

**First Regular Session
Seventy-second General Assembly
STATE OF COLORADO**

ENGROSSED

*This Version Includes All Amendments Adopted
on Second Reading in the House of Introduction*

LLS NO. 19-0513.02 Christy Chase x2008

HOUSE BILL 19-1168

HOUSE SPONSORSHIP

McCluskie and Rich, Buckner, Esgar, Kennedy, McLachlan, Roberts, Soper

SENATE SPONSORSHIP

Donovan and Rankin,

House Committees

Health & Insurance
Appropriations

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING THE CREATION OF THE COLORADO REINSURANCE**
102 **PROGRAM TO PROVIDE REINSURANCE PAYMENTS TO HEALTH**
103 **INSURERS TO AID IN PAYING HIGH-COST INSURANCE CLAIMS,**
104 **AND, IN CONNECTION THEREWITH, AUTHORIZING THE**
105 **COMMISSIONER OF INSURANCE TO SEEK APPROVAL FROM THE**
106 **FEDERAL GOVERNMENT TO WAIVE APPLICABLE FEDERAL**
107 **REQUIREMENTS, REQUEST FEDERAL FUNDS, OR BOTH, TO**
108 **ENABLE THE STATE TO IMPLEMENT THE PROGRAM, MAKING THE**
109 **PROGRAM CONTINGENT UPON WAIVER OR FUNDING APPROVAL,**
110 **AND MAKING AN APPROPRIATION.**

Bill Summary

(Note: This summary applies to this bill as introduced and does

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

HOUSE
Amended 2nd Reading
April 5, 2019

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://leg.colorado.gov>.)

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.

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

SECTION 1. In Colorado Revised Statutes, **add** part 11 to article 16 of title 10 as follows:

PART 11

COLORADO REINSURANCE PROGRAM

10-16-1101. Short title. THE SHORT TITLE OF THIS PART 11 IS THE "COLORADO REINSURANCE PROGRAM ACT".

10-16-1102. Legislative declaration. (1) THE GENERAL ASSEMBLY HEREBY FINDS AND DECLARES THAT:

(a) ALL COLORADANS DESERVE ACCESS TO HIGH-QUALITY, AFFORDABLE HEALTH CARE TO HELP SUPPORT THEIR WELL-BEING AND ECONOMIC SECURITY;

(b) INCREASING COSTS OF HEALTH CARE IN COLORADO HAVE LED TO PREMIUM INCREASES FOR HEALTH INSURANCE IN THE INDIVIDUAL MARKET THAT HAVE CREATED A FINANCIAL BURDEN FOR SOME COLORADANS PURCHASING INSURANCE IN THE INDIVIDUAL MARKET;

(c) THAT BURDEN IS HEIGHTENED IN RURAL AREAS OF THE STATE,

1 WHERE PREMIUMS ARE CONSIDERABLY HIGHER THAN IN METROPOLITAN
2 AREAS OF THE STATE AND THERE IS A LACK OF COMPETITION AMONG
3 HEALTH CARE PROVIDERS AND CARRIERS;

4 (d) BECAUSE OF THE FINANCIAL BURDEN HIGH-COST HEALTH
5 INSURANCE PLACES ON CONSUMERS IN RURAL AREAS, A CONSIDERABLE
6 NUMBER OF THESE COST-BURDENED CONSUMERS MAY NOT PURCHASE
7 HEALTH INSURANCE, EXACERBATING THE PROBLEMS OF FEW CARRIERS,
8 FEW PLAN OPTIONS, AND HIGH HEALTH INSURANCE COSTS IN RURAL
9 REGIONS, AS WELL AS INCREASING THE NUMBER OF UNINSURED
10 COLORADANS; AND

11 (e) COLORADO HAS HISTORICALLY BEEN A NATIONAL LEADER IN
12 HEALTH CARE INNOVATION, AND IT IS IMPORTANT TO USE THAT
13 INNOVATIVE SPIRIT TO ADDRESS THE RISING COSTS OF HEALTH CARE IN THE
14 STATE BY DIRECTING THE COMMISSIONER OF INSURANCE TO CREATE A
15 REINSURANCE PROGRAM THAT WILL:

16 (I) MAKE PRIVATE HEALTH INSURANCE IN THE INDIVIDUAL
17 MARKET MORE ACCESSIBLE AND AFFORDABLE;

