

First Regular Session
Sixty-sixth General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 07-0061.01 Christy Chase

SENATE BILL 07-004

SENATE SPONSORSHIP

Shaffer, and Williams

HOUSE SPONSORSHIP

Todd, and Solano

Senate Committees

Health and Human Services

House Committees

A BILL FOR AN ACT

101 **CONCERNING A COORDINATED SYSTEM OF PAYMENT FOR EARLY**
102 **INTERVENTION SERVICES FOR CHILDREN ELIGIBLE FOR**
103 **BENEFITS UNDER PART C OF THE FEDERAL "INDIVIDUALS WITH**
104 **DISABILITIES EDUCATION ACT", AND, IN CONNECTION**
105 **THEREWITH, REQUIRING THE DEPARTMENT OF HUMAN SERVICES**
106 **TO DEVELOP A COORDINATED PAYMENT SYSTEM AND REQUIRING**
107 **COVERAGE OF EARLY INTERVENTION SERVICES BY PUBLIC**
108 **MEDICAL ASSISTANCE AND PRIVATE HEALTH INSURANCE.**

Bill Summary

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

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.

Early Childhood and School Readiness Commission. Requires the department of human services (department) to develop and implement a coordinated system of payment for early intervention services for children from birth through their 3rd birthday who have developmental disabilities or developmental delays, using both public and private funds. In developing and implementing the system, specifies that the department is to:

- Establish an interagency cooperating agreement with the departments of education, health care policy and financing, public health and environment, and regulatory agencies regarding the responsibilities of each department;
- Develop the system for using public and private funds in cooperation with those specified departments and with private health insurance carriers;
- Certify community centered boards (CCBs) or other entities as the billing agents for early intervention services;
- Certify CCBs or other entities as the provider network for early intervention services; and
- Ensure an appropriate allocation of costs among federal, state, local, and private sources.

Requires the departments of education, health care policy and financing, public health and environment, and regulatory agencies, and private health insurance carriers to cooperate with the department in implementing this act and specifies particular duties of those departments and private health insurance carriers.

Obligates CCBs and other designated entities to use procedures and forms determined by the department to provide or purchase early intervention services on behalf of eligible children and to submit invoices for the services to the appropriate federal, state, local, or private funding source based on available funds and applicable reimbursement rates.

Requires the department to submit an annual report to the general assembly regarding the various funding sources used for early intervention services, the number of eligible children served, and the average cost of early intervention services.

Requires the department of health care policy and financing to ensure integration of the medicaid system and the children's basic health plan into the coordinated system of payment for early intervention services and to make necessary modifications to medicaid and the children's basic health plan to achieve such integration.

Requires health insurance policies and health care service or indemnity contracts issued or delivered on or after January 1, 2008, to provide coverage for early intervention services delivered by an early intervention specialist to an eligible child. Specifies the duration and limitations of the coverage and precludes the applicability of deductibles,

copayments, and lifetime caps on the coverage. Limits the existing mandated coverage for congenital defects and birth abnormalities to a covered child from the child's 3rd birthday to the child's 6th birthday.

Defines terms. Makes legislative findings.

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

2 **SECTION 1.** Article 10.5 of title 27, Colorado Revised Statutes,
3 is amended BY THE ADDITION OF A NEW PART to read:

4 PART 7
5 COORDINATED SYSTEM OF PAYMENT FOR
6 EARLY INTERVENTION SERVICES
7 FOR INFANTS AND TODDLERS

8 **27-10.5-701. Legislative declaration.** (1) THE GENERAL
9 ASSEMBLY HEREBY FINDS THAT:

10 (a) THE EARLY CHILDHOOD AND SCHOOL READINESS COMMISSION,
11 WHICH IS THE SUCCESSOR OF THE CHILD CARE COMMISSION, WAS CREATED
12 IN THE 2004 LEGISLATIVE SESSION IN ORDER TO STUDY, REVIEW, AND
13 EVALUATE THE DEVELOPMENT OF PLANS FOR CREATING A COMPREHENSIVE
14 EARLY CHILDHOOD SYSTEM.

