

**First Regular Session  
Seventieth General Assembly  
STATE OF COLORADO**

**PREAMENDED**

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

LLS NO. 15-0361.01 Christy Chase x2008

**SENATE BILL 15-074**

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**SENATE SPONSORSHIP**

**Neville T.,** Marble, Cadman, Woods, Grantham, Cooke, Roberts, Lambert, Scheffel,  
Baumgardner, Crowder

**HOUSE SPONSORSHIP**

**Joshi,** Neville P., Saine, Humphrey, Conti, Everett

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**Senate Committees**

Health & Human Services

**House Committees**

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**A BILL FOR AN ACT**

101      **CONCERNING A REQUIREMENT THAT HEALTH CARE PROVIDERS**  
102                    **DISCLOSE THE CHARGES THEY IMPOSE FOR COMMON HEALTH**  
103                    **CARE SERVICES WHEN PAYMENT IS MADE DIRECTLY RATHER**  
104                    **THAN BY A THIRD PARTY.**

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**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 creates the "Transparency in Health Care Prices Act", which requires health care professionals and health care facilities to make available to the public the direct pay prices they assess for common health

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.*



1 THE SERVICES RENDERED. FOR PURPOSES OF HEALTH CARE FACILITIES, THE  
2 HEALTH CARE PRICE IS FOR THE STANDARD SERVICE FOR THE PARTICULAR  
3 DIAGNOSIS AND DOES NOT INCLUDE ANY COMPLICATIONS OR EXCEPTIONAL  
4 TREATMENT.

5 (4) "HEALTH CARE PROVIDER" MEANS A PERSON WHO IS LICENSED,  
6 CERTIFIED, OR REGISTERED BY THIS STATE TO PROVIDE HEALTH CARE  
7 SERVICES AND WHO DIRECTLY BILLS THE RECIPIENT OF THOSE SERVICES.

8 (5) (a) "HEALTH CARE SERVICES" OR "SERVICES" MEANS SERVICES  
9 INCLUDED IN OR INCIDENTAL TO FURNISHING TO AN INDIVIDUAL:

10 (I) MEDICAL, MENTAL, DENTAL, OR OPTOMETRIC CARE;  
11 HOSPITALIZATION; OR NURSING HOME CARE; OR

12 (II) OTHER SERVICES FOR THE PURPOSE OF PREVENTING,  
13 ALLEVIATING, CURING, OR HEALING PHYSICAL OR MENTAL ILLNESS OR  
14 INJURY.

15 (b) "HEALTH CARE SERVICES" INCLUDES SERVICES RENDERED  
16 THROUGH THE USE OF TELEMEDICINE OR TELEHEALTH.

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18 (6) "HEALTH INSURER" MEANS A CARRIER, AS DEFINED IN SECTION  
19 10-16-102 (8), C.R.S., DISABILITY INSURER, GROUP DISABILITY INSURER,  
20 OR BLANKET DISABILITY INSURER.

21 (7) (a) "PUBLIC OR PRIVATE THIRD PARTY" MEANS A HEALTH  
22 INSURER, SELF-INSURED EMPLOYER, OR OTHER THIRD PARTY, INCLUDING  
23 A THIRD-PARTY ADMINISTRATOR OR INTERMEDIARY, RESPONSIBLE FOR  
24 PAYING ALL OR A PORTION OF THE CHARGES FOR HEALTH CARE SERVICES.

25 (b) "PUBLIC OR PRIVATE THIRD PARTY" DOES NOT INCLUDE:

26 (I) AN EMPLOYER OF THE RECIPIENT OF THE HEALTH CARE  
27 SERVICES;

1 (II) A PERSON PAYING MONEYS FROM A HEALTH SAVINGS  
2 ACCOUNT, FLEXIBLE SPENDING ACCOUNT, OR SIMILAR ACCOUNT; OR

3 (III) A FAMILY MEMBER, CHARITABLE ORGANIZATION, \_\_\_\_\_ OR  
4 OTHER PERSON WHO IS NOT RESPONSIBLE FOR BUT PAYS CHARGES FOR  
5 HEALTH CARE SERVICES ON BEHALF OF THE RECIPIENT OF THE SERVICES.