18 (II) ENCOURAGE PARTICIPATION AND COMPETITION BY CARRIERS
19 THROUGHOUT THE STATE, BUT PARTICULARLY IN RURAL AREAS OF THE
20 STATE, IN ORDER TO GIVE CONSUMERS THE ABILITY TO SEEK VALUE IN
21 HEALTH INSURANCE COVERAGE;


22 (III) DECREASE COSTS OF CARE, LEADING TO LOWER PREMIUMS
23 AND RESTRAINING, IF NOT DECREASING, THE GROWTH IN FEDERAL
24 SPENDING COMMITMENTS IN THE INDIVIDUAL MARKET; AND

25 (IV) SUPPORT AND EMPOWER, AND INCREASE ACCESS TO
26 AFFORDABLE, HIGH-VALUE HEALTH INSURANCE FOR, CONSUMERS WHO ARE
27 INELIGIBLE FOR PREMIUM TAX CREDIT SUBSIDIES WHILE MINIMIZING ANY

1 POTENTIAL NEGATIVE EFFECTS ON ACCESS TO AFFORDABLE, HIGH-VALUE
2 INSURANCE FOR CONSUMERS WHO ARE ELIGIBLE FOR PREMIUM TAX CREDIT
3 SUBSIDIES AND COST SHARING REDUCTIONS.

4 **10-16-1103. Definitions.** AS USED IN THIS PART 11, UNLESS THE
5 CONTEXT OTHERWISE REQUIRES:

6 (1) "ATTACHMENT POINT" MEANS THE AMOUNT SET BY THE
7 COMMISSIONER PURSUANT TO SECTION 10-16-1105 (2) FOR CLAIMS COSTS
8 INCURRED BY AN ELIGIBLE CARRIER FOR A COVERED PERSON'S COVERED
9 BENEFITS IN A BENEFIT YEAR, ABOVE WHICH THE CLAIMS COSTS FOR
10 BENEFITS ARE ELIGIBLE FOR REINSURANCE PAYMENTS UNDER THE
11 REINSURANCE PROGRAM.

12 
13 (2) "BENEFIT YEAR" MEANS THE CALENDAR YEAR FOR WHICH AN
14 ELIGIBLE CARRIER PROVIDES COVERAGE THROUGH AN INDIVIDUAL HEALTH
15 BENEFIT PLAN.

16 (3) "COINSURANCE RATE" MEANS THE RATE SET BY THE
17 COMMISSIONER PURSUANT TO SECTION 10-16-1105 (2) AT WHICH THE
18 REINSURANCE PROGRAM WILL REIMBURSE AN ELIGIBLE CARRIER FOR
19 CLAIMS INCURRED FOR A COVERED PERSON'S COVERED BENEFITS IN A
20 BENEFIT YEAR, WHICH CLAIMS EXCEED THE ATTACHMENT POINT BUT ARE
21 BELOW THE REINSURANCE CAP.

22 (4) "COMMISSIONER" MEANS THE COMMISSIONER OF INSURANCE,
23 THE COMMISSIONER'S DEPUTIES, OR THE DIVISION OF INSURANCE, AS
24 APPROPRIATE.

25 (5) "ELIGIBLE CARRIER" MEANS A CARRIER THAT:

26 (a) OFFERS INDIVIDUAL HEALTH BENEFIT PLANS THAT COMPLY
27 WITH THE FEDERAL ACT; AND

1 (b) INCURS CLAIMS COSTS FOR A COVERED PERSON'S COVERED
2 BENEFITS IN THE APPLICABLE BENEFIT YEAR.

3 (6) "HOSPITAL" MEANS A HOSPITAL LICENSED OR CERTIFIED BY THE
4 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO
5 SECTION 25-1.5-103 (1)(a).

6 (7) "MEDICAID" MEANS FEDERAL INSURANCE OR ASSISTANCE AS
7 PROVIDED BY TITLE XIX OF THE FEDERAL "SOCIAL SECURITY ACT", AS
8 AMENDED, AND THE "COLORADO MEDICAL ASSISTANCE ACT", ARTICLES
9 4, 5, AND 6 OF TITLE 25.5.