15 (b) THE EARLY CHILDHOOD AND SCHOOL READINESS COMMISSION
16 HAS EXTENSIVELY STUDIED AND EVALUATED ISSUES REGARDING EARLY
17 INTERVENTION SERVICES FOR INFANTS AND TODDLERS WHO HAVE DELAYS
18 IN DEVELOPMENT AND HAS LEARNED THAT THERE IS NO COORDINATED
19 SYSTEM OF PAYMENT FOR EARLY INTERVENTION SERVICES, RESULTING IN
20 THE PROVISION OF DISJUNCTIVE OR INTERRUPTED SERVICES TO ELIGIBLE
21 CHILDREN AND INADEQUATE REIMBURSEMENT OF EARLY INTERVENTION
22 SERVICE PROVIDERS.

23 (c) THE EARLY CHILDHOOD AND SCHOOL READINESS COMMISSION

1 ALSO WAS INFORMED THAT MANY ELIGIBLE CHILDREN ARE COVERED AS
2 DEPENDENTS BY THEIR PARENTS' HEALTH CARE PLANS, BUT THE PLANS
3 DENY BENEFITS FOR EARLY INTERVENTION SERVICES, THEREBY
4 ELIMINATING A SOURCE OF PRIVATE FUNDS FOR THE PAYMENT OF EARLY
5 INTERVENTION SERVICES.

6 (d) PURSUANT TO PART C OF THE FEDERAL "INDIVIDUALS WITH
7 DISABILITIES EDUCATION ACT", 20 U.S.C. SEC. 1400 ET SEQ., AS
8 AMENDED, THERE IS AN URGENT AND SUBSTANTIAL NEED TO FACILITATE
9 THE COORDINATION OF PAYMENT FOR EARLY INTERVENTION SERVICES
10 FROM FEDERAL, STATE, LOCAL, AND PRIVATE SOURCES, INCLUDING PUBLIC
11 MEDICAL ASSISTANCE AND PRIVATE INSURANCE COVERAGE.

12 (e) THE LONGER A CHILD'S DEVELOPMENTAL DELAYS ARE NOT
13 ADDRESSED, THE MORE DEVELOPMENTAL DIFFICULTIES THE CHILD WILL
14 EXPERIENCE IN THE FUTURE, THE LESS PREPARED THE CHILD WILL BE FOR
15 SCHOOL, THE MORE SPECIAL EDUCATION NEEDS THE CHILD IS LIKELY TO
16 HAVE, AND THE MORE COSTLY THOSE PROBLEMS WILL BE TO ADDRESS.

17 (f) COLORADO'S SYSTEM FOR PROVIDING EARLY INTERVENTION
18 SERVICES TO ELIGIBLE INFANTS AND TODDLERS UP TO THEIR THIRD
19 BIRTHDAY WITH SIGNIFICANT DEVELOPMENTAL DISABILITIES AND DELAYS
20 RELIES ON MULTIPLE SOURCES OF FUNDING.

21 (g) EXISTING LEVELS OF LOCAL, STATE, FEDERAL, AND PRIVATE
22 FUNDING MAY BE MORE EFFICIENTLY USED, MORE CHILDREN MAY BE
23 SERVED, AND A HIGHER QUALITY OF SERVICES MAY BE PROVIDED IF THE
24 EXISTING EARLY INTERVENTION SYSTEM IS MODIFIED TO CREATE A MORE
25 COHERENT AND COORDINATED SYSTEM OF PAYMENT FOR EARLY
26 INTERVENTION SERVICES.

27 **27-10.5-702. Definitions.** AS USED IN THIS PART 7, UNLESS THE

1 CONTEXT OTHERWISE REQUIRES:

2 (1) "COORDINATED SYSTEM OF PAYMENT" MEANS THE POLICIES
3 AND PROCEDURES DEVELOPED BY THE DEPARTMENT, IN COOPERATION
4 WITH PUBLIC AND PRIVATE HEALTH INSURANCE CARRIERS, TO ENSURE
5 THAT AVAILABLE PUBLIC AND PRIVATE SOURCES OF FUNDS TO PAY FOR
6 EARLY INTERVENTION SERVICES FOR ELIGIBLE CHILDREN ARE ACCESSED
7 AND UTILIZED IN AN EFFICIENT MANNER.

