

SENATE COMMITTEE OF REFERENCE REPORT

Chairman of Committee

February 14, 2007
Date

Committee on Health and Human Services.

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

SB07-004 be amended as follows, and as so amended, be referred to the Committee on Appropriations with favorable recommendation:

1 Amend printed bill, page 4, line 2, after "BUT", insert "SOME OF";

2 line 3, before "DENY", insert "MAY".

3 Page 5, after line 1, insert the following:

4 "(1) "CERTIFIED EARLY INTERVENTION SERVICE BROKER" OR
5 "BROKER" MEANS A COMMUNITY CENTERED BOARD OR OTHER ENTITY
6 DESIGNATED BY THE DEPARTMENT TO PERFORM THE DUTIES AND
7 FUNCTIONS SPECIFIED IN SECTION 27-10.5-705 IN A PARTICULAR
8 DESIGNATED SERVICE AREA. NOTWITHSTANDING SECTION 27-10.5-104
9 (4), IF THE DEPARTMENT IS UNABLE TO DESIGNATE A COMMUNITY
10 CENTERED BOARD OR OTHER ENTITY TO SERVE AS THE BROKER FOR A
11 PARTICULAR DESIGNATED SERVICE AREA, THE DEPARTMENT SHALL SERVE
12 AS THE BROKER FOR THE DESIGNATED SERVICE AREA AND MAY CONTRACT
13 DIRECTLY WITH EARLY INTERVENTION SERVICE PROVIDERS TO PROVIDE
14 EARLY INTERVENTION SERVICES TO ELIGIBLE CHILDREN IN THE
15 DESIGNATED SERVICE AREA."

16 Renumber succeeding subsections accordingly.

17 Page 5, strike line 4 and substitute the following:

18 "WITH THE DEPARTMENTS OF EDUCATION, HEALTH CARE POLICY AND

1 FINANCING, AND PUBLIC HEALTH AND ENVIRONMENT, THE DIVISION OF
2 INSURANCE IN THE DEPARTMENT OF REGULATORY AGENCIES, PRIVATE
3 HEALTH INSURANCE CARRIERS, AND CERTIFIED EARLY INTERVENTION
4 SERVICE BROKERS, TO ENSURE";

5 line 10, strike "OF THE" and substitute "THAT ARE AUTHORIZED THROUGH
6 AN ELIGIBLE CHILD'S IFSP.";

7 strike line 11;

8 line 12, strike "SEC. 1400 ET SEQ., AS AMENDED." and, strike "SERVICES"
9 and substitute "SERVICES, AS SPECIFIED IN AN ELIGIBLE CHILD'S IFSP,";

10 line 14, after "PUBLIC", insert "MEDICAL ASSISTANCE";

11 line 16, strike "THROUGH" and substitute "UP TO" and, strike "AND";

12 line 17, strike "DEPARTMENT," and substitute "DEPARTMENT IN
13 ACCORDANCE WITH PART C,";

14 line 23, strike "FOR PROVIDING" and substitute "DEVELOPED PURSUANT TO
15 20 U.S.C. SEC. 1436 AND 34 CFR 303.340, AS AMENDED, THAT
16 AUTHORIZES".

17 Page 6, line 2, strike "CARE PLAN" and substitute "COVERAGE PLAN, AS
18 DEFINED IN SECTION 10-16-102 (22.5), C.R.S.,";

19 line 3, strike "PROVIDE" and substitute "PROVIDE, DELIVER, ARRANGE FOR,
20 PAY FOR, OR REIMBURSE ANY OF THE COSTS OF";

21 strike lines 4 and 5 and substitute the following:

22 "CARE SERVICES, AS DEFINED IN SECTION 10-16-102 (22), C.R.S.,
23 PROVIDED TO A PERSON ENTITLED TO RECEIVE BENEFITS OR SERVICES
24 UNDER THE HEALTH COVERAGE PLAN.";

25 after line 11, insert the following:

26 "(10) "QUALIFIED EARLY INTERVENTION SERVICE PROVIDER" OR
27 "QUALIFIED PROVIDER" MEANS A PERSON OR AGENCY, AS DEFINED BY THE
28 DEPARTMENT IN ACCORDANCE WITH PART C, WHO PROVIDES EARLY



1 INTERVENTION SERVICES AND IS LISTED ON THE REGISTRY OF EARLY
2 INTERVENTION SERVICE PROVIDERS PURSUANT TO SECTION 27-10.5-705
3 (1)(a).".