10 (8) "MEDICARE" MEANS FEDERAL INSURANCE OR ASSISTANCE
11 PROVIDED BY THE "HEALTH INSURANCE FOR THE AGED ACT", TITLE XVIII
12 OF THE FEDERAL "SOCIAL SECURITY ACT", AS AMENDED, 42 U.S.C. SEC.
13 1395 ET SEQ.

14
15 (9) "PAYMENT PARAMETERS" MEANS THE ATTACHMENT POINT,
16 REINSURANCE CAP, AND COINSURANCE RATE FOR THE REINSURANCE
17 PROGRAM.

18
19 (10) "REINSURANCE CAP" MEANS THE AMOUNT SET BY THE
20 COMMISSIONER PURSUANT TO SECTION 10-16-1105 (2) FOR CLAIMS COSTS
21 INCURRED BY AN ELIGIBLE CARRIER FOR A COVERED PERSON'S COVERED
22 BENEFITS, ABOVE WHICH AMOUNT THE CLAIMS COSTS FOR BENEFITS ARE
23 NO LONGER ELIGIBLE FOR REINSURANCE PAYMENTS.

24 (11) "REINSURANCE PAYMENT" MEANS AN AMOUNT PAID TO AN
25 ELIGIBLE CARRIER UNDER THE REINSURANCE PROGRAM.

26 (12) "REINSURANCE PROGRAM" OR "PROGRAM" MEANS THE
27 COLORADO REINSURANCE PROGRAM ESTABLISHED UNDER SECTION

1 10-16-1105.

2 (13) "STATE INNOVATION WAIVER" MEANS A WAIVER OF ONE OR
3 MORE REQUIREMENTS OF THE FEDERAL ACT AUTHORIZED BY SECTION 1332
4 OF THE FEDERAL ACT, CODIFIED IN 42 U.S.C. SEC. 18052, AND APPLICABLE
5 FEDERAL REGULATIONS.

6 **10-16-1104. Commissioner powers and duties - rules - study**

7 **and report.** (1) THE COMMISSIONER HAS ALL POWERS NECESSARY TO
8 IMPLEMENT THIS PART 11 AND IS SPECIFICALLY AUTHORIZED TO:

9 (a) ENTER INTO CONTRACTS AS NECESSARY OR PROPER TO CARRY
10 OUT THE PROVISIONS AND PURPOSES OF THIS PART 11, INCLUDING
11 CONTRACTS FOR THE ADMINISTRATION OF THE REINSURANCE PROGRAM
12 AND WITH APPROPRIATE ADMINISTRATIVE STAFF, CONSULTANTS, AND
13 LEGAL COUNSEL;

14 (b) TAKE LEGAL ACTION AS NECESSARY TO AVOID THE PAYMENT
15 OF IMPROPER CLAIMS UNDER THE REINSURANCE PROGRAM;

16 (c) ESTABLISH ADMINISTRATIVE AND ACCOUNTING PROCEDURES
17 FOR THE OPERATION OF THE REINSURANCE PROGRAM;

18 (d) ESTABLISH PROCEDURES AND STANDARDS FOR CARRIERS TO
19 SUBMIT CLAIMS UNDER THE REINSURANCE PROGRAM;

20 (e) ESTABLISH OR ADJUST THE PAYMENT PARAMETERS IN
21 ACCORDANCE WITH SECTION 10-16-1105 (2) FOR EACH BENEFIT YEAR;

22 (f) ASSESS SPECIAL FEES AGAINST HOSPITALS AND, IF
23 APPLICABLE, CARRIERS FOR THE CONTINUOUS OPERATION OF THE
24 REINSURANCE PROGRAM, AS PROVIDED IN SECTION 10-16-1108;

25 (g) APPLY FOR A STATE INNOVATION WAIVER, FEDERAL FUNDS, OR
26 BOTH, IN ACCORDANCE WITH SECTION 10-16-1109, FOR THE
27 IMPLEMENTATION AND OPERATION OF THE REINSURANCE PROGRAM;

1 (h) APPLY FOR, ACCEPT, ADMINISTER, AND EXPEND GIFTS, GRANTS,
2 AND DONATIONS AND ANY FEDERAL FUNDS THAT MAY BECOME AVAILABLE
3 FOR THE REINSURANCE PROGRAM; AND

4 (i) ADOPT RULES AS NECESSARY TO IMPLEMENT, ADMINISTER, AND
5 ENFORCE THIS PART 11, INCLUDING RULES NECESSARY TO ALIGN STATE
6 LAW WITH ANY FEDERAL PROGRAM AND RULES. THE RULES SHALL BE
7 ADOPTED IN ACCORDANCE WITH THE "STATE ADMINISTRATIVE
8 PROCEDURE ACT", ARTICLE 4 OF TITLE 24, INCLUDING THE REQUIREMENT
9 TO ESTABLISH A REPRESENTATIVE GROUP OF PARTICIPANTS PURSUANT TO
10 SECTION 24-4-103 (2).