8 (2) "DEPARTMENT" MEANS THE DEPARTMENT OF HUMAN SERVICES.

9 (3) "EARLY INTERVENTION SERVICES" MEANS SERVICES AS
10 DEFINED BY THE DEPARTMENT IN ACCORDANCE WITH PART C OF THE
11 FEDERAL "INDIVIDUALS WITH DISABILITIES EDUCATION ACT", 20 U.S.C.
12 SEC. 1400 ET SEQ., AS AMENDED. EARLY INTERVENTION SERVICES SHALL
13 QUALIFY AS MEETING THE STANDARD FOR MEDICALLY NECESSARY
14 SERVICES AS USED BY PUBLIC AND PRIVATE HEALTH INSURANCE.

15 (4) "ELIGIBLE CHILD" MEANS AN INFANT OR TODDLER, FROM BIRTH
16 THROUGH THE CHILD'S THIRD BIRTHDAY, AND WHO, AS DEFINED BY THE
17 DEPARTMENT, HAS SIGNIFICANT DELAYS IN DEVELOPMENT OR HAS A
18 DIAGNOSED PHYSICAL OR MENTAL CONDITION THAT HAS A HIGH
19 PROBABILITY OF RESULTING IN SIGNIFICANT DELAYS IN DEVELOPMENT OR
20 WHO IS ELIGIBLE FOR SERVICES PURSUANT TO SECTION 27-10.5-102 (11)
21 (c).

22 (5) "INDIVIDUALIZED FAMILY SERVICE PLAN" OR "IFSP" MEANS A
23 WRITTEN PLAN FOR PROVIDING EARLY INTERVENTION SERVICES TO AN
24 ELIGIBLE CHILD AND THE CHILD'S FAMILY.

25 (6) "PART C" MEANS THE EARLY INTERVENTION PROGRAM FOR
26 INFANTS AND TODDLERS WHO ARE ELIGIBLE FOR SERVICES UNDER PART C
27 OF THE FEDERAL "INDIVIDUALS WITH DISABILITIES EDUCATION ACT", 20

1 U.S.C. SEC. 1400 ET SEQ., AS AMENDED.

2 (7) "PRIVATE HEALTH INSURANCE" MEANS A HEALTH CARE PLAN
3 THAT IS PURCHASED BY INDIVIDUALS OR GROUPS TO PROVIDE HEALTH
4 CARE COVERAGE FOR THE HEALTH CARE NEEDS OF THE INSURED PERSON
5 AND QUALIFYING FAMILY MEMBERS OF THE INSURED PERSON.

6 (8) "PUBLIC MEDICAL ASSISTANCE" MEANS MEDICAL SERVICES
7 THAT ARE PROVIDED BY THE STATE THROUGH THE "COLORADO MEDICAL
8 ASSISTANCE ACT", ARTICLES 4 TO 6 OF TITLE 25.5, C.R.S., OR THE
9 "CHILDREN'S BASIC HEALTH PLAN ACT", ARTICLE 8 OF TITLE 25.5, C.R.S.,
10 OR OTHER PUBLIC MEDICAL ASSISTANCE FUNDING SOURCES TO QUALIFYING
11 INDIVIDUALS.

12 (9) "STATE PLAN" MEANS THE COLORADO PLAN FOR A
13 COMPREHENSIVE AND COORDINATED SYSTEM OF EARLY INTERVENTION
14 SERVICES REQUIRED PURSUANT TO PART C.

