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    Page 5, strike lines 4 through 10;
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49
    line 11, strike "DUI, or DWAI" and substitute "DUI or DWAI,";
50
51
    strike lines 15 through 24 and substitute the following:
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53
           "(II) If at such time the defendant's BAC was in excess of 0.05 but
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    less than 0.10 0.08, such fact gives rise to the permissible inference that
    the defendant's ability to operate a vehicle was impaired by the
    consumption of alcohol, and such fact may also be considered with other
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competent evidence in determining whether or not the defendant was 2 under the influence of alcohol.". 4 Strike pages 6 through 10. 5 6 Page 11, strike lines 1 through 22. 7 8 Renumber succeeding sections accordingly. 9 10 Page 11, line 23, strike "(2)," and substitute "(2) (b) and (2) (c)," and strike "is" and substitute "are". 11 12 13 Page 12, strike lines 4 through 14 and substitute the following: 14 15 "(b) If there was at such time in excess of 0.05 but less than $\frac{0.10}{0.10}$ 0.08 grams of alcohol per one hundred milliliters of blood, or if there was 16 17 at such time in excess of 0.05 but less than 0.10 0.08 grams of alcohol per two hundred ten liters of breath, such fact may be considered with other 18 19 competent evidence in determining whether or not the defendant was 20 under the influence of alcohol."; 21 line 19, strike "(2)," and substitute "(2) (b) and (2) (c)," and strike "is" 23 and substitute "are"; 24 25 strike line 27. 26 27 Page 13, strike lines 1 through 10 and substitute the following: 28 29 "(b) If there was at such time in excess of 0.05 but less than 0.1030 0.08 grams of alcohol per one hundred milliliters of blood, or if there was 31 at such time in excess of 0.05 but less than 0.10 0.08 grams of alcohol per 32 two hundred ten liters of breath, such fact may be considered with other competent evidence in determining whether or not the defendant was 34 under the influence of alcohol."; 35 36 strike lines 15 through 27. 38 Page 14, strike lines 1 through 7. 39 40 Renumber succeeding sections accordingly. 41 42 Page 14, strike lines 8 through 11 and substitute the following: 43 "SECTION 6. 44 42-2-126 (2) (a) (I.5) and (5) (a) (I), the introductory portion to 42-2-126 (6) (b) (II.5), and 42-2-126 (9) (c) (II), 45 46 Colorado Revised Statutes, are amended to read:"; 47 strike lines 15 through 27 and substitute the following: 48 49 50 "(I.5) Drove a vehicle in this state when such person was under 51 twenty-one years of age and when the amount of alcohol, as shown by 52 analysis of the person's blood or breath, in such person's blood was in excess of 0.05 but less than $\frac{0.10}{0.08}$ grams of alcohol per one hundred milliliters of blood or in excess of 0.05 but less than $\frac{0.10}{0.08}$ grams of 53 54

alcohol per two hundred ten liters of breath at the time of driving or within two hours after driving. If the preponderance of the evidence

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establishes that such person consumed alcohol between the time that the
    person stopped driving and the time of testing, the preponderance of the
 3
    evidence must also establish that the minimum required blood or breath
    alcohol content was reached as a result of alcohol consumed before the
    person stopped driving.".
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 7
    Page 15, strike lines 1 through 20.
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 9
    Page 16, line 3, strike "not in excess of 0.05 LESS" and substitute "not in
10
    excess of 0.05";
11
12
    line 4, strike "THAN 0.08";
13
    strike lines 11 through 23;
14
15
    strike lines 26 and 27.
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    Strike pages 17 and 18.
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20
    Page 19, strike lines 1 through 4;
21
22
    line 5, before "(II)", insert "(9) (c)";
23
24
    strike line 27.
25
26
    Strike pages 20 through 22.
27
28
    Page 23, strike 1 through 19.
29
30
    Renumber succeeding sections accordingly.
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32
    Page 25, line 16, strike "MAY BE IN OPEN CONTAINERS AND MAY" and
    substitute "SHALL BE IN OPEN CONTAINERS AND SHALL";
34
    line 18, strike "SEVEN" and substitute "SIX";
35
36
37
    line 19, strike "SUNDAY" and substitute "MONDAY".
38
    Page 30, line 26, after "OF" insert "PARTIALLY CONSUMED".
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40
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    Page 31, strike lines 2 through 4 and substitute the following:
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           "SECTION 13. Effective date - applicability. (1) This act
    shall take effect at 12:01 a.m. on the day following the expiration of the
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    ninety-day period after final adjournment of the general assembly that is
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46
    allowed for submitting a referendum petition pursuant to article V,
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    section 1 (3) of the state constitution; except that:
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49
           (a) If a referendum petition is filed against this act or an item,
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    section, or part of this act within such period, then the act, item, section,
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    or part, if approved by the people, shall take effect on the date of the
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    official declaration of the vote thereon by proclamation of the governor;
53
    and
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(b) Unless a referendum petition is filed against these sections, Sections 2 through 6 of this act shall take effect";

strike lines 11 through 17;
strike line 27.
Strike page 32.

REPORT FROM THE

REPORT FROM THE SENATE AND HOUSE COMMITTEES ON DELAYED BILLS

Pursuant to Joint Rule 23 (c), the House and Senate Committees on Delayed Bills, acting jointly, extend the following deadline for Senate Bill No. 03-248, Concerning the Financing of Public Schools and Making an Appropriation Therefor:

The Friday, March 14 deadline (the 66th legislative day) for final passage, including any conference committee report, for any bill prescribing all or a substantial portion of the total funding for public schools pursuant to the "Public School Finance Act of 1994", article 54 of title 22, Colorado Revised Statutes, as extended until Friday, March 28, 2003 (the 80th legislative day), Friday, April 4, 2003 (the 87th legislative day), and Friday, April 18, 2003 (the 101st legislative day) is further extended until Monday April 21, 2003 (the 104th legislative day).