4 Renumber succeeding subsection accordingly.

5 Page 6, line 16, strike "**and billing agents**";

6 line 21, strike "SERVICES;" and substitute "SERVICES IN ACCORDANCE
7 WITH PART C;"

8 line 24, after "FINANCING,", insert "AND";

9 line 25, strike "ENVIRONMENT, AND REGULATORY AGENCIES" and
10 substitute "ENVIRONMENT".

11 Page 7, line 4, after "FINANCING,", insert "AND";

12 strike line 5 and substitute the following:

13 "ENVIRONMENT, THE DIVISION OF INSURANCE IN THE DEPARTMENT OF
14 REGULATORY AGENCIES, PRIVATE HEALTH";

15 line 6, after "CARRIERS,", insert "AND CERTIFIED EARLY INTERVENTION
16 SERVICE BROKERS,"

17 line 9, strike "BILLING AGENTS" and substitute "EARLY INTERVENTION
18 SERVICE BROKERS";

19 strike lines 11 through 17.

20 Reletter succeeding paragraph accordingly.

21 Page 7, line 18, strike "COSTS" and substitute "PAYMENT
22 RESPONSIBILITIES".

23 Page 8, line 1, strike "FEDERAL, STATE, OR LOCAL" and substitute
24 "FEDERAL OR STATE";

25 after line 2, insert the following:



1 "(3) NOTHING IN THIS PART 7 SHALL BE CONSTRUED TO INHIBIT,
2 ENCUMBER, OR CONTROL THE USE OF LOCAL FUNDS, INCLUDING COUNTY
3 GRANTS, REVENUES FROM LOCAL MILL LEVIES, AND PRIVATE GRANTS AND
4 CONTRIBUTIONS, THAT A COMMUNITY CENTERED BOARD OR COUNTY
5 GOVERNMENT MAY ELECT TO ALLOCATE FOR THE BENEFIT OF ELIGIBLE
6 CHILDREN.

7 (4) IN DEVELOPING A COORDINATED SYSTEM OF PAYMENT, THE
8 DEPARTMENT SHALL NOT DIRECTLY OR INDIRECTLY CREATE A NEW
9 ENTITLEMENT FOR EARLY INTERVENTION SERVICES FUNDED FROM THE
10 GENERAL FUND. HOWEVER, THIS SUBSECTION (4) SHALL NOT PROHIBIT
11 ANY ADJUSTMENTS TO PUBLIC MEDICAL ASSISTANCE REQUIRED BY
12 SECTION 25.5-1-123, C.R.S.";

13 line 3, strike "**departments and private**" and substitute "**state agencies**";

14 line 4, strike "**insurance**";

15 line 6, after "FINANCING,", insert "AND" and, strike "ENVIRONMENT, AND
16 REGULATORY" and substitute "ENVIRONMENT";

17 strike line 7 and substitute the following:

18 "SHALL COOPERATE";

19 line 10, strike "TO A MEMORANDUM OF";

20 strike lines 11 and 12 and substitute the following:

21 "IN ACCORDANCE WITH PART C TO ADVISE AND ASSIST THE DEPARTMENT
22 IN THE DEVELOPMENT AND";

23 line 13, strike "ITS" and substitute "THE";

24 line 16, strike "AND, TO THE EXTENT FEASIBLE, RATES";

25 line 18, strike "ESTABLISH" and substitute "USE";

26 strike lines 19 through 21 and substitute the following:

27 "THE COSTS OF EARLY INTERVENTION SERVICES TO PUBLIC MEDICAL



1 ASSISTANCE, AS SPECIFIED IN THE "COLORADO MEDICAL ASSISTANCE
2 ACT", ARTICLES 4 TO 6 OF TITLE 25.5, C.R.S., OR THE "CHILDREN'S BASIC
3 HEALTH PLAN ACT", ARTICLE 8 OF TITLE 25.5, C.R.S., AS APPROPRIATE,
4 AND PRIVATE HEALTH INSURANCE, AS SPECIFIED IN PART 1 OF ARTICLE 16
5 OF TITLE 10, C.R.S.