15 **27-10.5-703. Coordinated system of payment for early**
16 **intervention services - duties of departments and billing agents -**
17 **rules.** (1) IN ORDER TO IMPLEMENT THE PROVISIONS OF THIS PART 7, THE
18 DEPARTMENT, AS LEAD AGENCY FOR PART C, SHALL BE RESPONSIBLE FOR
19 THE FOLLOWING, SUBJECT TO AVAILABLE APPROPRIATIONS:

20 (a) ESTABLISHING A STATE PLAN FOR A STATEWIDE,
21 COMPREHENSIVE SYSTEM OF EARLY INTERVENTION SERVICES;

22 (b) ESTABLISHING AN INTERAGENCY OPERATING AGREEMENT
23 BETWEEN THE DEPARTMENT AND THE DEPARTMENTS OF EDUCATION,
24 HEALTH CARE POLICY AND FINANCING, PUBLIC HEALTH AND
25 ENVIRONMENT, AND REGULATORY AGENCIES REGARDING THE
26 RESPONSIBILITIES OF EACH DEPARTMENT TO ASSIST IN THE DEVELOPMENT
27 AND IMPLEMENTATION OF A STATEWIDE, COMPREHENSIVE SYSTEM OF

1 EARLY INTERVENTION SERVICES AND A COORDINATED SYSTEM OF
2 PAYMENTS FOR EARLY INTERVENTION SERVICES;

3 (c) DEVELOPING, IN COOPERATION WITH THE DEPARTMENTS OF
4 EDUCATION, HEALTH CARE POLICY AND FINANCING, PUBLIC HEALTH AND
5 ENVIRONMENT, AND REGULATORY AGENCIES AND WITH PRIVATE HEALTH
6 INSURANCE CARRIERS, A COORDINATED SYSTEM OF PAYMENT OF EARLY
7 INTERVENTION SERVICES USING PUBLIC AND PRIVATE FUNDS;

8 (d) CERTIFYING COMMUNITY CENTERED BOARDS OR OTHER
9 ENTITIES AS DETERMINED BY THE DEPARTMENT AS BILLING AGENTS FOR
10 EARLY INTERVENTION SERVICES PROVIDED PURSUANT TO THIS PART 7;

11 (e) CERTIFYING COMMUNITY CENTERED BOARDS OR OTHER
12 ENTITIES AS DETERMINED BY THE DEPARTMENT AS THE PROVIDER
13 NETWORK FOR PUBLIC MEDICAL ASSISTANCE AND PRIVATE INSURANCE FOR
14 THE PURPOSE OF PROVIDING EARLY INTERVENTION SERVICES, WHETHER
15 THE SERVICES ARE PROVIDED DIRECTLY BY THE COMMUNITY CENTERED
16 BOARD OR OTHER ENTITY OR SUBCONTRACTED TO OTHER QUALIFIED
17 PROVIDERS; AND

18 (f) ENSURING AN APPROPRIATE ALLOCATION OF COSTS FOR EARLY
19 INTERVENTION SERVICES AMONG FEDERAL, STATE, LOCAL, AND PRIVATE
20 SOURCES, INCLUDING PUBLIC MEDICAL ASSISTANCE AND PRIVATE
21 INSURANCE COVERAGE.

22 (2) ANY ADDITIONAL SOURCE OF FUNDS THAT MAY BECOME
23 AVAILABLE FOR THE PAYMENT OF EARLY INTERVENTION SERVICES ON OR
24 AFTER JULY 1, 2007, AS A RESULT OF THE DEVELOPMENT AND
25 IMPLEMENTATION OF A STATEWIDE, COMPREHENSIVE SYSTEM OF EARLY
26 INTERVENTION SERVICES AND A COORDINATED SYSTEM OF PAYMENTS FOR
27 EARLY INTERVENTION SERVICES SHALL NOT REPLACE OR REDUCE ANY

1 OTHER FEDERAL, STATE, OR LOCAL FUNDS AVAILABLE FOR THE PAYMENT
2 OF EARLY INTERVENTION SERVICES ON OR BEFORE JULY 1, 2007.