This memorandum shall be printed in the journal of each house as is required by said Joint Rule 23 (c).

(signed) (signed)
Lola Spradley John Andrews
Keith King Norma Anderson
Jennifer Veiga Joan Fitz-Gerald

FIRST REPORT OF FIRST CONFERENCE COMMITTEE on SB03-009

This Report Amends the Rerevised Bill.

To the President of the Senate and the Speaker of the House of Representatives:

Your first conference committee appointed on SB03-009, concerning fingerprint-based criminal history record checks for emergency medical technician certificate applicants, has met and reports that it has agreed upon the following:

1. That the Senate accede to the House amendments made to the bill, as the amendments appear in the rerevised bill.

2. That, under the authority granted the committee to consider matters not at issue between the two houses, the following amendments be recommended:

Amend rerevised bill, page 4, line 23, after "A", insert "SUBSEQUENT" and

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strike "CHECK AT" and substitute "CHECK.";
 3
    strike line 24.
 4
   Page 5, line 8, after "A", insert "SUBSEQUENT" and strike "CHECK AT" and
 5
 6
    substitute "CHECK.";
 7
8
    strike line 9.
 9
10
    Respectfully submitted,
      Senate Committee:
                                      House Committee:
11
12
        Steve Johnson
                                         Shawn Mitchell
        Ken Kester
                                         Tim Fritz
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14
        Ron Tupa
                                         Fran Coleman
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16
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FIRST REPORT OF FIRST CONFERENCE COMMITTEE on SB03-300

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This Report Amends the Rerevised Bill.

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To the President of the Senate and the Speaker of the House of Representatives:

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Your first conference committee appointed on SB03-300, concerning the imposition of a management fee on certain funds that are invested by the state treasurer, has met and reports that it has agreed upon the following:

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1. That the Senate accede to the House amendments made to the bill, as said amendments appear in the rerevised bill, with the following changes:

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Amend rerevised bill, page 3, line 27, strike "2004." and substitute "2006.".

37 38

2. That, under the authority granted the committee to consider matters not at issue between the two houses, the following amendment be recommended:

40 41 42

Amend rerevised bill, page 2, after line 1, insert the following:

43 44

"SECTION 1. 24-36-102 (1), Colorado Revised Statutes, is amended to read:

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24-36-102. Function of department - employees. (1) The principal function of the treasury department is to receive all state moneys collected by or otherwise coming into the hands of any officer, department, institution, or agency of the state government as required in section 24-36-103 (1) and to deposit and disburse the same in the manner prescribed by law. It shall have no tax collection or enforcement functions whatsoever. IN ORDER TO PERFORM THE PRINCIPAL FUNCTION OF THE TREASURY DEPARTMENT, THE STATE TREASURER MAY CONTRACT FOR SERVICES IN ORDER TO COMPLY WITH STATUTORY MANDATES AND TO 56 ENSURE THAT THE STATE RECEIVES ALL REVENUE ACCRUING TO IT

1 2 3 4	PURSUANT TO SUCH MANDATES. FEES FOR SUCH SERVICES SHALL BE CONTINUOUSLY APPROPRIATED FROM REVENUES RECEIVED THROUGH SUCH SERVICES AND SHALL NOT BE APPROPRIATED FROM THE GENERAL FUND.".		
5	Renumber succeeding sections accordingly.		
6 7 8 9 10 11 12	Respectfully submitted, Senate Committee: Ron Teck Dave Owen Peggy Reeves House Committee: Brad Young John Witwer Tom Plant		
13 14 15	PRINTING REPORT		
16 17 18	The Chief Clerk reports the following bill has been correctly printed: HB03-1363 .		
19 20 21			
22 23	SIGNING OF BILLS - RESOLUTIONS - MEMORIALS		
24 25 26	The Speaker has signed: SB03-015 , 044 , 056 , 079 , 102 , 107 , 120 , 233 , 241 .		
27 28 29	MESSAGES FROM THE SENATE		
30 31	Madam Speaker:		
32 33 34	The President appointed Senators Cairns, Chm., Lamborn, and Nichol as members of the First Conference Committee on HB03-1290.		
35 36 37 38	The President appointed Senators Dyer, Chm., Jones, and Tupa as members of the First Conference Committee on HB03-1172.		
39 40 41	The President appointed Senators Dyer, Chm., Hillman, and Hagedorn as members of the First Conference Committee on HB03-1240.		
42 43 44	The President appointed Senators Dyer, Chm., Hillman, and Gordon as members of the First Conference Committee on HB03-1228.		
45 46 47 48	The Senate granted permission to members of the First Conference Committee on HB03-1253 to consider matters not at issue between the two houses.		
49 50 51 52	The Senate has adopted the First Report of the First Conference Committee on SB03-305, as printed in Senate Journal, April 16, pages 1065-1067, and repassed the bill as amended.		
53 54 55	The Senate has adopted the First Report of the First Conference Committee on SB03-284, as printed in Senate Journal, April 17, pages 1092-1093 and repassed		

