

Summary of Health Insurance, 2009 Session (As of March 25, 2009)

Awaiting Governor's Signature	
<p>Bill Number: House Bill 09-1012</p> <p>Sponsors: <i>Representative Rice</i> <i>Senator Mitchell</i></p> <p>The act allows health insurance carriers that provide individual and small group health insurance plans to offer incentives or rewards for participation in wellness and preventative programs. The act allows carriers to determine the types of wellness programs to offer, and allows the carriers to determine the type of incentive or reward. Wellness and preventative programs may include:</p> <ul style="list-style-type: none"> • health screenings; • mental health and substance abuse screenings; • education and training about dietary habits; • online or in-person seminars on health and wellness topics; • stress management programs; • disease management; • tobacco cessation programs; and • on-site or external health club members. <p>Some examples of incentives include premium discounts and modifications to co-payments, deductibles, or coinsurance. Participation in a wellness or preventative program cannot be a condition of coverage, and participants are not required to achieve a specific outcome to receive the incentive. A wellness or preventative program cannot be used as a marketing device for the insurance plan.</p>	<p>Short Title: Incentives Wellness and Prevention Program</p> <p>Status: Enrolled into an Act</p> <p>Appropriations:</p> <p>The act does not require an appropriation. The Division of Insurance does expect to respond to inquires from the insurance carriers and consumers about the wellness and preventative programs. However, the workload is not expected to be significant and can be addressed within existing resources.</p>
<p>Bill Number: House Bill 09-1059</p> <p>Sponsors: <i>Representative Primavera</i> <i>Senator M. Carroll</i></p> <p>The act requires all individual and group health benefits plans to provide coverage for routine patient care costs while the covered person participates in a clinical trial or study as long as the coverage is a benefit that the covered person would receive if he or she were receiving standard chronic disease treatment outside of the clinical trial or study. The clinical trials must meet specific requirements as to review board approvals and patient care.</p>	<p>Short Title: Health Care Coverage During Clinical Trial</p> <p>Status: Enrolled into an act</p> <p>Appropriations:</p> <p>The act carries no direct fiscal impact on state expenditures, but may effect funding of the state employee benefits plan. State costs for health insurance premiums may increase by \$154,000 spread across the state.</p>

Summary of Health Insurance, 2009 Session (As of March 25, 2009) (Cont.)

Awaiting Governor's Signature (Cont.)	
<p>Bill Number: House Bill 09-1102</p> <p>Sponsors: <i>Representative Acree</i> <i>Senator Scheffel</i></p> <p>The act requires the Health Care Task Force to study, during the 2009 interim, the issue of portability of health insurance after a policyholder has separated from employment.</p>	<p>Short Title: Study Health Insurance Portability</p> <p>Status: Enrolled into an act</p> <p>Appropriations:</p> <p style="padding-left: 40px;">The bill does not have a fiscal impact.</p>
<p>Bill Number: House Bill 09-1143</p> <p>Sponsors: <i>Representative Swalm</i> <i>Senator Schwartz</i></p> <p>The act allows health maintenance organizations (HMO) the option to offer basic health care services to enrollees through a limited health benefit plan. Basic health care services are services a health maintenance organization policyholder might require to maintain good health such as doctor and hospital visits, and laboratory and x-ray services. The act outlines parameters in which an HMO may offer a limited health benefit plan. Such parameters include that a limited health benefit plan may only be offered to individuals who have been uninsured for at least 12 months prior to application for enrollment, and that the plan may only be offered in counties with a population of less than 25,000 people.</p> <p>The act defines the maximum benefit amount cap at \$30,000. The act stipulates that once the enrollee reaches the total maximum benefit in any given year, the enrollee is responsible for paying out-of-pocket costs of any health care services beyond the maximum amount of benefits. The act specifies that limited health benefit plans must provide coverage for mandatory benefits as required under Colorado law. The act also requires that insurance carriers that offer limited health benefit plans must submit a report to the Division of Insurance describing the characteristics of the enrollees in the plan. Such characteristics include the percentage of employer groups enrolled and how many were uninsured for 12 to 24 months prior to signing up for the limited health benefit plan. The act requires all enrollees in a limited health benefit plan to sign a statement of understanding regarding the benefits offered under the plan.</p>	<p>Short Title: HMOs Offer Limited Benefit Plans</p> <p>Status: Enrolled into an Act</p> <p>Appropriations:</p> <p style="padding-left: 40px;">The act does not have a fiscal impact. Any additional workload is not expected to be significant, and can be accomplished within existing appropriations.</p>

Summary of Health Insurance, 2009 Session (As of March 25, 2009) (Cont.)