3 **27-10.5-704. Cooperation among departments and private**
4 **insurance - implementing coordinated payment system - revisions to**
5 **rules.** (1) THE DEPARTMENTS OF EDUCATION, HEALTH CARE POLICY AND
6 FINANCING, PUBLIC HEALTH AND ENVIRONMENT, AND REGULATORY
7 AGENCIES, AND PRIVATE HEALTH INSURANCE CARRIERS SHALL COOPERATE
8 WITH THE DEPARTMENT TO IMPLEMENT THE PROVISIONS OF THIS PART 7
9 AND SHALL:

10 (a) ASSIGN A REPRESENTATIVE TO A MEMORANDUM OF
11 UNDERSTANDING SUBCOMMITTEE OF THE INTERAGENCY COORDINATING
12 COUNCIL THAT ADVISES AND ASSISTS THE STATE IN DEVELOPMENT AND
13 IMPLEMENTATION OF ITS EARLY INTERVENTION SYSTEM;

14 (b) PARTICIPATE IN THE ONGOING REVIEW OF FUNDING PRACTICES
15 FOR EARLY INTERVENTION SERVICES AND DEVELOP OR REVISE
16 PROCEDURES AND, TO THE EXTENT FEASIBLE, RATES FOR A COORDINATED
17 SYSTEM OF PAYMENT FOR EARLY INTERVENTION SERVICES;

18 (c) ESTABLISH UNIFORM FORMS AND PROCEDURES FOR BILLING
19 PUBLIC MEDICAL ASSISTANCE AND PRIVATE INSURANCE FOR EARLY
20 INTERVENTION SERVICES;

21 (d) ASSIST THE DEPARTMENT IN COORDINATING REVISIONS TO
22 EXISTING RULES OF DEPARTMENTS OR BOARDS THAT ARE NECESSARY TO
23 IMPLEMENT THIS PART 7; AND

24 (e) PERFORM OTHER TASKS AND FUNCTIONS NECESSARY FOR THE
25 IMPLEMENTATION OF THIS PART 7.

26 **27-10.5-705. Community centered boards - provision and**
27 **purchasing of early intervention services.** COMMUNITY CENTERED

1 BOARDS AND OTHER ENTITIES DESIGNATED BY THE DEPARTMENT SHALL
2 USE PROCEDURES AND FORMS DETERMINED BY THE DEPARTMENT TO
3 PROVIDE OR PURCHASE EARLY INTERVENTION SERVICES ON BEHALF OF
4 ELIGIBLE CHILDREN. INVOICES FOR EARLY INTERVENTION SERVICES SHALL
5 BE SUBMITTED BASED ON THE AVAILABLE FUNDING SOURCE AND
6 REIMBURSEMENT RATE FOR EACH ELIGIBLE CHILD TO THE APPROPRIATE
7 FEDERAL, STATE, LOCAL, OR PRIVATE SOURCES, INCLUDING PUBLIC
8 MEDICAL ASSISTANCE AND PRIVATE INSURANCE.

9 **27-10.5-706. Annual report - cooperation from billing agents**
10 **and provider networks.** (1) BY NOVEMBER 1, 2008, AND BY EACH
11 NOVEMBER 1 THEREAFTER, THE DEPARTMENT SHALL SUBMIT AN ANNUAL
12 REPORT TO THE GENERAL ASSEMBLY REGARDING THE VARIOUS FUNDING
13 SOURCES USED FOR EARLY INTERVENTION SERVICES, THE NUMBER OF
14 ELIGIBLE CHILDREN SERVED, THE AVERAGE COST OF EARLY INTERVENTION
15 SERVICES, AND ANY OTHER INFORMATION THE DEPARTMENT DEEMS
16 APPROPRIATE. THE REPORT SHALL BE SUBMITTED TO THE JOINT BUDGET
17 COMMITTEE AS PART OF THE DEPARTMENT'S ANNUAL BUDGET REQUEST.
18 THE DEPARTMENT SHALL ALSO SUBMIT THE REPORT TO THE HEALTH AND
19 HUMAN SERVICES COMMITTEES AND THE EDUCATION COMMITTEES OF THE
20 SENATE AND HOUSE OF REPRESENTATIVES, OR THEIR SUCCESSOR
21 COMMITTEES.

22 (2) THE DEPARTMENT SHALL REQUEST, AND BILLING AGENTS AND
23 PROVIDER NETWORKS SHALL PROVIDE, INFORMATION REGARDING EARLY
24 INTERVENTION SERVICES THAT IS NECESSARY FOR THE DEPARTMENT TO
25 PREPARE THE ANNUAL REPORT REQUIRED BY THIS SECTION OR OTHER
26 FEDERAL OR STATE REPORTS AS MAY BE REQUIRED.