55 SB03-284, as printed in Senate Journal, April 17, pages 1092-1093 and repassed the bill as amended.

1 2 3 4	The Senate has adopted the First Report of the First Conference Committee o SB03-290, as printed in Senate Journal April 17, pages 1088-1089 and repasse the bill as amended.		
5 6 7	The Senate granted permission to members of the First Conference Committee on SB03-282 to consider matters not at issue between the two houses.		
8 9 10	The Senate granted permission to members of the First Conference Committee on HB03-1305 to consider matters not at issue between the two houses.		
11 12 13 14 15	The Senate has adopted and returns herewith: HJR03-1016, amended as printed in Senate Journal, April 11, 2003, pages 1011-1012.		
16 17	The Senate has adopted and returns herewith: HJR03-1017, 1027, 1033, 1050.		
18 19	The Senate has adopted and transmits herewith: SJR03-032, 041.		
20 21 22 23 24 25	The Senate has voted not to concur in House Amendments to SB03-248 and requests that a Conference Committee be appointed. The President appointed Senators Anderson, Chm., Arnold, and Windels as members of the First Conference Committee on the part of the Senate. The bill is transmitted herewith.		
26 27 28	The Senate has passed on Third Reading and transmitted to the Revisor of Statutes:		
29 30 31	SB03-73, amended as printed in Senate Journal, April 17, 2003, pages 1078-1086.		
32 33	SB03-87, amended as printed in Senate Journal, April 16, 2003, pages 1057-1061 and in Senate Journal, April 17, page 1086.		
34 35 36	HB03-1322, amended as printed in Senate Journal, April 17, 2003, page 1086.		
37 38 39	The Senate voted to recall HB03-1224 for purposes of reconsideration, and requests the return of the bill.		
40 41	The Senate voted to adhere to its position on SB03-126.		
42 43 44 45 46 47 48 49 50	The Senate has voted to reconsider and voted not to concur in House Amendments to SB03-271 and requests that a Conference Committee be appointed. The President appointed Senators Owen, Chm., Teck, and Reeves as members of the First Conference Committee on the part of the Senate. The Senate granted permission to members of the First Conference Committee to consider matters not at issue between the two houses. The bill is transmitted herewith.		
51 52	MESSAGE FROM THE REVISOR		
53 54 55 56	We herewith transmit: Without comment, as amended, SB03-73, 87 and HB03-1322.		

1	MESSAGES FROM THE GOVERNOR		
2 3 4 5 6	I certify I received the following on the 17th day of April, 2003, 4:15 p.m. The original is on file in the records of the House of Representatives of the General Assembly.		
7 8	April 17, 200	3	Judith Rodrigue, Chief Clerk of the House
9 10 11 12 13 14	To the Honor House of Rep Sixty-fourth O First Regular Denver, CO 8	oresentatives General Assembly Session	
15 16 17	Ladies and G	entlemen:	
18 19 20	I have the honor to inform you that I have approved and filed with the Secretary of State the following acts:		
21 22	HB03-1232	Concerning Evidence Of Related To The Provision	Admissions In Civil Proceedings n Of Medical Care.
23 24 25		Approved April 17, 2003	3 at 9:38 A.M.
26 27 28	HB03-1255		ement Of Patient Safety Through s Of Health Care Information By t Safety Organizations.
29 30 31		Approved April 17, 2003	8 at 9:42 A.M.
31 32 33 34 35 36 37	Sincerely, (signed) Bill Owens Governor		
38 39 40 41 42	11:15 a.m.		he 18th day of April, 2003, at n the records of the House of ly.
43 44	April 17, 200	3	Judith Rodrigue, Chief Clerk of the House
45 46 47 48 49 50 51 52	April 17, 200 To the Honor House of Rep Sixty-fourth C First Regular Denver, CO 8	able bresentatives General Assembly Session	
53 54	Ladies and G		
55 56		nor to inform you that I h State the following acts:	ave approved and filed with the

1	HB03-1006	Concerning Provisional Ballots.	
2 3		Approved April 17, 2003 at 4:07 p.m.	
4 5 6 7	HB03-1008	Concerning Conservation Easements For Appurtenant Water Rights.	
8		Approved April 17, 2003 at 4:08 p.m.	
9 10 11	HB03-1010	Concerning The Frequency Of Applications Necessary To Qualify For Disabled Veteran License Plates.	
12 13		Approved April 17, 2003 at 4:10 p.m.	
14 15	HB03-1117	Concerning Protection Orders.	
16 17		Approved April 17, 2003 at 4:12 p.m.	
18 19	HB03-1020	Concerning Forgery.	
20 21		Approved April 17, 2003 at 4:14 p.m.	
22 23 24 25	F	Concerning The Authority Of Public Health Agencies To Release To Law Enforcement Officials Information Related To Bioterrorism.	
26 27		Approved April 17, 2003 at 4:19 p.m.	
28 29 30	HB03-1046	Concerning The Creation Of A Conservation Easement In Gross Through A Reservation.	
31 32		Approved April 17, 2003 at 4:21 p.m.	
33 34	HB03-1053 Concerning Em	Concerning Emissions Testing For Diesel Vehicles.	
35 36	Approved April 17, 2003 at 4:23 p.m. HB03-1097 Concerning The Regulation Of The Hunting Of Wild		
37 38			
39 40		Approved April 17, 2003 at 4:25 p.m.	
41 42 43 44	Concerning The Management Of Natural Resources On Federal Land.		
45 46		Approved April 17, 2003 at 4:26 p.m.	
47 48 49	HB03-1153	Concerning The Conduct Of Absentee Mail Ballot Elections.	
50		Approved April 17, 2003 at 4:30 p.m.	
51 52	HB03-1159	$Concerning \ Certification \ Of \ Education \ Paraprofessionals.$	
53 54 55		Approved April 17, 2003 at 4:35 p.m.	