6 (d) COORDINATE REVISIONS TO";

7 line 22, strike "OF DEPARTMENTS OR BOARDS";

8 after line 25, insert the following:

9 "(2) THE DIVISION OF INSURANCE IN THE DEPARTMENT OF
10 REGULATORY AGENCIES SHALL PROVIDE ASSISTANCE TO THE DEPARTMENT
11 RELATED TO THE REQUIREMENTS AND IMPLEMENTATION OF SECTION
12 10-16-104 (1.3), C.R.S., AND INSURANCE LAWS AND RULES RELATED TO
13 BILLING AND CLAIMS HANDLING.";

14 strike lines 26 and 27.

15 Page 9, strike line 1 and substitute the following:

16 **"27-10.5-705. Certified early intervention service brokers -**
17 **duties - payment for early intervention services - fees.** (1) FOR EACH
18 DESIGNATED SERVICE AREA IN THE STATE, THE CERTIFIED EARLY
19 INTERVENTION SERVICE BROKER FOR THE AREA SHALL:

20 (a) ESTABLISH A REGISTRY OF QUALIFIED EARLY INTERVENTION
21 SERVICE PROVIDERS TO PROVIDE EARLY INTERVENTION SERVICES TO
22 ELIGIBLE CHILDREN IN THE DESIGNATED SERVICE AREA. THE CERTIFIED
23 EARLY INTERVENTION SERVICE BROKER FOR A DESIGNATED SERVICE AREA
24 MAY PROVIDE EARLY INTERVENTION SERVICES DIRECTLY OR MAY
25 SUBCONTRACT THE PROVISION OF SERVICES TO OTHER QUALIFIED
26 PROVIDERS ON THE REGISTRY.

27 (b) ACCEPT AND PROCESS CLAIMS FOR REIMBURSEMENT FOR
28 EARLY INTERVENTION SERVICES PROVIDED UNDER THIS PART 7 BY
29 QUALIFIED PROVIDERS;

30 (c) NEGOTIATE RATES FOR THE PAYMENT OF EARLY INTERVENTION
31 SERVICES PROVIDED TO ELIGIBLE CHILDREN IN THE DESIGNATED SERVICE



1 AREA BY QUALIFIED PROVIDERS;

2 (d) ENSURE PAYMENT AT THE NEGOTIATED RATE TO A QUALIFIED
3 PROVIDER FOR EARLY INTERVENTION SERVICES RENDERED BY THE
4 QUALIFIED PROVIDER.

5 (2) CERTIFIED EARLY INTERVENTION SERVICE BROKERS SHALL";

6 line 3, strike "PROVIDE OR PURCHASE" and substitute "DOCUMENT THE
7 PROVISION OR PURCHASE OF";

8 line 4, after "INVOICES", insert "OR INSURANCE CLAIMS";

9 line 5, strike "AND" and substitute "FOR EACH ELIGIBLE CHILD AND THE";

10 line 6, strike "EACH ELIGIBLE CHILD TO";

11 line 7, after "PRIVATE", insert "FUNDING";

12 line 8, after "PRIVATE", insert "HEALTH";

13 after line 8, insert the following:

14 "(3) THE DEPARTMENT SHALL ESTABLISH A SCHEDULE OF FEES TO
15 BE CHARGED BY CERTIFIED EARLY INTERVENTION SERVICE BROKERS FOR
16 PROVIDING BROKER SERVICES UNDER THIS PART 7. IN DEVELOPING THE
17 FEE SCHEDULE, THE DEPARTMENT SHALL OBTAIN INPUT FROM CERTIFIED
18 EARLY INTERVENTION SERVICE BROKERS AND SHALL CONSIDER THE
19 DUTIES OF BROKERS UNDER THIS PART 7, THE EXPENSES INCURRED BY
20 BROKERS, AND THE RELEVANT MARKET CONDITIONS.

