

HOUSE COMMITTEE OF REFERENCE REPORT

March 27, 2019

\_\_\_\_\_  
Chair of Committee

\_\_\_\_\_  
Date

Committee on Health & Insurance.

After consideration on the merits, the Committee recommends the following:

HB19-1211 be amended as follows, and as so amended, be referred to the Committee of the Whole with favorable recommendation:

1 Amend printed bill, page 3, line 14, strike "INCLUDING" and substitute  
2 "EXCLUDING".

3 Page 3, line 15, strike "BENEFITS." and substitute "BENEFITS PURSUANT TO  
4 SECTION 10-16-124.5".

5 Page 3, line 16, strike "TO A" and substitute "TO:  
6 (I) A".

7 Page 3, line 19, strike "GROUP." and substitute "GROUP;  
8 (II) A NONPROFIT HEALTH MAINTENANCE ORGANIZATION  
9 OPERATED BY OR UNDER THE CONTROL OF THE DENVER HEALTH AND  
10 HOSPITAL AUTHORITY CREATED BY ARTICLE 29 OF TITLE 25 OR ANY  
11 SUBSIDIARY OF THE AUTHORITY; OR

12 (III) CARRIERS, ORGANIZATIONS, AND MEDICAL BENEFITS SUBJECT  
13 TO THE "WORKERS' COMPENSATION ACT OF COLORADO", ARTICLES 40 TO  
14 47 OF TITLE 8".

15 Page 4, after line 5 insert:

16 "(III) WHEN POSTING PRIOR AUTHORIZATION REQUIREMENTS AND  
17 RESTRICTIONS PURSUANT TO THIS SUBSECTION (2)(a) OR SUBSECTION  
18 (2)(b) OF THIS SECTION, A CARRIER IS NEITHER REQUIRED TO POST NOR  
19 PROHIBITED FROM POSTING THE PRIOR AUTHORIZATION REQUIREMENTS

- 1 AND RESTRICTIONS ON A PUBLIC-FACING PORTION OF ITS WEBSITE."
- 2 Page 4, line 12, strike "25-37-104 (1);" and substitute "25-37-102 (9)(c)  
3 OR 25-37-104 (1), AS APPLICABLE;"
- 4 Page 4, line 18, strike "POST ON ITS WEBSITE" and substitute "POST, ON A  
5 PUBLIC-FACING PORTION OF ITS WEBSITE,"
- 6 Page 4, line 19, strike "REQUESTS" and substitute "REQUESTS, INCLUDING  
7 REQUESTS FOR DRUG BENEFITS PURSUANT TO SECTION 10-16-124.5,"
- 8 Page 4, strike line 21 and substitute "CATEGORIES, IN THE AGGREGATE:"
- 9 Page 4, line 25, after "DENIALS" insert "SPECIFIED UNDER SUBSECTION  
10 (2)(c)(I)(C) OF THIS SECTION THAT ARE".
- 11 Page 5, line 7, strike "**Nonurgent, urgent, and emergency**" and  
12 substitute "**Nonurgent and urgent**".
- 13 Page 5, line 12, strike "TWO" and substitute "FIVE".
- 14 Page 5, line 18, strike "TWO" and substitute "FIVE".
- 15 Page 5, line 21, after "DENIED;" add "AND".
- 16 Page 5, lines 24 and 25, strike "ONE CALENDAR DAY" and substitute "TWO  
17 BUSINESS DAYS BUT NOT LONGER THAN SEVENTY-TWO HOURS".
- 18 Page 6, lines 3 and 4, strike "ONE CALENDAR DAY" and substitute "TWO  
19 BUSINESS DAYS BUT NOT LONGER THAN SEVENTY-TWO HOURS".
- 20 Page 6, strike lines 7 through 14 and substitute "DENIED."
- 21 Page 7, strike lines 2 through 5.
- 22 Reletter succeeding paragraphs accordingly.
- 23 Page 7, strike lines 12 and 13 and substitute "AUTHORIZATION REQUEST  
24 BASED ON A GROUND SPECIFIED IN SECTION 10-16-113 (3)(a), THE  
25 NOTIFICATION IS SUBJECT TO THE REQUIREMENTS OF SECTION 10-16-113  
26 (3)(a) AND COMMISSIONER".

