

**Second Regular Session
Sixty-ninth General Assembly
STATE OF COLORADO**

PREAMENDED

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

LLS NO. 14-0317.01 Kristen Forrestal x4217

HOUSE BILL 14-1108

HOUSE SPONSORSHIP

Primavera, Landgraf, Singer

SENATE SPONSORSHIP

Tochtrop, Roberts

House Committees

Health, Insurance, & Environment

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING LIMITS ON COPAYMENTS MADE BY A COVERED PERSON**
102 **FOR PHYSICAL REHABILITATION SERVICES.**

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>.)

The bill prohibits a carrier from charging a covered person a copayment for physical rehabilitation services that is more than the copayment charged for a visit to a primary care physician. The amount charged may not be more than 20% of the amount the carrier pays to the provider for the office visit. The bill requires a carrier to clearly state the

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.*

availability, including limitations, conditions, and exclusions, of physical rehabilitation services under its plan.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** 10-16-141 as
3 follows:

4 **10-16-141. Physical rehabilitation service providers -**
5 **copayments, coinsurance, and deductibles - limit.** (1) (a) FOR EACH
6 OFFICE VISIT FOR PHYSICAL REHABILITATION SERVICES BILLED BY A
7 PHYSICAL THERAPIST LICENSED PURSUANT TO ARTICLE 41 OF TITLE 12,
8 C.R.S., AN OCCUPATIONAL THERAPIST LICENSED PURSUANT TO TITLE 40.5
9 OF TITLE 12, C.R.S., A CHIROPRACTOR LICENSED PURSUANT TO ARTICLE 33
10 OF TITLE 12, C.R.S., AN ACUPUNCTURIST LICENSED PURSUANT TO ARTICLE
11 29.5 OF TITLE 12, C.R.S., OR A MASSAGE THERAPIST LICENSED PURSUANT
12 TO ARTICLE 35.5 OF TITLE 12, C.R.S., A CARRIER SHALL NOT IMPOSE A
13 COPAYMENT, COINSURANCE, OR OFFICE VISIT DEDUCTIBLE AMOUNT THAT
14 IS GREATER THAN THE COPAYMENT, COINSURANCE, OR OFFICE VISIT
15 DEDUCTIBLE AMOUNT CHARGED FOR SERVICES PROVIDED BY A LICENSED
16 PRIMARY CARE PHYSICIAN FOR EACH OFFICE VISIT.

17 (b) THE COPAYMENT, COINSURANCE, OR DEDUCTIBLE AMOUNT
18 CHARGED TO A COVERED PERSON BY THE CARRIER IN PARAGRAPH (a) OF
19 THIS SUBSECTION (1) MUST NOT EXCEED TWENTY PERCENT OF THE
20 AMOUNT THE CARRIER PAID TO THE PHYSICAL THERAPIST, OCCUPATIONAL
21 THERAPIST, CHIROPRACTOR, ACUPUNCTURIST, OR MASSAGE THERAPIST FOR
22 THE PHYSICAL REHABILITATION SERVICES PROVIDED DURING THE OFFICE
23 VISIT.

24 (2) A CARRIER SHALL CLEARLY STATE THE AVAILABILITY OF
25 PHYSICAL REHABILITATION SERVICES COVERAGE AND ALL RELATED

1 LIMITATIONS, CONDITIONS, AND EXCLUSIONS UNDER ITS HEALTH
2 COVERAGE PLAN.

3 **SECTION 2. Act subject to petition - effective date -**
4 **applicability.** (1) This act takes effect January 1, 2016; except that, if a
5 referendum petition is filed pursuant to section 1 (3) of article V of the
6 state constitution against this act or an item, section, or part of this act
7 within the ninety-day period after final adjournment of the general
8 assembly, then the act, item, section, or part will not take effect unless
9 approved by the people at the general election to be held in November
10 2014 and, in such case, will take effect on January 1, 2015, or on the date
11 of the official declaration of the vote thereon by the governor, whichever
12 is later.

13 (2) This act applies to health coverage plans issued or renewed on
14 or after the applicable effective date of this act.