

NOTE: This bill has been prepared for the signature of the appropriate legislative officers and the Governor. To determine whether the Governor has signed the bill or taken other action on it, please consult the legislative status sheet, the legislative history, or the Session Laws.



SENATE BILL 08-135

BY SENATOR(S) Mitchell S., Bacon, Boyd, Groff, Hagedorn, Keller, Kester, McElhany, Schultheis, Shaffer, Spence, Taylor, Tochtrop, Tupa, Wiens, Williams, and Windels;
also REPRESENTATIVE(S) Gagliardi, Butcher, Carroll T., Casso, Hodge, Kerr A., Labuda, Madden, Massey, McGihon, Merrifield, Solano, Stafford, Summers, and Todd.

CONCERNING A STANDARDIZED CARD TO BE ISSUED TO PERSONS COVERED UNDER A HEALTH COVERAGE PLAN, AND MAKING AN APPROPRIATION THEREFOR.

Be it enacted by the General Assembly of the State of Colorado:

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

10-16-135. Health benefit plan information cards - rules - standardization - contents. (1) (a) THE COMMISSIONER SHALL ADOPT RULES REQUIRING EVERY CARRIER PROVIDING A HEALTH BENEFIT PLAN TO ISSUE TO COVERED PERSONS TO WHOM A HEALTH BENEFIT PLAN IDENTIFICATION CARD IS ISSUED A STANDARDIZED, PRINTED CARD CONTAINING PLAN INFORMATION. TO THE EXTENT POSSIBLE, THE RULES SHALL INCORPORATE AND NOT CONFLICT WITH THE REQUIREMENTS OF

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

SECTION 10-16-124 REGARDING PRESCRIPTION INFORMATION CARDS. THE COMMISSIONER SHALL ADOPT INITIAL RULES BY OCTOBER 31, 2008, THAT DESCRIBE THE FORMAT OF A STANDARDIZED, PRINTED CARD TO BE ISSUED BY CARRIERS TO PERSONS COVERED UNDER A HEALTH BENEFIT PLAN TO WHOM HEALTH BENEFIT PLAN IDENTIFICATION CARDS ARE ISSUED. THE RULES ESTABLISHING THE FORMAT FOR THE PRINTED CARD SHALL INCLUDE A STANDARD SIZE, SHALL REQUIRE THE CARD TO BE LEGIBLE AND PHOTOCOPIED, AND SHALL DELINEATE THE INFORMATION TO BE CONTAINED ON THE CARD, INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING INFORMATION, AS APPLICABLE:

(I) THE COVERED PERSON'S NAME AND THE APPLICABLE PLAN NUMBER;

(II) COPAYMENT AND DEDUCTIBLE AMOUNTS FOR THE MOST COMMONLY USED HEALTH CARE SERVICES;

(III) CONTACT INFORMATION FOR THE CARRIER OR HEALTH BENEFIT PLAN ADMINISTRATOR; AND

(IV) AN INDICATION OF WHETHER THE HEALTH BENEFIT PLAN IS REGULATED BY THE STATE.

(b) THE RULES ADOPTED PURSUANT TO PARAGRAPH (a) OF THIS SUBSECTION (1) SHALL REQUIRE ALL CARRIERS TO ISSUE A STANDARDIZED, PRINTED CARD TO A COVERED PERSON TO WHOM A HEALTH BENEFIT PLAN IDENTIFICATION CARD IS ISSUED UPON THE PURCHASE OR RENEWAL OF OR ENROLLMENT IN A PLAN ON OR AFTER JULY 1, 2009. NO LATER THAN JULY 1, 2010, ALL CARRIERS SHALL ISSUE THE STANDARDIZED, PRINTED CARD TO COVERED PERSONS TO WHOM HEALTH BENEFIT PLAN IDENTIFICATION CARDS ARE ISSUED.

(c) NOTHING IN THIS SECTION SHALL PRECLUDE A CARRIER FROM INCLUDING INFORMATION ON THE STANDARDIZED PRINTED CARDS THAT IS IN ADDITION TO THE INFORMATION REQUIRED TO BE INCLUDED ON THE CARD PURSUANT TO RULES ADOPTED PURSUANT TO THIS SECTION.