Awaiting Governor's Signature (Cont.)	
<p>Bill Number: House Bill 09-1224</p> <p>Sponsors: <i>Representative S. Schafer</i> <i>Senator M. Carroll</i></p> <p>The act requires the Health Care Task Force, during the 2009 interim, to examine and make recommendations on whether health insurance companies may consider gender as a factor in determining the rate for an individual health insurance policy.</p>	<p>Short Title: No Gender Individual Health Insurance Rates</p> <p>Status: Enrolled into an Act</p> <p>Appropriations:</p> <p style="padding-left: 40px;">The bill will not require additional resources to implement.</p>
Active Bills	
<p>Bill Number: Senate Bill 09-061</p> <p>Sponsors: <i>Senator M. Carroll</i> <i>Representative Primavera</i></p> <p>As amended by the House Health and Human Services Committee, the bill requires any internal review of claims or independent medical examination, for property and casualty, workers' compensation, disability income, and health insurance benefits, to be conducted by a Colorado-licensed health care professional. The health care professional must be in good standing and have appropriate expertise in the same or similar specialty as would typically manage the case being reviewed or have appropriate accreditation. In addition, written denials of benefits must identify the health care professional on whose opinion the denial is based. The bill specifies that health care professionals without appropriate expertise may complete reviews related to workers' compensation, property and casualty, health, and disability claims reviews if they consult with a professional with the appropriate expertise. In addition, health care professionals who are licensed in another state may perform reviews if a Colorado-licensed health care professional is not available, but the professional is deemed to consent to the jurisdiction and disciplinary authority of the appropriate Colorado state board.</p>	<p>Short Title: Licensed Doctor Review Ins Claims Denial</p> <p>Status: House Appropriations</p> <p>Appropriations:</p> <p style="padding-left: 40px;">The bill does not require an appropriation, but may drive expenditures in the future depending on decisions of the General Assembly in funding state employee benefits. Premium increases are expected to be paid by state employees in the first year.</p>

Summary of Health Insurance, 2009 Session (As of March 25, 2009) (Cont.)

Active Bills (Cont.)	
<p>Bill Number: Senate Bill 09-088</p> <p>Sponsors: <i>Senator Veiga</i> <i>Representative Ferrandino</i></p> <p>The reengrossed bill makes a domestic partner of a state employee eligible for coverage under state employee group benefit plans. The reengrossed bill defines domestic partner as an adult over the age of 18, who is of the same gender as the employee, and with whom the employee is in a committed relationship of at least one year with the intent for the relationship to last indefinitely. Domestic partners may not be related to the employee by blood to a degree that would prohibit marriage under state law, and cannot be married to another person.</p>	<p>Short Title: State Group Benefits Domestic Partners</p> <p>Status: House Appropriations</p> <p>Appropriations:</p> <p>The reengrossed bill does not affect state expenditures in FY 2009-10. The bill increases costs for all state agencies in FY 2010-11 by a total of \$116,182 through higher employee insurance costs. The amount of the increase beginning in FY 2010-11 depends on how many domestic partners choose to be covered as a dependent of a state employee.</p>
<p>Bill Number: Senate Bill 09-244</p> <p>Sponsors: <i>Senator Schaffer</i> <i>Representative Primavera</i></p> <p>As amended by the Senate Health and Human Services Committee, the bill requires all health insurance policies, subject to state regulation, to provide coverage to assess, diagnose, and treat autism spectrum disorder (ASD). The bill defines the type of coverage that is required for the treatment of ASD, including:</p> <ul style="list-style-type: none"> • evaluation and assessment services; • behavioral training and management; • applied behavior analytic methods and research findings to change socially important behaviors; • psychiatric care; • psychological care, including family counseling; • therapeutic care, which includes speech, occupational, physical therapies; • habilitative or rehabilitative care for a minimum of 20 visits; and • pharmacy and medication if covered by the individual's health plan. <p>The bill specifies that the annual maximum benefit cannot exceed \$75,000 for children from birth to 10 years of age, \$25,000 for children from 11 to 21 of age, and \$15,000 for individuals 21 years and older. The bill specifies that early intervention services, which are currently mandated under law, are not to supplant services provided under the bill, but are to act as a wrap around service, or in addition to the services provided under the bill. The bill also requires that the coverage for the treatment of ASD under Medicaid increase from the age of six to the age of 21.</p>	<p>Short Title: Insurance Coverage Autism Spectrum Disorder</p> <p>Status: Senate Appropriations</p> <p>Appropriations:</p> <p>The bill has no fiscal impact for FY 2009-10 because it is not effective until July 1, 2010. For FY 2010-11, the bill will divert \$660,685 from the General Funds to the Children's Basic Health Plan Trust. Other expenditure include \$325,117 from the Health Care Expansion Fund.</p>