21 (4) USE OF A CERTIFIED EARLY INTERVENTION BROKER IS
22 VOLUNTARY, AND NOTHING IN THIS PART 7 SHALL PROHIBIT A QUALIFIED
23 PROVIDER OF EARLY INTERVENTION SERVICES FROM DIRECTLY BILLING
24 THE APPROPRIATE PROGRAM OF PUBLIC MEDICAL ASSISTANCE OR A
25 PARTICIPATING PROVIDER, AS DEFINED IN SECTION 10-16-102 (28.5),
26 C.R.S., FROM DIRECTLY BILLING A PRIVATE HEALTH INSURANCE CARRIER
27 FOR SERVICES RENDERED UNDER THIS PART 7.

28 (5) TO THE EXTENT REQUESTED BY THE DEPARTMENT, CERTIFIED
29 EARLY INTERVENTION SERVICE BROKERS SHALL PARTICIPATE IN ONGOING



1 REVIEWS OF FUNDING PRACTICES FOR EARLY INTERVENTION SERVICES AND
2 THE DEVELOPMENT OR REVISION OF PROCEDURES FOR A COORDINATED
3 SYSTEM OF PAYMENT FOR EARLY INTERVENTION SERVICES.";

4 line 9, strike "**billing agents**" and substitute "**certified early intervention**
5 **service brokers and qualified providers.**";

6 line 10, strike "**and provider networks.**";

7 strike line 21 and substitute the following:

8 "COMMITTEES, AND TO THE EARLY CHILDHOOD AND SCHOOL READINESS
9 COMMISSION CREATED IN PART 3 OF ARTICLE 6 OF TITLE 26, C.R.S., OR ITS
10 SUCCESSOR COMMISSION.";

11 line 22, strike "BILLING AGENTS AND";

12 line 23, strike "PROVIDER NETWORKS" and substitute "CERTIFIED EARLY
13 INTERVENTION SERVICE BROKERS AND QUALIFIED EARLY INTERVENTION
14 SERVICE PROVIDERS".

15 Page 10, line 11, strike "SERVICES" and substitute "SERVICES, AS DEFINED
16 BY THE DEPARTMENT OF HUMAN SERVICES IN ACCORDANCE WITH SECTION
17 27-10.5-702 (4), C.R.S., BUT EXCLUDING NONEMERGENCY MEDICAL
18 TRANSPORTATION,";

19 line 14, strike "C.R.S., AND SHALL, AS" and substitute "C.R.S. TO THE
20 EXTENT";

21 line 15, strike "SYSTEM," and substitute "SYSTEM AND COVERAGE OF
22 THOSE EARLY INTERVENTION SERVICES UNDER THIS TITLE, THE STATE
23 DEPARTMENT SHALL".

24 Page 11, strike lines 8 through 13.

25 Renumber succeeding subparagraphs accordingly.

26 Page 11, line 15, strike "DEPARTMENT OF HUMAN SERVICES" and
27 substitute "DIVISION";

28 strike lines 16 through 19 and substitute the following:



1 "PART C THAT ARE AUTHORIZED THROUGH AN ELIGIBLE CHILD'S IFSP.";
2 line 21, strike "THROUGH" and substitute "UP TO" and, strike "AND" and
3 substitute "WHO IS AN ENROLLED DEPENDENT AND";

4 line 22, strike "DEPARTMENT OF HUMAN SERVICES," and substitute
5 "DIVISION PURSUANT TO SECTION 27-10.5-702 (5), C.R.S.";

6 strike line 27 and substitute the following:

7 (IV) "INDIVIDUALIZED FAMILY SERVICE PLAN" OR "IFSP" MEANS
8 A WRITTEN PLAN DEVELOPED PURSUANT TO 20 U.S.C. SEC. 1436 AND 34
9 CFR 303.340, AS AMENDED, THAT AUTHORIZES EARLY INTERVENTION
10 SERVICES TO AN ELIGIBLE CHILD AND THE CHILD'S FAMILY.