11 (2) IF THE REINSURANCE PROGRAM IS APPROVED PURSUANT TO
12 SECTION 10-16-1109, THE COMMISSIONER, DURING IMPLEMENTATION OF
13 THE PROGRAM, SHALL EVALUATE THE EFFECT OF THE PROGRAM ON ACCESS
14 TO AFFORDABLE, HIGH-VALUE HEALTH INSURANCE FOR CONSUMERS WHO
15 ARE ELIGIBLE FOR PREMIUM TAX CREDIT SUBSIDIES AND COST SHARING
16 REDUCTIONS AND MINIMIZE ANY POTENTIAL NEGATIVE EFFECTS ON THOSE
17 CONSUMERS. WITHIN ONE HUNDRED TWENTY DAYS FOLLOWING THE END
18 OF THE SECOND FULL YEAR OF OPERATION OF THE PROGRAM, THE
19 COMMISSIONER SHALL COMPLETE A STUDY OF AND ISSUE A REPORT ON THE
20 EFFECTS OF THE PROGRAM ON ACCESS TO AFFORDABLE, HIGH-VALUE
21 HEALTH INSURANCE FOR CONSUMERS WHO ARE ELIGIBLE FOR PREMIUM
22 TAX CREDIT SUBSIDIES AND COST SHARING REDUCTIONS. THE
23 COMMISSIONER SHALL POST THE REPORT ON THE DIVISION'S WEBSITE AND
24 SUBMIT THE REPORT TO THE GOVERNOR, THE SENATE COMMITTEE ON
25 HEALTH AND HUMAN SERVICES OR ITS SUCCESSOR COMMITTEE, AND THE
26 HOUSE OF REPRESENTATIVES HEALTH AND INSURANCE COMMITTEE OR ITS
27 SUCCESSOR COMMITTEE.

1 **10-16-1105. Reinsurance program - creation - enterprise**
2 **status - subject to waiver or funding approval - operation - payment**
3 **parameters - calculation of reinsurance payments - eligible carrier**
4 **requests - definition.** (1) (a) THERE IS HEREBY CREATED IN THE
5 DIVISION THE COLORADO REINSURANCE PROGRAM TO PROVIDE
6 REINSURANCE PAYMENTS TO ELIGIBLE CARRIERS. IMPLEMENTATION AND
7 OPERATION OF THE REINSURANCE PROGRAM IS CONTINGENT UPON
8 APPROVAL OF THE STATE INNOVATION WAIVER OR FEDERAL FUNDING
9 REQUEST SUBMITTED BY THE COMMISSIONER IN ACCORDANCE WITH
10 SECTION 10-16-1109.

11 (b) (I) THE REINSURANCE PROGRAM CONSTITUTES AN ENTERPRISE
12 FOR PURPOSES OF SECTION 20 OF ARTICLE X OF THE STATE CONSTITUTION
13 AS LONG AS THE COMMISSIONER, ON BEHALF OF THE PROGRAM, RETAINS
14 AUTHORITY TO ISSUE REVENUE BONDS AND THE PROGRAM RECEIVES LESS
15 THAN TEN PERCENT OF ITS TOTAL REVENUES IN GRANTS, AS DEFINED IN
16 SECTION 24-77-102 (7), FROM ALL COLORADO STATE AND LOCAL
17 GOVERNMENTS COMBINED. SO LONG AS IT CONSTITUTES AN ENTERPRISE
18 PURSUANT TO THIS SECTION, THE PROGRAM IS NOT A DISTRICT FOR
19 PURPOSES OF SECTION 20 OF ARTICLE X OF THE STATE CONSTITUTION.