Summary of Health Insurance, 2009 Session (As of March 25, 2009) (Cont.)

Active Bills (Cont.)	
<p>Bill Number: Senate Bill 09-250</p> <p>Sponsors: <i>Senator Tochtrop</i> <i>Representative Primavera</i></p> <p>As amended by the Senate Health and Human Services Committee, the bill requires a health benefit plan that covers cancer chemotherapy treatment to cover prescribed, oral anticancer medication on the same basis as injected or intravenous medications. The bill requires that Medicaid provide coverage in the same manner as required for private health plans.</p>	<p>Short Title: Coverage for Oral Anticancer Medication</p> <p>Status: Senate Appropriations</p> <p>Appropriations:</p> <p>The bill does not require an appropriation, but may increase expenditures based on the future decisions of the General Assembly in funding state employee benefits. Premium increases are expected to be paid by state employees in the first year.</p>
<p>Bill Number: House 09-1204</p> <p>Sponsors: <i>Representative Massey</i></p> <p>Currently, preventative health care coverage is defined in state law to cover colorectal cancer screening. The bill, as amended by the House Business Affairs and Labor, expands the required coverage for preventative health care services provided under individual and small group health insurance policies according to recommendations by the U.S. Preventative Services Task Force. Preventative services include:</p> <ul style="list-style-type: none"> • alcohol misuse screening and behavioral counseling interventions; • cervical cancer screening; • cholesterol screening; • breast cancer screening with mammography; • colorectal cancer screening; • childhood immunizations; • annual influenza vaccination; • pneumococcal vaccination; and • tobacco use screening and cessation programs. <p>Coverage for preventative care is not subject to policy deductible or coinsurance.</p>	<p>Short Title: Priority Preventative Health Services</p> <p>Status: House Third Reading</p> <p>Appropriations:</p> <p>The bill does not require an appropriation. Expenditures could increase based on the future decisions of the General Assembly in funding state employee benefits, however. Premium increases are expected to be paid by state employees in the first year.</p>

Summary of Health Insurance, 2009 Session (As of March 25, 2009) (Cont.)

Active Bills (Cont.)	
<p>Bill Number: House Bill 09-1256</p> <p>Sponsors: <i>Representative Acree</i> <i>Senator Mitchell</i></p> <p>As amended by the House Business Affairs and Labor committee, the bill requires the Commissioner of the Colorado Division of Insurance to review existing rules and laws to determine how to allow Colorado residents the ability to purchase health insurance products sold in other states by carriers not otherwise subject to Colorado insurance laws and rules. The amended bill requires the division to report to the General Assembly on its findings. The report must include:</p> <ul style="list-style-type: none"> • the mechanism by which the commissioner can regulate the purchase of out-of-state health insurance products in order to protect Colorado consumers through multistate agreements with other states; • the responsibilities of out-of-state carriers with regard to informing Colorado consumers about the impact of purchasing a health insurance product that is regulated by the laws of another state, including information about whether coverages that are mandated by Colorado law are included in the out-of-state product, whether Colorado laws or restrictions on rate changes apply, and whether the product is more or less expensive than other products regulated under Colorado laws and rules; • any barriers to allowing Colorado consumers to purchase out-of-state health insurance products; and • a proposed timeline for implementing changes necessary to enable the interstate purchase of health insurance. 	<p>Short Title: Interstate Purchase Health Insurance</p> <p>Status: House Appropriations</p> <p>Appropriations:</p> <p>This bill diverts \$57,770 from the General Fund to the Division of Insurance Cash Fund in FY 2009-10. The Division of Insurance is funded with premium tax revenue that would otherwise be credited to the General Fund.</p>