- 1 Page 7, line 14, strike "ALSO" and substitute "MUST".
- 2 Page 7, line 20, strike "(3)(d)(II)" and substitute "(3)(c)(II)".
- 3 Page 8, line 7, strike "LIMIT" and substitute "CONSIDER LIMITING".
- 4 Page 8, line 10, strike "FACTORS." and substitute "FACTORS AND PRESENT  
5 OPPORTUNITIES FOR IMPROVEMENT IN ADHERENCE TO THE CARRIER'S OR  
6 ORGANIZATION'S PRIOR AUTHORIZATION REQUIREMENTS."
- 7 Page 8, line 11, strike "SHALL EXEMPT" and substitute "MAY OFFER  
8 PROVIDERS WITH A HISTORY OF ADHERENCE TO THE CARRIER'S OR  
9 ORGANIZATION'S PRIOR AUTHORIZATION REQUIREMENTS AT LEAST ONE  
10 ALTERNATIVE TO PRIOR AUTHORIZATION, INCLUDING AN EXEMPTION".
- 11 Page 8, line 12, after "REQUIREMENTS" insert "FOR".
- 12 Page 8, line 17, after "FROM" insert "OR OTHER ALTERNATIVE TO".
- 13 Page 8, strike lines 24 through 26.
- 14 Page 9, line 3, strike "PRESCRIBED OR ORDERED" and substitute  
15 "AUTHORIZED".
- 16 Page 9, line 8, strike "STATUS OF" and substitute "COVERAGE OF OR  
17 APPROVAL CRITERIA FOR".
- 18 Page 9, strike lines 9 and 10 and substitute "HEALTH CARE SERVICE, THE  
19 CHANGE IN COVERAGE OR APPROVAL CRITERIA DOES NOT AFFECT A  
20 COVERED PERSON".
- 21 Page 9, after line 12 insert:
- 22 "(c) SUBSECTIONS (5)(a) AND (5)(b) OF THIS SECTION DO NOT  
23 APPLY IF:
- 24 (I) THE PRIOR AUTHORIZATION APPROVAL WAS BASED ON FRAUD;  
25 (II) THE PROVIDER NEVER PERFORMED THE SERVICES THAT WERE  
26 REQUESTED FOR PRIOR AUTHORIZATION;  
27 (III) THE SERVICE PROVIDED DID NOT ALIGN WITH THE SERVICE  
28 THAT WAS AUTHORIZED;  
29 (IV) THE PERSON RECEIVING THE SERVICE NO LONGER HAD

1 COVERAGE UNDER THE HEALTH COVERAGE PLAN ON OR BEFORE THE DATE  
2 THE SERVICE WAS DELIVERED; OR

3 (V) THE COVERED PERSON'S BENEFIT MAXIMUMS WERE REACHED  
4 ON OR BEFORE THE DATE THE SERVICE WAS DELIVERED."

5 Page 10, line 2, after "DETERMINATION" insert "BY THE CARRIER".

6 Page 10, line 3, after "PARTICULAR" insert "COVERED".

7 Page 10, line 8, strike "PRACTICE;" and substitute "PRACTICE AND  
8 APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION OR OTHER  
9 REQUIRED AGENCY;"

10 Page 10, strike line 10 and substitute "EXTENT, SERVICE SITE, AND LEVEL  
11 AND DURATION OF SERVICE;

12 (III) KNOWN TO BE EFFECTIVE IN IMPROVING HEALTH, AS PROVEN  
13 BY SCIENTIFIC EVIDENCE;

14 (IV) THE MOST APPROPRIATE SUPPLY, SETTING, OR LEVEL OF  
15 SERVICE THAT CAN BE SAFELY PROVIDED GIVEN THE PATIENT'S CONDITION  
16 AND THAT CANNOT BE OMITTED;

17 (V) NOT EXPERIMENTAL OR INVESTIGATIONAL;

18 (VI) NOT MORE COSTLY THAN AN ALTERNATIVE DRUG, SERVICE,  
19 SERVICE SITE, OR SUPPLY THAT IS NOT CONTRAINDICATED FOR THE  
20 PATIENT'S CONDITION OR SAFETY AND IS AT LEAST AS LIKELY TO PRODUCE  
21 EQUIVALENT THERAPEUTIC OR DIAGNOSTIC RESULTS AS TO THE DIAGNOSIS  
22 OR TREATMENT OF AN ILLNESS, INJURY, DISEASE, OR SYMPTOM; AND"

23 Renumber succeeding subparagraph accordingly.

24 Page 11, strike line 6 and substitute "FUNCTION;

25 (II) FOR A PERSON WITH A PHYSICAL OR MENTAL DISABILITY,  
26 CREATE AN IMMINENT AND SUBSTANTIAL LIMITATION ON THE PERSON'S  
27 EXISTING ABILITY TO LIVE INDEPENDENTLY; OR"

28 Renumber succeeding subparagraph accordingly.

\*\* \*\* \*\* \*\* \*\*