27 **SECTION 2.** Part 1 of article 1 of title 25.5, Colorado Revised

1 Statutes, is amended BY THE ADDITION OF A NEW SECTION to
2 read:

3 **25.5-1-123. Early intervention payment system - participation**
4 **by state department.** (1) THE STATE DEPARTMENT SHALL PARTICIPATE
5 IN THE DEVELOPMENT AND IMPLEMENTATION OF THE COORDINATED
6 SYSTEM OF PAYMENT FOR EARLY INTERVENTION SERVICES AUTHORIZED
7 PURSUANT TO PART 7 OF ARTICLE 10.5 OF TITLE 27, C.R.S., AND PART C
8 OF THE FEDERAL "INDIVIDUALS WITH DISABILITIES EDUCATION ACT", 20
9 U.S.C. SEC. 1400 ET SEQ., AS AMENDED.

10 (2) THE STATE DEPARTMENT SHALL ENSURE THAT THE EARLY
11 INTERVENTION SERVICES AND PAYMENTS FOR RECIPIENTS OF MEDICAL
12 ASSISTANCE UNDER THIS TITLE ARE INTEGRATED INTO THE COORDINATED
13 EARLY INTERVENTION PAYMENT SYSTEM DEVELOPED PURSUANT TO PART
14 7 OF ARTICLE 10.5 OF TITLE 27, C.R.S., AND SHALL, AS NECESSARY TO
15 ACHIEVE THE COORDINATED PAYMENT SYSTEM, AMEND THE STATE PLAN
16 FOR MEDICAL ASSISTANCE OR SEEK THE NECESSARY FEDERAL
17 AUTHORIZATION, PROMULGATE RULES, AND MODIFY THE BILLING SYSTEM
18 FOR MEDICAL ASSISTANCE TO FACILITATE THE COORDINATED PAYMENT
19 SYSTEM.

20 (3) THE STATE DEPARTMENT SHALL ALSO MAKE ANY
21 MODIFICATIONS NECESSARY TO THE "CHILDREN'S BASIC HEALTH PLAN
22 ACT", ARTICLE 8 OF THIS TITLE, INCLUDING PROMULGATING RULES, TO
23 ENSURE THAT THE CHILDREN'S BASIC HEALTH PLAN IS INTEGRATED INTO
24 THE COORDINATED EARLY INTERVENTION PAYMENT SYSTEM DEVELOPED
25 PURSUANT TO PART 7 OF ARTICLE 10.5 OF TITLE 27, C.R.S.

26 **SECTION 3.** 10-16-104 (1.7) (a), Colorado Revised Statutes, is
27 amended, and the said 10-16-104 is further amended BY THE

1 ADDITION OF A NEW SUBSECTION, to read:

2 **10-16-104. Mandatory coverage provisions - definitions.**

3 (1.3) **Early intervention services.** (a) AS USED IN THIS SUBSECTION
4 (1.3), UNLESS THE CONTEXT OTHERWISE REQUIRES:

5 (I) "DIVISION" MEANS THE UNIT WITHIN THE DEPARTMENT OF
6 HUMAN SERVICES THAT IS RESPONSIBLE FOR DEVELOPMENTAL
7 DISABILITIES SERVICES.

8 (II) "EARLY INTERVENTION SERVICE PROVIDER" MEANS A PERSON
9 OR AGENCY AS DEFINED BY THE DIVISION IN ACCORDANCE WITH PART C
10 OF THE FEDERAL "INDIVIDUALS WITH DISABILITIES EDUCATION ACT", 20
11 U.S.C. SEC. 1400 ET SEQ., WHO IS A PROVIDER OF EARLY INTERVENTION
12 SERVICES AND IS PART OF A PROVIDER NETWORK, IF A PROVIDER NETWORK
13 IS ESTABLISHED BY THE DIVISION.