1 2 3	HB03-1175	Concerning Numbers To Identify Postseconda Education Students.	ary
4		Approved April 17, 2003 at 4:36 p.m.	
5 6 7	HB03-1186	Concerning The Assertion Of Claims For Exempla Damages.	ıry
8		Approved April 17, 2003 at 4:40 p.m.	
1 2 3	HB03-1205	Concerning The Refund Of Beef Board Fees By T Board Of Directors Of The Colorado Beef Coun Authority.	he cil
5		Approved April 17, 2003 at 4:41 p.m.	
16	HB03-1212	Concerning Restitution Orders Entered In Criminal Case	es.
8		Approved April 17, 2003 at 4:45 p.m.	
20 21 22	HB03-1257	Concerning A Nonsubstantive Recodification Colorado's Banking Laws.	Of
22 23 24 25		Approved April 17, 2003 at 4:50 p.m.	
26 27 28 29 30	Sincerely, (signed) Bill Owens Governor		
32 33 34 35			
36 37		Judith Rodrigue,	
38 39	April 18, 200	Chief Clerk of the Hou	ise
10 11 12 13 14 15	To the Honorable House of Representatives Sixty-fourth General Assembly First Regular Session Denver, CO 80203		
16 17	Ladies and Gentlemen:		
18 19 50	I have the honor to inform you that I have approved and filed with the Secretary of State the following acts:		
51 52 53 54	HB03-1108	Concerning A Standard Policy For Accepting Internation Baccalaureate Diploma Students In Colorado Institutio Of Higher Education.	
55 56		Approved April 18, 2003 at 2:02 p m	

1	HB03-1127 Concerning Allegations Against Education Providers.		
2 3	Approved April 18, 2003 at 2:05 p.m.		
4			
5	Sincerely,		
6 7	(signed) Bill Owens		
8	Governor		
9			
10			
11 12 13	INTRODUCTION OF BILLS First Reading		
14 15	The following bills were read by title and referred to the committees		
16 17	indicated:		
18	HB03-1364	by Representative(s) CerboConcerning minimum staffing	
19		levels for health care facilities that employ nurses.	
20 21	Committee on	Information & Technology	
22			
23	<u>HB03-1365</u>	by Representative(s) BerryConcerning the "Low-income	
24 25	Committee on	Energy Assistance Act. Transportation & Energy	
26		Transportation & Energy	
27	П РОЗ 1266	by Depresentative(s) White also Senetar(s) Anderson	
28 29	<u>HB03-1366</u>	by Representative(s) White; also Senator(s) Anderson-Concerning a limitation on supersedeas bonds.	
30	Committee on		
31 32			
33	HB03-1367	by Representative(s) Cloer, Larson, Stafford, Briggs,	
34		by Representative(s) Cloer, Larson, Stafford, Briggs, Harvey, McFadyen, Merrifield, Ragsdale, Sinclair,	
35		Spence, Wiens, Williams S.; also Senator(s) Nichol,	
36 37		Lamborn, Johnson SConcerning the issuance of a military valor special license plate to persons who have	
38		received a military award for valor.	
39	Committee on	Transportation & Energy	
40 41	SB03-010	by Senator(s) Tupa. Anderson. Takis. Taylor: also	
42		by Senator(s) Tupa, Anderson, Takis, Taylor; also Representative(s) White, Coleman, Vigil, Williams T	
43		Concerning the criminal history record check requirement	
44 45		for persons who apply to work in positions involving direct contact with vulnerable persons, and making an	
46		appropriation therefor.	
47		Health, Environment, Welfare, & Institutions	
48 49	Committee on	Appropriations	
50	SB03-011	by Senator(s) Hagedorn, Hanna; also Representative(s)	
51		Spradley, Jahn, TochtropConcerning prescription	
52 53		medications under the "Colorado Medical Assistance Act", and making an appropriation in connection therewith	
55 54	Committee on	and making an appropriation in connection therewith. Health, Environment, Welfare, & Institutions	
55		Appropriations	
56			

1 2 3 4	SB03-030	by Senator(s) Cairns; also Representative(s) Lec- Concerning the disclosure to each individual taxpayer of the average amount of certain taxes paid by the taxpayer in the previous calendar year.		
5 6 7	Committee on Committee on			
8 9 10	SB03-073	by Senator(s) Owen; also Representative(s) Hoppe-Concerning an increase in the state engineer's authority to approve the use of water.		
11 12	Committee on	Agriculture, Livestock, & Natural Resources		
13 14 15	SB03-083	by Senator(s) Keller, Arnold; also Representative(s) RomanoffConcerning the "Child Mental Health Treatment Act".		
16 17 18		Health, Environment, Welfare, & Institutions Appropriations		
by Senator(s) Grossman; also Representative(s) H Concerning authority for a local law enforcement a to administer DNA tests to felony arrestees.				
22 23 24	Judiciary Appropriations			
25 26 27 28	SB03-131	by Senator(s) Arnold; also Representative(s) Berry-Concerning continuation of the use of electronic hearings regarding motor vehicle regulation by the department of		
29 30	Committee on Transportation & Energy			
31 32 33 34 35 36 37 38	<u>SB03-150</u>	by Senator(s) Evans, Keller; also Representative(s) StaffordConcerning the creation of a special district to provide mental health care services to eligible persons residing in certain counties in the state, and, in connection therewith, authorizing the district to seek voter approval to impose a sales tax in the district to provide mental health care services to children and families residing in the district.		
39 40	Committee on Finance Committee on Appropriations			
41 42 43	INTRODUCTION OF CONCURRENT RESOLUTIONS The following resolutions were read by title and referred to the committees indicated:			
44 45 46 47				
48 49 50 51 52 53 54 55	Committee on	by Representative(s) BriggsSubmitting to the registered electors of the state of Colorado an amendment to article XI of the constitution of the state of Colorado, concerning authorization for the state to contract debt for the purpose of financing state infrastructure projects, and, in connection therewith, to impose taxes to the extent necessary to repay any debt contracted. State, Veterans, & Military Affairs		
56	Committee on	Tillance		