20 (II) SUBJECT TO APPROVAL BY THE GENERAL ASSEMBLY, EITHER
21 BY BILL OR JOINT RESOLUTION, AND AFTER APPROVAL BY THE GOVERNOR
22 PURSUANT TO SECTION 39 OF ARTICLE V OF THE STATE CONSTITUTION, THE
23 COMMISSIONER, ON BEHALF OF THE REINSURANCE PROGRAM, IS HEREBY
24 AUTHORIZED TO ISSUE REVENUE BONDS FOR THE EXPENSES OF THE
25 PROGRAM, SECURED BY REVENUES OF THE PROGRAM.

26 (c) IF THE STATE INNOVATION WAIVER OR FEDERAL FUNDING
27 REQUEST SUBMITTED BY THE COMMISSIONER PURSUANT TO SECTION

1 10-16-1109 IS APPROVED, THE COMMISSIONER SHALL IMPLEMENT AND
2 OPERATE THE REINSURANCE PROGRAM IN ACCORDANCE WITH THIS
3 SECTION.

4 (d) THE COMMISSIONER SHALL COLLECT OR ACCESS DATA FROM
5 EACH ELIGIBLE CARRIER AS NECESSARY TO DETERMINE REINSURANCE
6 PAYMENTS, ACCORDING TO THE DATA REQUIREMENTS UNDER SUBSECTION
7 (3)(c) OF THIS SECTION.

8 (e) (I) ON A QUARTERLY BASIS DURING THE APPLICABLE BENEFIT
9 YEAR;

10 (A) EACH ELIGIBLE CARRIER SHALL REPORT TO THE COMMISSIONER
11 ITS CLAIMS COSTS THAT EXCEED THE ATTACHMENT POINT FOR THAT
12 BENEFIT YEAR;

13 (B) EACH HOSPITAL THAT IS SUBJECT TO THE SPECIAL FEES
14 ASSESSED PURSUANT TO SECTION 10-16-1108 SHALL REPORT TO THE
15 COMMISSIONER THE AMOUNT THE HOSPITAL IS RESPONSIBLE FOR FUNDING
16 IN THE BENEFIT YEAR; AND

17 (C) IF SPECIAL FEES ARE ASSESSED AGAINST CARRIERS PURSUANT
18 TO SECTION 10-16-1108 (1)(b), EACH CARRIER THAT IS SUBJECT TO THE
19 SPECIAL FEES SHALL REPORT TO THE COMMISSIONER ON ITS COLLECTED
20 ASSESSMENTS IN THAT BENEFIT YEAR.

21 (II) FOR EACH APPLICABLE BENEFIT YEAR, THE COMMISSIONER
22 SHALL NOTIFY ELIGIBLE CARRIERS OF REINSURANCE PAYMENTS TO BE
23 MADE FOR THE APPLICABLE BENEFIT YEAR NO LATER THAN JUNE 30 OF THE
24 YEAR FOLLOWING THE APPLICABLE BENEFIT YEAR. BY AUGUST 15 OF THE
25 YEAR FOLLOWING THE APPLICABLE BENEFIT YEAR, THE COMMISSIONER
26 SHALL DISBURSE ALL APPLICABLE REINSURANCE PAYMENTS TO AN
27 ELIGIBLE CARRIER.

1 (2) (a) FOR PURPOSES OF DETERMINING ELIGIBILITY FOR AND
2 CALCULATING REINSURANCE PAYMENTS UNDER THE REINSURANCE
3 PROGRAM FOR THE 2020 BENEFIT YEAR IN ORDER TO MAKE PRIVATE
4 HEALTH INSURANCE COVERAGE MORE ACCESSIBLE AND AFFORDABLE AND
5 ENCOURAGE INCREASED CARRIER PARTICIPATION IN RURAL PARTS OF THE
6 STATE, THE COMMISSIONER SHALL SET THE PAYMENT PARAMETERS AT
7 AMOUNTS TO ACHIEVE:

8 (I) A REDUCTION IN CLAIMS COSTS OF BETWEEN THIRTY AND
9 THIRTY-FIVE PERCENT IN GEOGRAPHIC RATING AREA NUMBERS FIVE AND
10 NINE;

11 (II) A REDUCTION IN CLAIMS COSTS OF BETWEEN TWENTY AND
12 TWENTY-FIVE PERCENT IN GEOGRAPHIC RATING AREA NUMBERS FOUR, SIX,
13 SEVEN, AND EIGHT; AND

14 (III) A REDUCTION IN CLAIMS COSTS OF BETWEEN FIFTEEN AND
15 TWENTY PERCENT IN GEOGRAPHIC RATING AREA NUMBERS ONE, TWO, AND
16 THREE.