Summary of Health Insurance, 2009 Session (As of March 25, 2009) (Cont.)

Active Bills (Cont.)

Bill Number: **House Bill 09-1273**

Short Title: **Health Care for All Colorado**

Sponsors: *Representative Kefalas*
Senator Foster

Status: House Appropriations

The introduced bill creates the Colorado Health Care Authority, a body corporate and a political subdivision of the state, that is not an agency of state government and is not subject to administrative direction or control by any department, commission, board, bureau, or agency of the state.

The authority's mission is to create a health care system in which the authority is the benefit administrator and payer for health care services for eligible participants in Colorado.

The bill specifies the requirements in the design of the health care system and the authority.

The bill specifies that the authority be governed by a board of directors comprising of 23 members. The Speaker of House of Representatives, majority and minority leaders of the House of Representatives, President of the Senate, and majority and minority leaders of the Senate each shall appoint five members to the board. The board must contain the following members:

- a licensed primary care physician;
- health care consumers;
- a pharmacist;
- a dentist;
- mental health care providers;
- a representative of a federally qualified health care center;
- a representative from small business;
- a representative of hospitals;
- a representative of a large business;
- a representative of the insurance industry;
- an actuary;
- a representative of ambulatory surgical centers;
- a representative of an integrated health care delivery system;
- an advanced practice nurse; and
- a representative of the long-term care industry.

Appropriations:

The bill does not require an appropriation, but assumes that funding for the planning and development of the Health Care Authority find sufficient funds in order for the bill to be implemented. The bill assumes that costs (up to \$1.4 million) would be incurred over FY 2009-10 and FY 2010-11. Actual costs will depend upon available funding and decisions of the board. The bill specifies that if sufficient funds are not identified and guaranteed by July 1, 2011, the Colorado Guaranteed Health Care Act does not take effect.

Summary of Health Insurance, 2009 Session (As of March 25, 2009) (Cont.)

Active Bills (Cont.)

House Bill 09-1273 (Cont.)

The bill specifies that members of the board serve four year terms, and may be compensated for each meeting attended that relates to any business of the authority. The authority may use funds to employ an executive director, chief financial officer, a chief medical officer, a patient advocate, a patient safety officer, a provider advocate, and any other officers the board finds necessary to create and develop the system.

The bill specifies which health care benefits must be covered under the comprehensive health care system including:

- primary and preventative care;
- inpatient care;
- outpatient care;
- emergency care;
- prescription drugs;
- durable medical equipment;
- long-term care;
- mental health services;
- dental services;
- substance abuse treatment;
- chiropractic services;
- vision care and correction;
- reproductive health care;
- occupational and physical therapy; and
- hearing services and hearing aids.

The bill directs the executive director to seek any necessary waivers, exemptions, and agreements from the federal government so that all current levels of funding from the federal government to the state, counties, and local governments may be directed to the authority for implementation of the health care system. The bill states that if the necessary waivers, exemptions, and agreements are not approved, the bill will not go into effect. The board must provide a report on February 1 of each year to the governor and the House and Senate Health and Human Services committees.

Summary of Health Insurance, 2009 Session (As of March 25, 2009) (Cont.)