1 **HCR03-1010** by Representative(s) Plant--Submitting to the registered 2 3 4 5 6 electors of the state of Colorado an amendment adding a new article to the constitution of the state of Colorado, concerning the repeal of certain constitutional provisions that shall be reenacted as statutory provisions in the

Committee on Finance

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HCR03-1011 by Representative(s) Lee; also Senator(s) Cairns--Submitting to the registered electors of the state of Colorado an amendment to section 7 of article V of the constitution of the state of Colorado, concerning the ability of the general assembly to call itself into special session, and, in connection therewith, in the event of a declaration of a disaster emergency by the governor, authorizing the general assembly to call itself into special session by written request of a majority of the members of each house to the presiding officer of each house to consider only those subjects raised by the governor's declaration.

Committee on State, Veterans, & Military Affairs

Colorado Revised Statutes.

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INTRODUCTION OF RESOLUTIONS

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> The following resolution was read by title and laid over one day under the rules:

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HJR03-1060 by Representative(s) King, Spradley; also Senator(s) Anderson, Andrews--Concerning the creation of an interim committee to study the impact of various constitutional and statutory provisions on the ability of the state to provide programs and services to its citizens.

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WHEREAS, The state of Colorado is experiencing an economic downturn that has reduced state revenues and affected the ability of the state to provide various programs and services to its citizens; and

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WHEREAS, Several amendments to the state constitution, including section 20 of article X (the TABOR amendment), section 17 of article IX (Amendment 23), and section 3 (1) of article X (the Gallagher amendment) of the state constitution, interact so as to limit the ability of the state to address the economic downturn and maintain current service levels for the citizens of the state; and

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WHEREAS, Those constitutional amendments were approved by the voters of the state at different times and without full knowledge of the impact the amendments would have on each other and the state's budgetary flexibility; and

WHEREAS, The General Assembly needs to study how these constitutional provisions interact with each other and with certain existing statutory provisions, and how the constitutional and statutory provisions affect the state's budgetary flexibility, in order to determine whether modifications to the constitutional amendments should be proposed to the voters of the state; now, therefore,

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Be It Resolved by the House of Representatives of the Sixty-fourth General Assembly of the State of Colorado, the Senate concurring herein:

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(1) That there shall be a committee to meet in the interim after the 2003 Regular Session of the Sixty-fourth General Assembly to study the interaction of the TABOR amendment, Amendment 23, the Gallagher amendment, and any other relevant constitutional and statutory provisions and how the amendments impact the ability of the state to provide funding for various programs and services to its citizens. The interim committee shall consist of fourteen members of the General Assembly. The speaker of the House of Representatives shall appoint seven members of the House of Representatives, no more than four of whom shall be from the same political party. The President of the Senate shall appoint seven members of the Senate, no more than four of whom shall be from the same political party. Appointments to the interim committee shall be made no later than July 1, 2003. The interim committee may consider, but shall not be limited to, the following:

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(a) The interaction of the TABOR amendment, Amendment 23, the Gallagher amendment, and other relevant constitutional and statutory provisions;

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How the interaction of the constitutional and statutory provisions affect the state's ability to provide various programs and services to its citizens and to balance its budget;

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(c) What, if any, constitutional or statutory changes should be pursued in order to increase the state's budgetary flexibility and improve the ability of the state to provide various programs and services to its citizens.

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(2) That, in conducting the study, the interim committee may consult with and obtain input and information from appropriate individuals and organizations.

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That the Legislative Council Staff and the Office of Legislative Legal Services be made available to assist the interim committee in carrying out its duties.

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(4) That the interim committee shall report its findings and recommendations to the Legislative Council by November 15, 2003, and that the Legislative Council shall report the interim committee's findings and recommendations to the Second Regular Session of the Sixty-fourth General Assembly.

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(5) That all expenditures incurred in the conduct of the study enumerated in this Joint Resolution shall be approved by the chairperson of the Legislative Council and paid by voucher and warrants drawn as provided by law from funds allocated to the Legislative Council from appropriations made by the General Assembly.