(2) (a) NO LATER THAN THIRTY DAYS AFTER THE EFFECTIVE DATE OF THIS SECTION, THE COMMISSIONER, IN CONSULTATION WITH THE DIRECTOR OF THE DIVISION OF REGISTRATIONS IN THE DEPARTMENT OF REGULATORY

AGENCIES AND THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, SHALL ESTABLISH A WORK GROUP COMPRISED OF REPRESENTATIVES OF THE DIVISIONS OF INSURANCE AND REGISTRATIONS IN THE DEPARTMENT OF REGULATORY AGENCIES; THE DEPARTMENTS OF PUBLIC HEALTH AND ENVIRONMENT, PERSONNEL, AND HEALTH CARE POLICY AND FINANCING; THE GOVERNOR'S OFFICE OF INFORMATION TECHNOLOGY; CARRIERS; PROVIDERS, INCLUDING HOSPITALS, PHYSICIANS, AND PHARMACISTS; PRIVATE BUSINESSES; CONSUMERS; AND OTHER STAKEHOLDERS DEEMED APPROPRIATE BY THE COMMISSIONER. THE WORK GROUP SHALL:

(I) MAKE RECOMMENDATIONS ON STANDARDS FOR TECHNOLOGY AND TOOLS THROUGH WHICH INFORMATION MAY BE ELECTRONICALLY RECOGNIZED, EXCHANGED, OR TRANSMITTED BETWEEN CARRIERS AND PROVIDERS, WHICH STANDARDS SHALL CONFORM TO ANY STANDARDS ADOPTED BY A NONPROFIT ORGANIZATION THAT SETS RELEVANT NATIONAL TECHNICAL STANDARDS;

(II) MAKE RECOMMENDATIONS AS TO THE SPECIFIC INFORMATION THAT SUCH TECHNOLOGY AND TOOLS SHOULD BE ABLE TO ELECTRONICALLY EXCHANGE OR TRANSMIT;

(III) MAKE RECOMMENDATIONS TO SIMPLIFY ELIGIBILITY AND COVERAGE VERIFICATION THROUGH ELECTRONIC DATA INTERCHANGE UTILIZING SWIPE CARD OR OTHER APPROPRIATE TECHNOLOGY;

(IV) MAKE RECOMMENDATIONS REGARDING ELIGIBILITY NOTIFICATION, PREAUTHORIZATION, OR SERVICE NOTIFICATION AND RETROACTIVE DENIAL THROUGH ELECTRONIC DATA INTERCHANGE USING SWIPE CARD OR OTHER APPROPRIATE TECHNOLOGY;

(V) MAKE RECOMMENDATIONS REGARDING HOW TO INCORPORATE THE REQUIREMENTS OF SECTION 10-16-124 PERTAINING TO UNIFORM PRESCRIPTION DRUG INFORMATION AS PART OF THE TECHNOLOGY AND TOOLS FOR ELECTRONICALLY RECOGNIZING, EXCHANGING, OR TRANSMITTING INFORMATION BETWEEN CARRIERS AND PROVIDERS;

(VI) MAKE RECOMMENDATIONS REGARDING WHETHER, ONCE ELECTRONIC DATA INTERCHANGE TECHNOLOGY AND TOOLS ARE FULLY IMPLEMENTED, STANDARDIZED, PRINTED CARDS ARE NECESSARY AND, IF SO,

WHAT INFORMATION NEEDS TO BE INCLUDED ON THE PRINTED CARDS;

(VII) MAKE RECOMMENDATIONS REGARDING WHEN SUCH TECHNOLOGY COULD BE IMPLEMENTED FOR MEDICAL ASSISTANCE PROGRAMS, AS DEFINED IN SECTIONS 25.5-1-103 AND 25.5-4-103, C.R.S.; AND

(VIII) MAKE RECOMMENDATIONS, IF THE WORK GROUP SO CHOOSES, TO CREATE A PILOT PROGRAM FOR INITIAL USE OF THE RECOMMENDED TECHNOLOGY AND TOOLS.

(b) THE WORK GROUP ESTABLISHED PURSUANT TO PARAGRAPH (a) OF THIS SUBSECTION (2) SHALL REPORT ITS RECOMMENDATIONS TO THE COMMISSIONER NO LATER THAN SIX MONTHS AFTER ITS FIRST MEETING; EXCEPT THAT, IF THE WORK GROUP IS UNABLE TO COMPLETE ITS DUTIES IN SIX MONTHS, IT MAY REQUEST THAT THE COMMISSIONER EXTEND THE DEADLINE BY NOT MORE THAN AN ADDITIONAL SIX MONTHS.