17 (b) FOR THE 2021 BENEFIT YEAR AND EACH BENEFIT YEAR
18 THEREAFTER, AFTER A STAKEHOLDER PROCESS, THE COMMISSIONER SHALL
19 ESTABLISH AND PUBLISH THE PAYMENT PARAMETERS FOR THE APPLICABLE
20 BENEFIT YEAR BY MARCH 15 OF THE YEAR IMMEDIATELY PRECEDING THE
21 APPLICABLE BENEFIT YEAR. IN SETTING THE PAYMENT PARAMETERS
22 UNDER THIS SUBSECTION (2)(b), THE COMMISSIONER SHALL CONSIDER THE
23 FOLLOWING FACTORS AS THEY APPLY IN EACH GEOGRAPHIC RATING AREA
24 IN THE STATE:

25 (I) PARTICIPATION AND COMPETITION BY CARRIERS IN THE
26 INDIVIDUAL MARKET;

27 (II) ENROLLMENT ACROSS ALL INCOME LEVELS AND MORBIDITY IN

1 THE INDIVIDUAL MARKET;

2 (III) PARTICIPATION AND COMPETITION BY PROVIDERS; AND

3 (IV) RATES IN THE INDIVIDUAL MARKET.

4 (c) IF THE AMOUNT OF MONEY FROM FUNDING SOURCES SPECIFIED
5 IN SECTION 10-16-1107 IS ANTICIPATED TO BE INADEQUATE TO FULLY
6 FUND THE APPROVED PAYMENT PARAMETERS, THE COMMISSIONER SHALL
7 ESTABLISH NEW PAYMENT PARAMETERS WITHIN THE AVAILABLE MONEY.
8 THE COMMISSIONER SHALL ALLOW AN ELIGIBLE CARRIER TO REVISE AN
9 APPLICABLE RATE FILING FOR THE NEXT BENEFIT YEAR BASED ON THE
10 FINAL PAYMENT PARAMETERS ESTABLISHED PURSUANT TO THIS
11 SUBSECTION (2)(c) AND ON ACTUAL REINSURANCE PAYMENTS RECEIVED
12 BY THE ELIGIBLE CARRIER.

13 (3) (a) AN ELIGIBLE CARRIER THAT MEETS THE REQUIREMENTS OF
14 THIS SUBSECTION (3) AND SUBSECTION (4) OF THIS SECTION MAY REQUEST
15 REINSURANCE PAYMENTS FROM THE REINSURANCE PROGRAM.

16 (b) AN ELIGIBLE CARRIER MUST MAKE REQUESTS FOR
17 REINSURANCE PAYMENTS IN ACCORDANCE WITH THE REQUIREMENTS
18 ESTABLISHED BY THE COMMISSIONER.

19 (c) TO RECEIVE REINSURANCE PAYMENTS THROUGH THE
20 REINSURANCE PROGRAM, AN ELIGIBLE CARRIER MUST, BY APRIL 30 OF THE
21 YEAR FOLLOWING THE BENEFIT YEAR FOR WHICH REINSURANCE PAYMENTS
22 ARE REQUESTED:

23 (I) PROVIDE THE COMMISSIONER WITH ACCESS TO THE DATA
24 WITHIN THE DEDICATED DATA ENVIRONMENT ESTABLISHED BY THE
25 ELIGIBLE CARRIER UNDER THE FEDERAL RISK ADJUSTMENT PROGRAM
26 UNDER 42 U.S.C. SEC. 18063; AND

27 (II) SUBMIT TO THE COMMISSIONER AN ATTESTATION THAT THE

1 CARRIER HAS COMPLIED WITH THE DEDICATED DATA ENVIRONMENTS,
2 DATA REQUIREMENTS, ESTABLISHMENT AND USAGE OF MASKED ENROLLEE
3 IDENTIFICATION NUMBERS, AND DATA SUBMISSION DEADLINES.