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The following resolution was read by title and referred to the committee 2 indicated: 3 4 **HJR03-1061** by Representative(s) Romanoff; also Senator(s) Evans--5 6 Concerning the celebration of bicycling, and, connection therewith, designating a permanent Bike to 7 Work Day and Colorado Bike Month. 8 Committee on Transportation & Energy 9 10 WHEREAS, Bicycling enthusiasts across the state of Colorado 11 recognize bicycling as an enjoyable recreational activity but also as a 12 practical, environmentally friendly mode of transportation that is gaining 13 popularity among commuters; and 14 WHEREAS, An alternative to the automobile as a viable means of 15 16 transportation, bicycling simultaneously promotes physical health and 17 lowers stress while reducing air pollution, traffic congestion, and energy 18 consumption; and 19 20 WHEREAS, Colorado's population is expected to grow by more 21 than one million residents over the next twenty years and can grow responsibly with the incorporation of innovative transportation options; 23 and 24 25 WHEREAS, Automotive transportation accounts for 28%, and a growing share, of U.S. climate change emissions and the U.S. population, 27 which is only 5% of the world's total, accounts for one-third of all energy 28 for transportation purposes worldwide; and 29 30 WHEREAS, If one million Coloradans (less than one-fourth of the state's population) replaced just one ten-mile motor vehicle trip per year 32 with one bicycle trip, it would result in the savings of 500,000 gallons of gasoline and 328,000 pounds of carbon monoxide would not be 34 produced; and 35 36 WHEREAS, The cost of operating a compact car is 35 cents per 37 mile while the cost of operating a bicycle has been estimated at five cents 38 a mile, saving bicycle commuters hundreds of dollars a year on fuel, 39 vehicle maintenance, parking, and even automobile insurance; and 40 41 WHEREAS, With more than 300 days of sunshine per year, 42 Colorado is an ideal state in which to take advantage of bicycling for 43 running errands, visiting friends, grocery shopping, and other quick trips, since short automobile trips are up to 3 times more polluting per mile than 45 long trips; and 46 47 WHEREAS, Combining bicycle riding with public transportation 48 by taking bikes on buses and light rail trains can make even longer 49 commutes manageable, low-cost, and efficient; and 50 51 WHEREAS, Bicycle commuters build a significant personal 52 fitness level while riding to work, reducing or eliminating the need to 53 spend time working out; and

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WHEREAS, The total economic benefit from the bicycling industry in Colorado exceeds \$1 billion annually; and

WHEREAS, From 1995 to 2001, the number of participants in Colorado's Bike to Work Day increased by 67% and is expected to continue to rise; now, therefore,

Be It Resolved by the House of Representatives of the Sixty-fourth General Assembly of the State of Colorado, the Senate concurring herein:

- (1) That the month of June shall permanently be designated as "Colorado Bike Month";
- (2) That the fourth Wednesday in June shall permanently be designated as "Bike to Work Day";
- (3) That the General Assembly encourages the residents of Colorado to participate in "Colorado Bike Month" and "Bike to Work Day" on Wednesday, June 25, 2003, and to increase their awareness of bicycling safety while finding ways to incorporate bicycling into their everyday lives.

Be It Further Resolved, That copies of this Joint Resolution be sent to the director of the Colorado Department of Transportation Bicycle/Pedestrian Program.

The following resolution was read by title and laid over one day under the rules:

HJR03-1062 by Representative(s) Stafford, Coleman, Frangas, Johnson R., Williams S.; also Senator(s) Linkhart--Concerning designation of the month of May as Mental Health Month in Colorado.

WHEREAS, Mental health is critical to the well-being and vitality of Colorado's citizens, families, communities, and businesses; and

WHEREAS, The President's New Freedom Commission declared that mental disorders and mental health problems, including substance abuse disorders, affect people of all backgrounds and all stages of life, and that no one is immune; and

WHEREAS, The World Health Organization found that mental illnesses collectively are the most prevalent health problem in the United States today, more common than cancer and lung and heart disease combined, and are the number one cause of disability in the United States; and

WHEREAS, Mental illnesses, including substance abuse, affect one in five Americans every year, regardless of age, gender, race, ethnicity, religion, or economic status; and

WHEREAS, One in ten children has a serious mental disorder that, if untreated, can lead to poor performance or failure in school, physical illness, substance abuse, and suicide; and

WHEREAS, Mental disorders such as schizophrenia, depression, and anxiety disorders are real, common, and treatable; and
WHEREAS, The long-term consequences of untreated mental

terms; and

WHEREAS, The State of Colorado recognizes the need for a comprehensive, community-based system of mental health care for all citizens and a commitment to the core values and guiding principles of a system of care for children with mental health needs and their families; and

disorders in children and adults are costly, in both human and fiscal

WHEREAS, The Colorado Behavioral Healthcare Council; the Colorado Cornerstone System of Care Initiative and its partner families, agencies, and organizations; Family Directions; the Colorado chapter of the Federation of Families for Children's Mental Health; the Denver / Aurora chapter of the Federation of Families of Children's Mental Health and the Denver Advocacy Network; Harambe; the Jefferson County Family Support Network; the Mental Health Association of Colorado; the National Alliance for the Mentally Ill - CO; the partners of Project BLOOM for Children's Mental Health in Colorado; State Children's Health and Rehabilitation Services; and State Mental Health Services and their partners observe Mental Health Month each May to raise awareness and understanding of mental health and illness; now, therefore,

Be It Resolved by the House of Representatives of the Sixty-fourth General Assembly of the State of Colorado, the Senate concurring herein:

That we, the members of the Sixty-fourth General Assembly, do hereby declare May, 2003, Mental Health Month in Colorado. Further, we call upon all Colorado citizens, government agencies, public and private institutions, businesses, and schools to recommit our community to increasing awareness and understanding of mental illnesses and the need for appropriate and accessible services for all people with mental illnesses.

The following resolution was read by title and referred to the committee indicated:

 HJR03-1063 by Representative(s) Plant; also Senator(s) Fitz-Gerald, Gordon, Grossman, Isgar, Nichol, Reeves, Tapia, Tupa-Concerning a request that the United States Congress increase Colorado's federal medicaid match rate.

