

SENATE COMMITTEE OF REFERENCE REPORT

Chairman of Committee

February 28, 2008
Date

Committee on Health and Human Services.

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

SB08-135 be amended as follows, and as so amended, be referred to the Committee on Appropriations with favorable recommendation:

1 Amend printed bill, strike everything below the enacting clause and
2 substitute the following:

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

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

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

1 (II) COPAYMENT AND DEDUCTIBLE AMOUNTS;

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

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

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

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

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

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

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

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

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

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

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

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

34 (3) THE RULES ADOPTED BY THE COMMISSIONER PURSUANT TO
35 THIS SECTION SHALL CONFORM TO APPLICABLE FEDERAL GUIDELINES ON

1 STANDARDIZED CLAIMS ATTACHMENT FORMS ONCE SUCH FEDERAL
2 GUIDELINES ARE ADOPTED.

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

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

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

26 **SECTION 2. Safety clause.** The general assembly hereby finds,
27 determines, and declares that this act is necessary for the immediate
28 preservation of the public peace, health, and safety."

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