

Connect for Health Colorado State Bill Tracker

Bill #	Title	Summary	Position
<u>SB19-004</u>	Address High-cost Health Insurance Pilot Program	<p>The bill authorizes the state personnel director to explore the feasibility of offering and, if feasible, to develop and implement a one-year pilot program in a limited geographic region of the state affected by high health insurance premiums to provide access to individuals in that region to participate in the group medical benefit plans offered to state employees. The pilot program would be available:</p> <ul style="list-style-type: none"> •In the portions of Eagle and Garfield counties that are within the service area of the state group benefit plans •To the first 100 individuals who apply and have a household income between 400-500% FPL •In the 2019-20 benefit plan year 	Monitor
<u>SB19-015</u>	Create Statewide Health Care Review Committee	<p>The bill recreates the former health care task force, renamed as the statewide health care review committee, to study health care issues that affect Colorado residents throughout the state. The committee consists of the members of the house of representatives committees on health and insurance and public health care and human services and the senate committee on health and human services. The committee is permitted to meet up to 2 times during the interim between legislative sessions, including 2 field trips.</p>	Monitor
<u>SB19-134</u>	Out-of-network Health Care Disclosures and Charges	<p>The bill:</p> <ul style="list-style-type: none"> •Sets the reimbursement rate that a health insurance carrier must pay a health care facility if a covered person is treated for emergency services; •Requires in-network health care facilities and health care providers to make disclosures to patients covered by a health benefit plan concerning the provision of services by an out-of-network provider; •Outlines the claims and payment process, including reimbursement rates for the provision of out-of-network services for health care facilities and health care providers; and •Authorizes arbitration for the payment of health care claims that are in dispute if certain criteria are met. <p>The commissioner of insurance is required to submit a report annually to the general assembly concerning unanticipated out-of-network services.</p>	Monitor
<u>SB19-041</u>	Health Insurance Contract Carrier and Policyholder	<p>Current law requires a contract between a health insurance carrier and a policyholder to contain a provision that requires the policyholder to pay premiums for each individual covered under the policy through the date that the policyholder notifies the carrier that an individual covered under the policy is no longer covered. The bill requires the contract to state that, in the alternative, the policyholder is required to pay premiums to the carrier through the date that the individual covered under the policy is no longer eligible or covered if the policyholder notifies the carrier within 10 business days after the date of ineligibility or noncoverage.</p>	Monitor
<u>HB19-1004</u>	Proposal For Affordable Health Coverage Option	<p>The bill directs HCPF and the DOI to develop a proposal (study) concerning the design, costs, benefits, and implementation of a state option for health care coverage. The study must contain a detailed analysis of a state option and must identify the most effective implementation of a state option based on affordability to consumers at different income levels, administrative and financial burden to the state, ease of implementation, and likelihood of success in meeting the objectives described in the bill. The study is required to identify the potential impacts to the individual market and the Exchange, as well as a recommendation on if the public option should be offered through the Exchange or through HCPF. The bill also requires the departments to engage in a stakeholder process that includes public and private health insurance experts, consumers, consumer advocates, employers, providers, and carriers.</p>	Monitor

<u>HB19-1124</u>	Protect Colorado Residents From Federal Government Overreach	The bill prohibits a department, agency, board, commission, or officer or employee of the state or a political subdivision of the state from using public funds or resources to assist in the enforcement of federal civil immigration laws. The bill allows a state employee or employee of a political subdivision of the state to cooperate or assist federal immigration enforcement authorities in the execution of a warrant issued by a federal judge or magistrate or honoring any writ issued by any state or federal judge concerning the transfer of a prisoner to or from federal custody. The bill prohibits the state or a political subdivision of the state from entering into any contractual agreement that would require an employee to directly or indirectly assist in the enforcement of federal civil immigration laws. The bill prohibits federal immigration authorities access to the secure areas of any city or county jail or other law enforcement facility for the purpose of conducting investigative interviews or for any other purpose related to the enforcement of federal civil immigration laws unless federal immigration authorities present a warrant issued by a federal judge or magistrate. The bill prohibits a law enforcement officer from arresting or detaining an individual solely on the basis of a civil immigration detainer.	Monitor
<u>HB19-1136</u>	State Auditor Access To Records For Audits	Under current law, the state auditor (auditor) generally has access at all times to all of the books, accounts, reports, vouchers, or other records or information in any state department, institution, or agency that is the subject of a performance or financial audit the auditor conducts. Section 2 of the bill extends the same authority to performance or financial audits the auditor conducts of: <ul style="list-style-type: none"> •The Colorado new energy improvement district and the new energy improvement program; •The use of money in the state historical fund that is used for the preservation and restoration of the cities of Central, Black - Hawk, and Cripple Creek; •The health benefit exchange; and •Community-centered boards. 	Monitor
<u>HB19-1168</u>	State Innovation Waiver Reinsurance Program	The bill authorizes the commissioner of insurance to apply to the secretary of the United States department of health and human services for a state innovation waiver, for federal funding, or both, to allow the state to implement and operate a reinsurance program to assist health insurers in paying high-cost insurance claims. The state cannot implement the program absent waiver or funding approval from the secretary. The program is established as an enterprise for purposes of section 20 of article X of the state constitution. The division of insurance is to include an update regarding the program in its annual "SMART Act" report, and the program is subject to sunset review and repeal in 5 years.	Monitor
<u>HB19-1174</u>	Out-of-network Health Care Services	The bill: <ul style="list-style-type: none"> •Requires health insurance carriers, health care providers, and health care facilities to provide patients covered by health benefit plans with information concerning the provision of services by out-of-network providers and in-network and out-of-network facilities; •Outlines the disclosure requirements and the claims and payment process for the provision of out-of-network services; •Requires the commissioner of insurance, the state board of health, and the director of the division of professions and occupations in the department of regulatory agencies to promulgate rules that specify the requirements for disclosures to consumers, including the timing, the format, and the contents and language in the disclosures; •Establishes the reimbursement amount for out-of-network providers that provide health care services to covered persons at an in-network facility and for out-of-network providers or facilities that provide emergency services to covered persons; and •Creates a penalty for failure to comply with the payment requirements for out-of-network health care services. 	Monitor

HB19-1176	Healthcare Cost Savings Act of 2019	<p>The bill creates a healthcare task force that is comprised of 1) members of the general assembly (each majority and minority member is responsible for appointing two); 2) nine members appointed by the governor that represent the social, demographic, and geographic diversity of the state; and 3) executive directors of the State Department, Department of Human Services, and the Department of Public Health. The task force is charged with hiring an analyst who will analyze the fiscal costs and other impacts of the following healthcare financing systems:</p> <ul style="list-style-type: none">•The current health care financing system, in which residents receive health care coverage from private and public insurance carriers or are uninsured;•A public option system in which health benefit plans are sold through, and revenues and premiums are received from, the Colorado health benefit exchange, with additional funding as necessary through the general fund;•A multi-payer universal health care financing system, in which competing insurance carriers or health maintenance organizations receive payments from a public financing authority; and•A publicly financed and privately delivered universal health care system that directly compensates providers	Monitor
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