11 (V) "PART C" MEANS THE EARLY INTERVENTION PROGRAM FOR
12 INFANTS AND TODDLERS WHO ARE ELIGIBLE FOR SERVICES UNDER PART C
13 OF THE FEDERAL "INDIVIDUALS WITH DISABILITIES EDUCATION ACT", 20
14 U.S.C. SEC. 1400 ET SEQ., AS AMENDED.

15 (VI) "QUALIFIED EARLY INTERVENTION SERVICE PROVIDER" OR
16 "QUALIFIED PROVIDER" MEANS A PERSON OR AGENCY, AS DEFINED BY THE
17 DIVISION IN ACCORDANCE WITH PART C, WHO PROVIDES EARLY
18 INTERVENTION SERVICES AND IS LISTED ON THE REGISTRY OF EARLY
19 INTERVENTION SERVICE PROVIDERS PURSUANT TO SECTION 27-10.5-705
20 (1) (a), C.R.S.

21 (b) ALL INDIVIDUAL AND GROUP SICKNESS AND ACCIDENT
22 INSURANCE POLICIES ISSUED BY AN ENTITY SUBJECT TO PART 2 OF THIS
23 ARTICLE ON OR AFTER JANUARY 1, 2008, AND ALL SERVICE OR INDEMNITY
24 CONTRACTS ISSUED BY AN ENTITY SUBJECT TO PART 3 OR 4 OF THIS
25 ARTICLE ON OR AFTER JANUARY 1, 2008, THAT INCLUDE DEPENDENT
26 COVERAGE SHALL PROVIDE COVERAGE FOR EARLY".

27 Page 12, strike lines 1 through 6;

28 line 7, strike "AN" and substitute "A QUALIFIED";

29 line 8, after "CHILD.", insert "EARLY INTERVENTION SERVICES SPECIFIED
30 IN AN ELIGIBLE CHILD'S IFSP SHALL QUALIFY AS MEETING THE STANDARD
31 FOR MEDICALLY NECESSARY HEALTH CARE SERVICES AS USED BY PRIVATE



1 HEALTH INSURANCE PLANS.";

2 line 9, strike "UNTIL" and substitute "UP TO";

3 strike line 10 and substitute the following:

4 "BIRTHDAY AND, FOR THE CALENDAR OR POLICY YEAR BEGINNING
5 JANUARY 1, 2008, SHALL BE LIMITED TO FIVE THOUSAND SEVEN HUNDRED
6 TWENTY-FIVE DOLLARS,";

7 line 11, strike "SERVICE COST,";

8 line 12, strike "SERVICES, AS DETERMINED BY THE DIVISION," and
9 substitute "SERVICES";

10 line 13, strike "THE" and substitute "FOR THE CALENDAR OR POLICY YEAR
11 BEGINNING JANUARY 1, 2009, AND FOR EACH CALENDAR OR POLICY YEAR
12 THEREAFTER, THE LIMIT SHALL BE ADJUSTED BY THE DIVISION BASED ON
13 THE CONSUMER PRICE INDEX FOR THE DENVER-BOULDER-GREELEY
14 METROPOLITAN STATISTICAL AREA FOR THE PRECEDING YEAR. EXCEPT AS
15 PROVIDED IN PARAGRAPH (c) OF THIS SUBSECTION (1.3), THE";

16 line 15, strike "AMOUNT PAID UNDER" and substitute "BENEFITS PAID
17 UNDER THE COVERAGE REQUIRED BY";

18 after line 17, insert the following:

19 "(c) THIS SUBSECTION (1.3) SHALL NOT APPLY TO THE FOLLOWING:

20 (I) SHORT-TERM, ACCIDENT, FIXED INDEMNITY, OR SPECIFIED
21 DISEASE POLICIES, DISABILITY INCOME CONTRACTS, LIMITED BENEFIT OR
22 CREDIT DISABILITY INSURANCE, OR A MEDICARE SUPPLEMENT POLICY, AS
23 DEFINED IN SECTION 10-18-101 (4).

