

Second Regular Session
Sixty-sixth General Assembly
STATE OF COLORADO

PREAMENDED

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

LLS NO. 08-0873.01 Christy Chase

SENATE BILL 08-135

SENATE SPONSORSHIP

Mitchell S.,

HOUSE SPONSORSHIP

(None),

Senate Committees

Health and Human Services
Appropriations

House Committees

A BILL FOR AN ACT

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

Bill Summary

(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)

Requires health insurance carriers to develop and issue to covered persons under a health coverage plan a standardized card or device that contains information about the contents of and procedures to access benefits under the plan, which information can be electronically scanned. Requires the commissioner of insurance to convene a meeting of carriers and other stakeholders for purposes of developing the card or device by

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

a specified date.

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

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

5 10-16-133. Health benefit plan information cards - rules -
6 standardization - contents. (1) (a) THE COMMISSIONER SHALL ADOPT
7 RULES REQUIRING EVERY CARRIER PROVIDING A HEALTH BENEFIT PLAN TO
8 ISSUE TO ALL COVERED PERSONS A STANDARDIZED CARD CONTAINING
9 INFORMATION REGARDING THE CONTENTS OF AND PROCEDURES TO ACCESS
10 BENEFITS UNDER THE HEALTH BENEFIT PLAN. THE COMMISSIONER SHALL
11 ADOPT INITIAL RULES BY OCTOBER 31, 2008, THAT DESCRIBE THE FORMAT
12 OF A STANDARDIZED, PRINTED CARD TO BE ISSUED BY CARRIERS TO
13 PERSONS COVERED UNDER A HEALTH BENEFIT PLAN. THE RULES
14 ESTABLISHING THE FORMAT FOR THE PRINTED CARD SHALL INCLUDE A
15 STANDARD SIZE, COLOR, AND DESIGN SPECIFICATIONS AND SHALL
16 DELINEATE THE INFORMATION TO BE CONTAINED ON THE CARD,
17 INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING INFORMATION, AS
18 APPLICABLE:

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

21 (II) COPAYMENT AND DEDUCTIBLE AMOUNTS;

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

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

1 (b) THE RULES ADOPTED PURSUANT TO PARAGRAPH (a) OF THIS
2 SUBSECTION (1) SHALL REQUIRE ALL CARRIERS TO ISSUE A STANDARDIZED,
3 PRINTED CARD TO A COVERED PERSON UPON THE PURCHASE OR RENEWAL
4 OF OR ENROLLMENT IN A PLAN ON OR AFTER JULY 1, 2009. NO LATER
5 THAN JULY 1, 2010, ALL CARRIERS SHALL ISSUE THE STANDARDIZED,
6 PRINTED CARD TO ALL COVERED PERSONS.

7 (2) (a) NO LATER THAN THIRTY DAYS AFTER THE EFFECTIVE DATE
8 OF THIS SECTION, THE COMMISSIONER, IN CONSULTATION WITH THE
9 DIRECTOR OF THE DIVISION OF REGISTRATIONS IN THE DEPARTMENT OF
10 REGULATORY AGENCIES AND THE EXECUTIVE DIRECTOR OF THE
11 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, SHALL ESTABLISH A
12 WORK GROUP COMPRISED OF REPRESENTATIVES OF THE DIVISIONS OF
13 INSURANCE AND REGISTRATIONS IN THE DEPARTMENT OF REGULATORY
14 AGENCIES; THE DEPARTMENTS OF PUBLIC HEALTH AND ENVIRONMENT AND
15 HEALTH CARE POLICY AND FINANCING; THE GOVERNOR'S OFFICE OF
16 INFORMATION TECHNOLOGY; CARRIERS; PROVIDERS, INCLUDING
17 HOSPITALS, PHYSICIANS, AND PHARMACISTS; PRIVATE BUSINESSES;
18 CONSUMERS; AND OTHER STAKEHOLDERS DEEMED APPROPRIATE BY THE
19 COMMISSIONER. THE WORK GROUP SHALL:

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

26 (II) MAKE RECOMMENDATIONS AS TO THE SPECIFIC INFORMATION
27 THAT SUCH TECHNOLOGY AND TOOLS SHOULD BE ABLE TO

1 ELECTRONICALLY EXCHANGE OR TRANSMIT;

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

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

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

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

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

22 (c) AFTER RECEIPT OF THE WORK GROUP'S RECOMMENDATIONS,
23 THE COMMISSIONER SHALL ADOPT RULES TO IMPLEMENT A STANDARDIZED
24 ELECTRONIC SWIPE CARD OR OTHER APPROPRIATE TECHNOLOGY TO BE
25 USED BY CARRIERS, PROVIDERS, AND COVERED PERSONS UNDER A HEALTH
26 BENEFIT PLAN TO ALLOW ACCESS TO INFORMATION REGARDING THE
27 APPLICABLE COVERAGE UNDER THE PLAN. CARRIERS SHALL IMPLEMENT

1 THE NEW TECHNOLOGY NO LATER THAN TWO YEARS AFTER THE EFFECTIVE
2 DATE OF THE RULES ADOPTED PURSUANT TO THIS PARAGRAPH (C); EXCEPT
3 THAT, IF THE WORK GROUP CONCLUDES THAT CARRIERS ARE UNABLE TO
4 FULLY IMPLEMENT THE TECHNOLOGY BY THE DEADLINE, THE WORK GROUP
5 MAY RECOMMEND THAT THE COMMISSIONER GRANT AN EXTENSION OF NOT
6 MORE THAN SIX MONTHS FOR FULL IMPLEMENTATION OF THE
7 REQUIREMENTS OF SUCH RULES.

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

12 (4) THE COMMISSIONER SHALL AMEND, MODIFY, REENACT,
13 UPDATE, OR OTHERWISE REVISE THE RULES ADOPTED PURSUANT TO THIS
14 SECTION AS NECESSARY TO REFLECT THE MOST CURRENT TECHNOLOGY
15 AVAILABLE THAT WILL ALLOW REAL-TIME DATA EXCHANGE, BENEFITS
16 ELIGIBILITY, COVERAGE DETERMINATIONS, AND OTHER APPROPRIATE
17 PROVIDER-CARRIER TRANSACTIONS.

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

27 (6) A CARRIER OR PROVIDER LOCATED IN A RURAL AREA OF THE

1 STATE, AS DETERMINED BY THE COMMISSIONER, MAY APPLY TO THE
2 COMMISSIONER FOR, AND THE COMMISSIONER MAY GRANT, AN EXTENSION
3 OF ANY OF THE DEADLINES IMPOSED BY THIS SECTION IF MEETING A
4 PARTICULAR DEADLINE WOULD IMPOSE A FINANCIAL HARDSHIP ON THE
5 RURAL CARRIER OR PROVIDER. THE COMMISSIONER MAY REQUIRE THE
6 RURAL CARRIER OR PROVIDER TO SUBMIT DOCUMENTATION SUPPORTING
7 THE FINANCIAL HARDSHIP CLAIM.

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

19 **SECTION 3. Safety clause.** The general assembly hereby finds,
20 determines, and declares that this act is necessary for the immediate
21 preservation of the public peace, health, and safety.