4 (d) AN ELIGIBLE CARRIER SHALL MAINTAIN RECORDS SUFFICIENT
5 TO SUBSTANTIATE THE REQUESTS FOR REINSURANCE PAYMENTS MADE
6 PURSUANT TO THIS SECTION FOR AT LEAST SIX YEARS. AN ELIGIBLE
7 CARRIER SHALL ALSO MAKE THOSE RECORDS AVAILABLE UPON REQUEST
8 FROM THE COMMISSIONER FOR PURPOSES OF VERIFICATION,
9 INVESTIGATION, AUDIT, OR OTHER REVIEW OF REINSURANCE PAYMENT
10 REQUESTS.

11 (e) THE COMMISSIONER MAY HAVE AN ELIGIBLE CARRIER AUDITED
12 TO ASSESS THE CARRIER'S COMPLIANCE WITH THIS SECTION. THE ELIGIBLE
13 CARRIER SHALL ENSURE THAT ITS CONTRACTORS, SUBCONTRACTORS, AND
14 AGENTS COOPERATE WITH ANY AUDIT UNDER THIS SECTION.

15 (4) (a) (I) THE COMMISSIONER SHALL CALCULATE EACH
16 REINSURANCE PAYMENT BASED ON AN ELIGIBLE CARRIER'S INCURRED
17 CLAIMS COSTS FOR A COVERED PERSON'S COVERED BENEFITS IN THE
18 APPLICABLE BENEFIT YEAR. IF THE CLAIMS COSTS DO NOT EXCEED THE
19 ATTACHMENT POINT FOR THE APPLICABLE BENEFIT YEAR, THE CARRIER IS
20 NOT ELIGIBLE FOR A REINSURANCE PAYMENT.

21 (II) IF THE CLAIMS COSTS EXCEED THE ATTACHMENT POINT FOR
22 THE APPLICABLE BENEFIT YEAR, THE COMMISSIONER SHALL CALCULATE
23 THE REINSURANCE PAYMENT AS THE PRODUCT OF THE COINSURANCE RATE
24 AND THE ELIGIBLE CARRIER'S CLAIMS COSTS, UP TO THE REINSURANCE CAP.

25 (b) A CARRIER IS INELIGIBLE FOR REINSURANCE PAYMENTS FOR
26 CLAIMS COSTS FOR A COVERED PERSON'S COVERED BENEFITS IN THE
27 APPLICABLE BENEFIT YEAR THAT EXCEED THE REINSURANCE CAP.

1 (c) THE COMMISSIONER SHALL ENSURE THAT REINSURANCE
2 PAYMENTS MADE TO AN ELIGIBLE CARRIER DO NOT EXCEED THE TOTAL
3 AMOUNT PAID BY THE ELIGIBLE CARRIER FOR ANY ELIGIBLE CLAIM.
4 "TOTAL AMOUNT PAID BY THE ELIGIBLE CARRIER FOR ANY ELIGIBLE
5 CLAIM" MEANS THE AMOUNT PAID BY THE ELIGIBLE CARRIER BASED ON
6 THE ALLOWED AMOUNT LESS ANY DEDUCTIBLE, COINSURANCE, OR
7 COPAYMENT, AS OF THE TIME THE DATA ARE SUBMITTED OR MADE
8 ACCESSIBLE UNDER SUBSECTION (3)(c) OF THIS SECTION.

9 (d) AN ELIGIBLE CARRIER MAY REQUEST THAT THE COMMISSIONER
10 RECONSIDER A DECISION ON THE CARRIER'S REQUEST FOR REINSURANCE
11 PAYMENTS WITHIN THIRTY DAYS AFTER NOTICE OF THE COMMISSIONER'S
12 DECISION. A FINAL ACTION OR ORDER OF THE COMMISSIONER UNDER THIS
13 SUBSECTION (4)(d) IS SUBJECT TO JUDICIAL REVIEW IN ACCORDANCE WITH
14 SECTION 24-4-106.

15 (5) IN ORDER TO PROMOTE MORE COST-EFFECTIVE HEALTH
16 CARE COVERAGE AND TO BE FAIR TO FEDERAL TAXPAYERS BY
17 RESTRAINING GROWTH IN FEDERAL SPENDING COMMITMENTS, THE
18 COMMISSIONER SHALL REQUIRE EACH ELIGIBLE CARRIER THAT
19 PARTICIPATES IN THE PROGRAM TO FILE WITH THE COMMISSIONER, BY A
20 DATE AND IN A FORM AND MANNER SPECIFIED BY THE COMMISSIONER BY
21 RULE, THE CARE MANAGEMENT PROTOCOLS THE ELIGIBLE CARRIER WILL
22 USE TO MANAGE CLAIMS WITHIN THE PAYMENT PARAMETERS.