Committee on Health, Environment, Welfare, & Institutions

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WHEREAS Colorado's medicaid program is jointly funded

WHEREAS, Colorado's medicaid program is jointly funded by the state and the federal government to cover the costs of health care for the poor, elderly, and disabled; and

WHEREAS, The federal government has consistently calculated the medicaid matching rates for states based on state per capita income data that is more than 3 years old; and WHEREAS, The calculation for Colorado's federal medicaid matching rate should reflect the current economic trends that Colorado is experiencing; and

WHEREAS, Colorado experienced a decline of 15% in state general fund revenues in fiscal year 2001-02; and

WHEREAS, It is projected that Colorado's state general fund revenue will decline 3.2% in fiscal year 2002-03, which would mean a loss of \$1.2 billion dollars in revenue over a 2 year period; and

WHEREAS, Colorado's medicaid caseload has grown 9.29% over the same period of time in which Colorado has experienced a projected \$1.2 billion dollar revenue loss; and

WHEREAS, Colorado's medicaid caseload is projected to increase another 5.23% in fiscal year 2003-04; and

WHEREAS, Approximately 9% of Colorado's families live at or below the federal poverty level and approximately 25% of Colorado's families are low-income; and

WHEREAS, Colorado has been experiencing an economic downturn, which is also affecting most areas of the country, and the proportion of medicaid costs that the federal government bears is declining; and

WHEREAS, Additional federal dollars could help fund Colorado's increased medicaid caseload or help to prevent or reduce major cuts in Colorado's medicaid services or the state's medicaid provider payments; and

WHEREAS, An increase in Colorado's federal match rate could help free up state funds otherwise needed for the state's medicaid program in order to avoid cuts in other areas of the state budget, such as education and economic development; now, therefore,

Be It Resolved by the House of Representatives of the Sixty-fourth General Assembly of the State of Colorado, the Senate concurring herein:

That we, the members of the Sixty-fourth General Assembly of the State of Colorado, hereby request that Colorado's congressional delegation and the United States Congress support and work to pass necessary modifications to the current medicaid federal financial participation rate in order to increase the federal match that Colorado receives.

Be It Further Resolved, That copies of this Joint Resolution be sent to the Speaker of the United States House of Representatives, the Majority Leader of the United States Senate, and to each member of Colorado's delegation to the United States Congress.

The following resolution was read by title and referred to the committee 2 indicated: 3 4 HJR03-1064 by Representative(s) Lee; also Senator(s) Hanna--5 Concerning marriage and relationship skills education. 6 Committee on Health, Environment, Welfare, & Institutions 7 8 9 WHEREAS, The vast majority of Americans desire happy, stable 10 marital and family relationships; and 11 12 WHEREAS, Evidence shows that individuals, as well as society 13 at large, benefit when those citizens who choose marriage for themselves are able to maintain healthy marriages and healthy familial relationships; 15 and 16 17 WHEREAS, It is a worthy goal, of both the public and private 18 sectors, to help make the dream of healthy marriages and families more 19 attainable for Americans; and 20 21 WHEREAS, One key element in forming strong, healthy families is marriage, family, and relationship skills education; and 23 24 WHEREAS, Successful marital and family relationships, 25 according to over 30 years of research, are not a matter of luck nor is 26 marital failure a matter of mystery; and 27 28 WHEREAS, Through marriage, family, and relationship skills education, couples and families can learn to reduce patterns of negative interaction that are risk factors for marital failure, depression, and 30 31 countless other problems; and 32 33 WHEREAS, Through marriage, family, and relationship skills 34 education, couples can also learn effective strategies for maintaining high 35 levels of relationship satisfaction; and 36 37 WHEREAS, Marriage, family, and relationship skills education can help couples to be better providers and to be less reliant on 38 39 government services by teaching them to work as a team and 40 communicate effectively not only in their marriage, but in their jobs as 41 well; and 42 43 WHEREAS, Marriage, family, and relationship skills education 44 can help couples learn conflict resolution skills, thereby reducing 45 domestic violence against each other and their children; and 46 47 WHEREAS, Marriage, family, and relationship skills education 48 can facilitate the creation of clear guidelines for keeping children out of the middle of parents' disputes and can enhance focus on the needs of the 49 50 children; and 51 52 WHEREAS, Relationship skills education includes communication 53 and conflict management; and 54

WHEREAS, Marriage and family therapists are equipped to assist

public and private schools in diffusing crisis situations by teaching staff

and students preventive communication and conflict resolution techniques; and

WHEREAS, There is national concern regarding the increase of violence in secondary and high schools; and

WHEREAS, Marriage and family therapists are specifically trained to assist marital couples, families, schools, peers, and communities to work together to prevent violence by teaching relationship skills; and

WHEREAS, Today, more than 50,000 marriage and family therapists provide marriage and relationship strategies to individuals, couples, and families nationwide; now, therefore,

Be It Resolved by the House of Representatives of the Sixty-fourth General Assembly of the State of Colorado, the Senate concurring herein:

That we, the members of the Sixty-fourth General Assembly, recognize the importance of marriage, family, and relationship skills education and support the vital role marriage and family therapists play in that education.

Be It Further Resolved, That copies of this Joint Resolution be sent to Colorado's congressional delegation, Governor Bill Owens, and the Colorado Association of Marriage and Family Therapists.

The following resolution was read by title and laid over one day under the rules:

HJR03-1065 by Representative(s) Fritz, Boyd, Carroll, Crane, Decker, Fairbank, Hall, Jahn, Madden, Mitchell, Rippy, Spence, Wiens; also Senator(s) Anderson--Concerning Early Childhood Intervention Awareness Day.