(c) AFTER RECEIPT OF THE WORK GROUP'S RECOMMENDATIONS, THE COMMISSIONER SHALL ADOPT RULES TO IMPLEMENT A STANDARDIZED ELECTRONIC SWIPE CARD OR OTHER APPROPRIATE TECHNOLOGY TO BE USED BY CARRIERS, PROVIDERS, AND COVERED PERSONS UNDER A HEALTH BENEFIT PLAN TO ALLOW ACCESS TO INFORMATION REGARDING THE APPLICABLE COVERAGE UNDER THE PLAN. CARRIERS SHALL IMPLEMENT THE NEW TECHNOLOGY NO LATER THAN TWO YEARS AFTER THE EFFECTIVE DATE OF THE RULES ADOPTED PURSUANT TO THIS PARAGRAPH (c); EXCEPT THAT, IF THE WORK GROUP CONCLUDES THAT CARRIERS ARE UNABLE TO FULLY IMPLEMENT THE TECHNOLOGY BY THE DEADLINE, THE WORK GROUP MAY RECOMMEND THAT THE COMMISSIONER GRANT AN EXTENSION OF NOT MORE THAN SIX MONTHS FOR FULL IMPLEMENTATION OF THE REQUIREMENTS OF SUCH RULES.

(3) THE RULES ADOPTED BY THE COMMISSIONER PURSUANT TO THIS SECTION SHALL CONFORM TO APPLICABLE FEDERAL GUIDELINES ON STANDARDIZED CLAIMS ATTACHMENT FORMS ONCE SUCH FEDERAL GUIDELINES ARE ADOPTED.

(4) THE COMMISSIONER SHALL AMEND, MODIFY, REENACT, UPDATE, OR OTHERWISE REVISE THE RULES ADOPTED PURSUANT TO THIS SECTION AS NECESSARY TO REFLECT THE MOST CURRENT TECHNOLOGY AVAILABLE THAT

WILL ALLOW REAL-TIME DATA EXCHANGE, BENEFITS ELIGIBILITY, COVERAGE DETERMINATIONS, AND OTHER APPROPRIATE PROVIDER-CARRIER TRANSACTIONS.

(5) LICENSED OR CERTIFIED HOSPITALS AND PHYSICIANS LICENSED PURSUANT TO ARTICLE 36 OF TITLE 12, C.R.S., SHALL USE THE STANDARDIZED, PRINTED CARD PROVIDED TO COVERED PERSONS AND CHILDREN'S BASIC HEALTH PLAN ENROLLEES AND, ONCE IMPLEMENTED, SHALL USE THE STANDARDIZED ELECTRONIC TECHNOLOGY FOR ACCESSING INFORMATION ABOUT THE COVERAGE AVAILABLE UNDER A HEALTH BENEFIT PLAN OR THE CHILDREN'S BASIC HEALTH PLAN FOR A COVERED PERSON OR ENROLLEE TO WHOM HEALTH CARE SERVICES ARE OR WILL BE PROVIDED BY THE HOSPITAL OR PHYSICIAN.

(6) A CARRIER OR PROVIDER LOCATED IN A RURAL AREA OF THE STATE, AS DETERMINED BY THE COMMISSIONER, MAY APPLY TO THE COMMISSIONER FOR, AND THE COMMISSIONER MAY GRANT, AN EXTENSION OF ANY OF THE DEADLINES IMPOSED BY THIS SECTION IF MEETING A PARTICULAR DEADLINE WOULD IMPOSE A FINANCIAL HARDSHIP ON THE RURAL CARRIER OR PROVIDER. THE COMMISSIONER MAY REQUIRE THE RURAL CARRIER OR PROVIDER TO SUBMIT DOCUMENTATION SUPPORTING THE FINANCIAL HARDSHIP CLAIM.

SECTION 2. Appropriation. In addition to any other appropriation, there is hereby appropriated, out of any moneys in the division of insurance cash fund created in section 10-1-103 (3), Colorado Revised Statutes, not otherwise appropriated, to the department of regulatory agencies, for allocation to the division of insurance, to prepare the regulations related to the format of standardized insurance cards and to form and staff a working group to make recommendations to the commissioner related to the implementation of this act, for the fiscal year beginning July 1, 2008, the sum of twelve thousand nine hundred twenty-eight dollars (\$12,928), or so much thereof as may be necessary, for the implementation of this act.

SECTION 3. 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.

Peter C. Groff
PRESIDENT OF
THE SENATE

Andrew Romanoff
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

Karen Goldman
SECRETARY OF
THE SENATE

Marilyn Eddins
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

APPROVED _____

Bill Ritter, Jr.
GOVERNOR OF THE STATE OF COLORADO