6 (8) "PUNISH" MEANS TO IMPOSE A PENALTY, SURCHARGE, FEE, OR  
7 OTHER ADDITIONAL COST OR MEASURE THAT HAS THE SAME EFFECT AS A  
8 PENALTY OR THAT DISCOURAGES THE EXERCISE OF RIGHTS UNDER THIS  
9 ARTICLE.

10 (9) "RECIPIENT" MEANS AN INDIVIDUAL WHO RECEIVES HEALTH  
11 CARE SERVICES FROM A HEALTH CARE PROVIDER OR HEALTH CARE  
12 FACILITY.

13 **25-47-103. Transparency - charges for services rendered by**  
14 **health care providers.** (1) (a) A HEALTH CARE PROVIDER SHALL MAKE  
15 AVAILABLE TO THE PUBLIC, IN A SINGLE DOCUMENT, ELECTRONICALLY, OR  
16 ON ITS WEB SITE IF ONE EXISTS, THE HEALTH CARE PRICE FOR AT LEAST THE  
17 FIFTEEN MOST COMMON HEALTH CARE SERVICES, IF APPLICABLE, THE  
18 HEALTH CARE PROVIDER PROVIDES. THE HEALTH CARE PROVIDER SHALL  
19 IDENTIFY THE SERVICES BY:

20 (I) A COMMON PROCEDURAL TERMINOLOGY CODE OR OTHER  
21 CODING SYSTEM COMMONLY USED BY THE PROVIDER AND ACCEPTED AS A  
22 NATIONAL STANDARD FOR BILLING; AND

23 (II) A PLAIN ENGLISH DESCRIPTION.

24 (b) THE HEALTH CARE PROVIDER SHALL UPDATE THE DOCUMENT  
25 AS FREQUENTLY AS THE HEALTH CARE PROVIDER DEEMS APPROPRIATE,  
26 BUT AT LEAST ANNUALLY.

27 (2) THE HEALTH CARE PROVIDER SHALL PROVIDE THE RECIPIENT

1 WITH A DISCLOSURE SPECIFYING THAT THE HEALTH CARE PRICE FOR ANY  
2 GIVEN HEALTH CARE SERVICE IS AN ESTIMATE AND THAT THE ACTUAL  
3 CHARGES FOR THE HEALTH CARE SERVICE ARE DEPENDENT ON THE  
4 CIRCUMSTANCES AT THE TIME THE SERVICE IS RENDERED.

5 **25-47-104. Transparency - health care facility charges.**

6 (1)(a) A HEALTH CARE FACILITY SHALL MAKE AVAILABLE TO THE PUBLIC,  
7 IN A SINGLE DOCUMENT, ELECTRONICALLY, OR ON ITS WEB SITE IF ONE  
8 EXISTS, THE HEALTH CARE PRICE FOR AT LEAST:

9 (I) THE FIFTY MOST-USED, DIAGNOSIS-RELATED GROUP CODES OR  
10 OTHER CODES FOR IN-PATIENT HEALTH CARE SERVICES USED BY THE  
11 HEALTH CARE FACILITY FOR BILLING, OR IF NOT USED, ANOTHER CODING  
12 SYSTEM FOR IN-PATIENT HEALTH CARE SERVICES COMMONLY USED BY THE  
13 FACILITY AND ACCEPTED AS A NATIONAL STANDARD FOR BILLING; AND

14 (II) THE TWENTY-FIVE MOST-USED OUTPATIENT CPT OR HEALTH  
15 CARE SERVICES PROCEDURE CODES USED FOR BILLING, AND IF NOT USED,  
16 ANOTHER CODING SYSTEM FOR OUT-PATIENT HEALTH CARE SERVICES  
17 COMMONLY USED BY THE FACILITY AND ACCEPTED AS A NATIONAL  
18 STANDARD FOR BILLING.