14 (III) "EARLY INTERVENTION SERVICES" MEANS SERVICES AS
15 DEFINED BY THE DEPARTMENT OF HUMAN SERVICES IN ACCORDANCE WITH
16 PART C OF THE FEDERAL "INDIVIDUALS WITH DISABILITIES EDUCATION
17 ACT", 20 U.S.C. SEC. 1400 ET SEQ. EARLY INTERVENTION SERVICES SHALL
18 QUALIFY AS MEETING THE STANDARD FOR MEDICALLY NECESSARY
19 SERVICES AS USED BY PUBLIC AND PRIVATE HEALTH INSURANCE.

20 (IV) "ELIGIBLE CHILD" MEANS AN INFANT OR TODDLER, FROM
21 BIRTH THROUGH THE CHILD'S THIRD BIRTHDAY, AND WHO, AS DEFINED BY
22 THE DEPARTMENT OF HUMAN SERVICES, HAS SIGNIFICANT DELAYS IN
23 DEVELOPMENT OR HAS A DIAGNOSED PHYSICAL OR MENTAL CONDITION
24 THAT HAS A HIGH PROBABILITY OF RESULTING IN SIGNIFICANT DELAYS IN
25 DEVELOPMENT OR WHO IS ELIGIBLE FOR SERVICES PURSUANT TO SECTION
26 27-10.5-102 (11) (c).

27 (b) EACH SICKNESS AND ACCIDENT INSURANCE POLICY PROVIDING

1 COVERAGE FOR DEPENDENT CHILDREN THAT IS DELIVERED OR ISSUED FOR
2 DELIVERY WITHIN THIS STATE ON OR AFTER JANUARY 1, 2008, BY AN
3 ENTITY SUBJECT TO PART 2 OF THIS ARTICLE AND EACH HEALTH CARE
4 SERVICE OR INDEMNITY CONTRACT PROVIDING COVERAGE FOR DEPENDENT
5 CHILDREN ISSUED ON OR AFTER JANUARY 1, 2008, BY AN ENTITY SUBJECT
6 TO PART 3 OR 4 OF THIS ARTICLE SHALL PROVIDE COVERAGE FOR EARLY
7 INTERVENTION SERVICES DELIVERED BY AN EARLY INTERVENTION SERVICE
8 PROVIDER TO AN ELIGIBLE CHILD. THE COVERAGE SHALL BE AVAILABLE
9 ANNUALLY TO AN ELIGIBLE CHILD FROM BIRTH UNTIL THE CHILD'S THIRD
10 BIRTHDAY AND SHALL BE LIMITED TO THE AVERAGE ANNUAL DIRECT
11 SERVICE COST, INCLUDING CASE MANAGEMENT COSTS, FOR EARLY
12 INTERVENTION SERVICES, AS DETERMINED BY THE DIVISION, FOR EACH
13 DEPENDENT CHILD PER CALENDAR OR POLICY YEAR. THE COVERAGE
14 SHALL NOT BE SUBJECT TO DEDUCTIBLES OR COPAYMENTS, AND ANY
15 AMOUNT PAID UNDER THIS SUBSECTION (1.3) SHALL NOT BE APPLIED TO AN
16 ANNUAL OR LIFETIME MAXIMUM BENEFIT CONTAINED IN THE POLICY OR
17 CONTRACT.

18 (1.7) **Therapies for congenital defects and birth abnormalities.**

19 (a) After the first thirty-one days of life, policy limitations and exclusions
20 that are generally applicable under the policy may apply; except that all
21 individual and group health benefit plans shall provide medically
22 necessary physical, occupational, and speech therapy for the care and
23 treatment of congenital defects and birth abnormalities for ~~covered~~
24 ~~children up to five years of age~~ A COVERED CHILD FROM THE CHILD'S
25 THIRD BIRTHDAY TO THE CHILD'S SIXTH BIRTHDAY.

26 **SECTION 4. Effective date - applicability.** (1) Except as
27 provided in subsection (2) of this section, this act shall take effect July 1,

1 2007.

2 (2) Section 3 of this act shall take effect January 1, 2008, and shall
3 apply to health insurance policies and health care service or indemnity
4 contracts delivered or issued on or after said date.

5 **SECTION 5. Safety clause.** The general assembly hereby finds,
6 determines, and declares that this act is necessary for the immediate
7 preservation of the public peace, health, and safety.