Second Regular Session Sixty-seventh General Assembly STATE OF COLORADO

REREVISED

This Version Includes All Amendments Adopted in the Second House

LLS NO. 10-0161.01 Christy Chase

HOUSE BILL 10-1004

HOUSE SPONSORSHIP

Massey, Apuan, Frangas, Kerr J.

SENATE SPONSORSHIP

Foster, Boyd, Schwartz

House Committees

Health and Human Services

Senate Committees

Health and Human Services

A BILL FOR AN ACT

101 CONCERNING STANDARDIZATION OF HEALTH INSURANCE 102 INFORMATION PROVIDED TO CONSUMERS.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://www.leg.state.co.us/billsummaries.)

Health Care Task Force. The bill requires the commissioner of insurance (commissioner) to adopt rules establishing standard formats for policy forms and explanation of benefit forms provided by health insurance carriers to consumers. The bill obligates the commissioner to seek input from the health insurance industry, consumers, and other

SENATE 3rd Reading Unam ended March 26,2010

SENATE Am ended 2nd Reading March 25, 2010

HOUSE
3rd Reading Unam ended
February 8, 2010

ended 2nd Reading February 4, 2010

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stakeholders prior to adopting the rules. The bill requires carriers to comply with the standard format requirements starting July 1, 2011.

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	10-16-137. Policy forms - explanation of benefits -
6	standardization of forms - rules. (1) THE COMMISSIONER SHALL
7	CONVENE A GROUP OF STAKEHOLDERS, INCLUDING CARRIERS, PROVIDERS,
8	AND CONSUMERS, TO DEVELOP A STANDARDIZED FORMAT FOR THE
9	FOLLOWING REGARDING HEALTH BENEFIT PLANS, LIMITED BENEFIT HEALTH
10	INSURANCE, AND DENTAL PLANS:
11	(a) SECTION NAMES AND THE PLACEMENT OF THOSE SECTIONS IN
12	THE POLICY FORMS ISSUED BY ALL CARRIERS; AND
13	(b) The required information for carriers to provide on an
14	EXPLANATION OF BENEFITS FORM SENT TO COVERED PERSONS OR
15	PROVIDERS MAKING A CLAIM FOR BENEFITS UNDER A HEALTH BENEFIT
16	PLAN, LIMITED BENEFIT HEALTH INSURANCE, OR DENTAL PLAN.
17	(2) THE COMMISSIONER SHALL ADOPT RULES AFTER CONSIDERING
18	THE INPUT FROM CARRIERS, PROVIDERS, CONSUMERS, AND OTHER
19	STAKEHOLDERS IN DEVELOPING THE STANDARDIZED FORMAT FOR POLICY
20	FORMS AND EXPLANATION OF BENEFIT FORMS. THE RULES SHALL APPLY
21	TO HEALTH BENEFIT PLANS, LIMITED BENEFIT HEALTH INSURANCE, AND
22	DENTAL PLANS ISSUED OR DELIVERED ON OR AFTER JANUARY 1, 2012.
23	
24	SECTION 2. Act subject to petition - effective date. This act
25	shall take effect at 12:01 a.m. on the day following the expiration of the

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ninety-day period after final adjournment of the general assembly (August 1 2 11, 2010, if adjournment sine die is on May 12, 2010); except that, if a 3 referendum petition is filed pursuant to section 1 (3) of article V of the 4 state constitution against this act or an item, section, or part of this act 5 within such period, then the act, item, section, or part shall not take effect 6 unless approved by the people at the general election to be held in November 2010 and shall take effect on the date of the official 7 8 declaration of the vote thereon by the governor.

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