24 (II) WORKERS' COMPENSATION OR SIMILAR INSURANCE.

25 (III) AUTOMOBILE MEDICAL PAYMENT INSURANCE OR INSURANCE
26 UNDER WHICH BENEFITS ARE PAYABLE WITH OR WITHOUT REGARD TO
27 FAULT AND REQUIRED BY LAW TO BE CONTAINED IN ANY LIABILITY
28 INSURANCE POLICY OR EQUIVALENT SELF-INSURANCE.



1 (d) (I) THE COVERAGE REQUIRED BY THIS SUBSECTION (1.3) MAY
2 BE OFFERED THROUGH A HIGH DEDUCTIBLE PLAN THAT WOULD QUALIFY
3 FOR A HEALTH SAVINGS ACCOUNT PURSUANT TO 26 U.S.C. SEC. 223;
4 EXCEPT THAT A CARRIER MAY APPLY DEDUCTIBLE AMOUNTS FOR THE
5 REQUIRED COVERAGE IF IT IS NOT CONSIDERED BY THE UNITED STATES
6 DEPARTMENT OF TREASURY TO BE PREVENTATIVE OR TO HAVE AN
7 ACCEPTABLE DEDUCTIBLE AMOUNT.

8 (II) IF A HIGH DEDUCTIBLE PLAN THAT WOULD QUALIFY FOR A
9 HEALTH SAVINGS ACCOUNT PURSUANT TO 26 U.S.C. SEC. 223 REQUIRES A
10 DEDUCTIBLE OR COPAYMENT AMOUNT FOR THE COVERAGE REQUIRED BY
11 THIS SUBSECTION (1.3), THE DEDUCTIBLE OR COPAYMENT AMOUNT MAY BE
12 PAID BY THE STATE AS DETERMINED BY RULES ADOPTED BY THE
13 COMMISSIONER IN ACCORDANCE WITH ARTICLE 4 OF TITLE 24, C.R.S., IN
14 CONSULTATION WITH THE DIVISION OF INSURANCE.";

15 after line 25, insert the following:

16 "SECTION 4. 10-16-105 (5) (g) (I), Colorado Revised Statutes,
17 is amended to read:

18 **10-16-105. Small group sickness and accident insurance -**
19 **guaranteed issue - mandated provisions for basic health benefit plans**
20 **- rules - benefit design advisory committee - repeal.** (5) Each small
21 group sickness and accident insurer or other entity shall make reasonable
22 disclosure in solicitation and sales materials provided to small employers
23 the following information in a form and manner prescribed by the
24 commissioner and upon request of any such small employer shall provide
25 such information in detail:

26 (g) (I) That the small employer purchasing any health benefit plan
27 other than a basic plan pursuant to SUBPARAGRAPH (I), (III), OR (IV) OF
28 paragraph (b) of subsection (7.2) of this section, must pay for all of the
29 mandated benefits pursuant to section 10-16-104 and that these mandates
30 include mandatory, nonwaivable coverages for newborn, maternity,
31 pregnancy, childbirth, complications from pregnancy and childbirth,
32 EARLY INTERVENTION SERVICES, therapies for congenital defects and birth
33 abnormalities, low-dose mammography, mental illness,
34 biologically-based mental illness, the availability of alcoholism treatment,
35 the availability of hospice care, prostate cancer screening, child health
36 supervision, hospitalization and general anesthesia for dental procedures

- 1 for dependent children, diabetes, and prosthetic devices."
- 2 Renumber succeeding sections accordingly.

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