19 (b) THE HEALTH CARE FACILITY SHALL MAKE AVAILABLE THE  
20 HEALTH CARE PRICES FOR A RELATED CODE OR PROCEDURE ONLY IF THE  
21 HEALTH CARE FACILITY HAS USED THE CODE OR PROCEDURE AT LEAST  
22 ELEVEN TIMES IN THE PREVIOUS TWELVE MONTHS.

23 (c) THE HEALTH CARE FACILITY SHALL UPDATE THE DOCUMENT AS  
24 FREQUENTLY AS IT DEEMS APPROPRIATE, BUT AT LEAST ANNUALLY.

25 (2) THE HEALTH CARE FACILITY SHALL PROVIDE THE RECIPIENT  
26 WITH A DISCLOSURE SPECIFYING THAT THE HEALTH CARE PRICE FOR ANY  
27 GIVEN HEALTH CARE SERVICE IS AN ESTIMATE AND THAT THE ACTUAL

1 CHARGES FOR THE HEALTH CARE SERVICE ARE DEPENDENT ON THE  
2 CIRCUMSTANCES AT THE TIME THE SERVICE IS RENDERED.

3 (3) A HEALTH CARE FACILITY MAY DISCLOSE THE BASIS FOR ITS  
4 HEALTH CARE PRICES AND MAY TAKE INTO CONSIDERATION ALL PAYER  
5 SOURCES WHEN DETERMINING A HEALTH CARE PRICE.

6 **25-47-105. No \_\_\_ review of health care prices.** (1) NOTHING IN  
7 THIS ARTICLE REQUIRES A HEALTH CARE FACILITY OR HEALTH CARE  
8 PROVIDER \_\_\_ TO REPORT ITS HEALTH CARE PRICES TO ANY AGENCY FOR  
9 REVIEW, FILING, OR OTHER PURPOSES, EXCEPT AS REQUIRED BY SECTION  
10 25-3-112. THIS ARTICLE DOES NOT GRANT ANY AGENCY THE AUTHORITY  
11 TO APPROVE, DISAPPROVE, OR LIMIT A HEALTH CARE FACILITY'S OR  
12 HEALTH CARE PROVIDER'S HEALTH CARE PRICES OR CHANGES TO ITS  
13 HEALTH CARE PRICES. THE DEPARTMENT OF PUBLIC HEALTH AND  
14 ENVIRONMENT IS NOT AUTHORIZED TO TAKE ANY ACTION REGARDING OR  
15 PURSUANT TO THIS ARTICLE.

16 (2) THIS ARTICLE IS INTENDED TO MAKE HEALTH CARE PRICES AND  
17 PAYMENTS FREE FROM PAPERWORK, PUNISHMENT, REPORTING, AND  
18 REGULATION TO THE FULL EXTENT PERMISSIBLE UNDER THE STATE  
19 CONSTITUTION AND STATE AND FEDERAL LAW. AN AGENCY, PERSON, OR  
20 ENTITY SHALL NOT PUNISH A RECIPIENT, HEALTH CARE PROVIDER, OR  
21 HEALTH CARE FACILITY FOR PARTICIPATING DIRECTLY IN, EXERCISING  
22 RIGHTS UNDER, OR COMPLYING WITH THIS ARTICLE.

23 **25-47-106. No penalty for direct payment for health care**  
24 **services.** AN AGENCY OR HEALTH INSURER SHALL NOT PUNISH ANY  
25 PERSON, ENTITY, OR EMPLOYER FOR PARTICIPATING DIRECTLY IN,  
26 EXERCISING RIGHTS UNDER, OR COMPLYING WITH THIS ARTICLE. IT IS THE  
27 INTENTION OF THIS ARTICLE TO MAKE PARTICIPATION IN OR EXERCISING

1 RIGHTS UNDER THIS ARTICLE FREE FROM PAPERWORK, PUNISHMENT,  
2 REPORTING, AND REGULATION TO THE FULL EXTENT PERMISSIBLE UNDER  
3 THE STATE CONSTITUTION AND FEDERAL LAW. NOTHING IN THIS ARTICLE  
4 IMPAIRS CONTRACTS BETWEEN PRIVATE PARTIES.

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