WHEREAS, For the fifth consecutive year, the Colorado Association of Community Centered Boards, the Children's Hospital, and Colorado First Lady Frances Owens have partnered together to present Early Childhood Intervention Awareness Day and related events; and

WHEREAS, Early Childhood Intervention Awareness Day will continue to raise awareness about the importance and value of early intervention in a child's developmental life and to further outreach efforts in communities across Colorado; and

WHEREAS, It is estimated that 2% of all children up to 3 years of age have significant developmental conditions or delays. In Colorado, this translates to almost 4,000 children; and

WHEREAS, Countless studies have proven that the critical window for a child's development occurs during the first 3 years of his or her life; and

WHEREAS, The earlier a child is identified as having a 23 developmental delay or developmental disability, the greater the impact of services and supports; and 4 WHEREAS, Early Childhood Intervention Awareness Day 5 6 continues to alert parents of children at risk for developmental disabilities 7 of the benefits of early intervention services and the many Colorado 8 resources available to families; and 9 10 WHEREAS, The support of local communities and community leaders is an essential component of raising early intervention awareness, 11 12 and, ultimately, providing valuable services; and 13 14 WHEREAS, Early Childhood Intervention Awareness Day strives 15 to highlight and encourage community efforts such as the Sensory Park 16 in Westminster, an integrated play setting for children of all abilities; and 17 WHEREAS, Public service announcements, parent advocacy and 18 19 educational workshops, local community awareness events, and 20 distribution of early intervention resources are methods through which 21 Early Childhood Intervention Awareness Day continues to achieve the goal of reaching more individuals with its important message each year; 23 now, therefore, 24 25 Be It Resolved by the House of Representatives of the Sixty-fourth General Assembly of the State of Colorado, the Senate concurring 27 herein: 28 29 That we, the members of the Sixty-fourth General Assembly, 30 hereby declare May 1, 2003, to be Early Childhood Intervention 31 Awareness Day in Colorado. 32 33 Be It Further Resolved, That copies of this Joint Resolution be 34 sent to the Colorado Association of Community Centered Boards, the 35 Children's Hospital, and Colorado First Lady Frances Owens. 36 37 38 39 40 The following resolution was read by title and laid over one day under the 41 rules: 42 43 **HJR03-1066** by Representative(s) Judd, Borodkin, Boyd, Carroll, 44 Cerbo, Coleman, Crane, Fritz, Lee, May M., Romanoff, 45 Sinclair, Smith, Stengel, Weissmann; also Senator(s) 46 Grossman--Concerning the proclamation of "Holocaust 47 Days of Remembrance". 48 49 WHEREAS, During the years 1933 through 1945, the world 50 witnessed the systematic dehumanization, internment, and extermination of more than 6 million Jews and other minorities and political and 51

WHEREAS, The events of the Holocaust ravaged the Jewish communities of Eastern Europe and undermined the moral foundation on which all human societies rest; and

religious dissenters at the hands of the Nazi regime; and

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WHEREAS, The Holocaust represented at its core a direct assault on the rights of each individual to exercise his or her beliefs free from persecution; and

WHEREAS, Especially in times of great national uncertainty and duress, the American people and their elected representatives must, by their example and leadership, strive to recognize and eradicate racism, anti-Semitism, and other forms of bigotry; now, therefore,

Be It Resolved by the House of Representatives of the Sixty-fourth General Assembly of the State of Colorado, the Senate concurring herein:

- (1) That we, the members of the Sixty-fourth General Assembly, remember the millions of individuals whose lives, full of potential and hope, were forever lost during the Holocaust.
- (2) That we honor the memory of these victims by remaining eternally vigilant in the struggle against hatred and oppression.

Be It Further Resolved, That April 27 through May 4, 2003, be proclaimed "Holocaust Days of Remembrance" to pay tribute to the victims and the survivors of the Holocaust as well as to spread awareness about the need for respect of all people.

The following resolutions were read by title and laid over one day under the rules:

SJR03-032

by Senator(s) Windels; also Representative(s) McFadyen-Concerning recognition of May 24 as Colorado aviation maintenance technician day, and, in connection therewith, honoring the life of airplane mechanic Charles Edward Taylor.

SJR03-041

by Senator(s) Hanna, Andrews, Phillips, Chlouber, Dyer, Entz, Evans, Fitz-Gerald, Gordon, Groff, Grossman, Hillman, Isgar, Johnson S., Keller, Lamborn, Linkhart, Nichol, Owen, Sandoval, Takis, Tapia, Taylor, Teck, Tupa, Windels; also Representative(s) Merrifield, Cloer, Cadman, Madden, Miller, Plant, Rhodes, Rose, Sinclair, Spradley, Vigil, Weddig, Wiens, Williams S.--Concerning encouraging businesses to adopt families of service members stationed at military installations across Colorado.

LAY OVER OF CALENDAR ITEMS

On motion of Representative King, the following items on the Calendar were laid over until April 21, retaining place on Calendar:

Consideration of General Orders--HB03-1311, 1132, 1247, 1344, 1280, 1329, 1350, SB03-242.

1 2 3	Consideration of ResolutionsHR03-1038, 1040 HJR03-1049, SJR03-034, HJR03-1052, 1055, 105 Consideration of MemorialsSJM03-001, 002, 004	57, 1058, 1046, 1048. 4, HM03-1001, 1002
4	Consideration of Senate AmendmentsHB03-1106	o, 1326.
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8	On motion of Representative King, the House adjour	rned until 10:00 a.m
9	April 21, 2003.	,
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11		Approved:
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14		I OI A CDD A DI EW
15		LOLA SPRADLEY,
16	Attact	Speaker
17	Attest:	
18 19 20	JUDITH RODRIGUE, Chief Clerk	