Postponed Indefinitely																							
<p>Bill Number: Senate Bill 09-102</p> <p>Sponsors: <i>Senator Brophy</i></p> <p>The bill would have prohibited a person from being eligible for Medicaid or the Children's Basic Health Plan if the person is eligible for coverage by a comparable insurance plan through an employer and the employer contributes at least 50 percent of the premium cost.</p>	<p>Short Title: Medical Benefits If Employer Insurance</p> <p>Status: Postponed Indefinitely</p> <p>Appropriations:</p> <p>State expenditures of various sources would have increased by \$224,462 and 0.6 FTE in FY 2009-10 and by \$310,895 and 1.5 FTE in FY 2010-11. The bill would have required the following appropriations in FY 2009-10:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right; vertical-align: bottom;"><u>\$192,072</u></td> <td style="vertical-align: bottom;"><u>Total for the Department of Health Care Policy and Financing and 0.6 FTE</u></td> </tr> <tr> <td style="text-align: right; vertical-align: bottom;">9,947</td> <td style="vertical-align: bottom;">General Fund</td> </tr> <tr> <td style="text-align: right; vertical-align: bottom;">60,237</td> <td style="vertical-align: bottom;">General Fund appropriation to the CBHP and corresponding appropriation from the CBHP Trust to the department</td> </tr> <tr> <td style="text-align: right; vertical-align: bottom;">72</td> <td style="vertical-align: bottom;">Cash Funds - Old Age Pension Fund</td> </tr> <tr> <td style="text-align: right; vertical-align: bottom;">121,816</td> <td style="vertical-align: bottom;">Federal Funds</td> </tr> <tr> <td style="text-align: right; vertical-align: bottom;"> <u>\$52,500</u></td> <td style="vertical-align: bottom;"> <u>Total for the Department of Human Services</u></td> </tr> <tr> <td style="text-align: right; vertical-align: bottom;">12,600</td> <td style="vertical-align: bottom;">General Fund</td> </tr> <tr> <td style="text-align: right; vertical-align: bottom;">2,205</td> <td style="vertical-align: bottom;">Cash Funds - Old Age Pension Fund</td> </tr> <tr> <td style="text-align: right; vertical-align: bottom;">20,110</td> <td style="vertical-align: bottom;">Reappropriated Funds from the Dept. of Health Care Policy and Financing</td> </tr> <tr> <td style="text-align: right; vertical-align: bottom;">17,585</td> <td style="vertical-align: bottom;">Federal Funds</td> </tr> <tr> <td style="text-align: right; vertical-align: bottom;"> <u>\$3,755</u></td> <td style="vertical-align: bottom;"> <u>Total for the Department of Law - Reappropriated Funds</u></td> </tr> </table>	<u>\$192,072</u>	<u>Total for the Department of Health Care Policy and Financing and 0.6 FTE</u>	9,947	General Fund	60,237	General Fund appropriation to the CBHP and corresponding appropriation from the CBHP Trust to the department	72	Cash Funds - Old Age Pension Fund	121,816	Federal Funds	 <u>\$52,500</u>	 <u>Total for the Department of Human Services</u>	12,600	General Fund	2,205	Cash Funds - Old Age Pension Fund	20,110	Reappropriated Funds from the Dept. of Health Care Policy and Financing	17,585	Federal Funds	 <u>\$3,755</u>	 <u>Total for the Department of Law - Reappropriated Funds</u>
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Summary of Health Insurance, 2009 Session (As of March 25, 2009) (Cont.)

Postponed Indefinitely (Cont.)

Bill Number: **Senate Bill 09-159**

Short Title: **Dependent Health Care Coverage**

Sponsors: *Senator Sandoval*
Representative McGihon

Status: Postponed Indefinitely

House Bill 05-1101 required all individual and group health insurance policies that offer dependent coverage to offer such coverage for unmarried children under 25 years of age even if they are not students. These adult children must have the same legal residence as the parent or be financially dependent upon the parent. Coverage may be offered by rider or supplemental policy with the additional premium paid by the parent. Senate Bill 09-159 would have expanded this provision to adult children up to age 30.

Appropriations:

The fiscal impact to the state would have ranged from no fiscal impact up to \$3.7 million. Costs were conditional upon how the bill was implemented by participating carriers and the number of employees selecting employee plus dependent coverage over employee only coverage.