23 **10-16-1106. Accounting - reports - audits.** (1) THE
24 COMMISSIONER SHALL MAINTAIN AN ACCOUNTING FOR EACH BENEFIT
25 YEAR OF ALL:

26 (a) MONEY APPROPRIATED FOR REINSURANCE PAYMENTS AND
27 ADMINISTRATIVE AND OPERATIONAL EXPENSES;

1 (b) REQUESTS FOR REINSURANCE PAYMENTS RECEIVED FROM
2 ELIGIBLE CARRIERS;

3 (c) REINSURANCE PAYMENTS MADE TO ELIGIBLE CARRIERS; AND

4 (d) ADMINISTRATIVE AND OPERATIONAL EXPENSES INCURRED FOR
5 THE REINSURANCE PROGRAM.

6 (2) BY NOVEMBER 1 OF THE YEAR FOLLOWING THE APPLICABLE
7 BENEFIT YEAR OR SIXTY CALENDAR DAYS AFTER THE FINAL DISBURSEMENT
8 OF REINSURANCE PAYMENTS FOR THE APPLICABLE BENEFIT YEAR,
9 WHICHEVER IS LATER, THE COMMISSIONER SHALL MAKE AVAILABLE TO
10 THE PUBLIC A REPORT SUMMARIZING THE REINSURANCE PROGRAM'S
11 OPERATIONS FOR EACH BENEFIT YEAR. THE COMMISSIONER SHALL POST
12 THE REPORT ON THE DIVISION'S WEBSITE.

13 (3) THE REINSURANCE PROGRAM IS SUBJECT TO AUDIT BY THE
14 STATE AUDITOR. THE COMMISSIONER SHALL ENSURE THAT ALL OF THE
15 REINSURANCE PROGRAM'S CONTRACTORS, SUBCONTRACTORS, AND AGENTS
16 COOPERATE WITH THE AUDIT.

17 (4) ON OR BEFORE NOVEMBER 1, 2020, AND ON OR BEFORE
18 NOVEMBER 1 EACH YEAR THEREAFTER, THE DIVISION SHALL INCLUDE AN
19 UPDATE REGARDING THE PROGRAM IN ITS REPORT TO THE MEMBERS OF THE
20 APPLICABLE COMMITTEES OF REFERENCE IN THE SENATE AND HOUSE OF
21 REPRESENTATIVES AS REQUIRED BY THE "STATE MEASUREMENT FOR
22 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)
23 GOVERNMENT ACT", PART 2 OF ARTICLE 7 OF TITLE 2.

24 **10-16-1107. Funding for reinsurance program - sources -**
25 **permitted uses - reinsurance program cash fund - calculation of total**
26 **funding for program.** (1) (a) THERE IS HEREBY CREATED IN THE STATE
27 TREASURY THE REINSURANCE PROGRAM CASH FUND, WHICH CONSISTS OF:

1 (I) FEDERAL PASS-THROUGH FUNDING GRANTED PURSUANT TO 42
2 U.S.C. SEC. 18052 (a)(3) OR ANY OTHER FEDERAL FUNDS THAT ARE MADE
3 AVAILABLE FOR THE REINSURANCE PROGRAM; AND

4 (II) SPECIAL FEES ASSESSED AGAINST HOSPITALS AND, IF
5 APPLICABLE, CARRIERS AS PROVIDED IN SECTION 10-16-1108.

6 (b) ALL MONEY DEPOSITED OR PAID INTO THE REINSURANCE
7 PROGRAM CASH FUND, INCLUDING INTEREST OR INCOME EARNED ON THE
8 INVESTMENT OF MONEY IN THE FUND, IS CONTINUOUSLY AVAILABLE AND
9 APPROPRIATED TO THE DIVISION TO BE EXPENDED IN ACCORDANCE WITH
10 THIS PART 11. ANY INTEREST OR INCOME EARNED ON THE INVESTMENT OF
11 MONEY IN THE FUND SHALL BE CREDITED TO THE FUND.

12 (c) THE REINSURANCE PROGRAM CASH FUND IS PART OF THE
13 REINSURANCE PROGRAM ENTERPRISE ESTABLISHED PURSUANT TO SECTION
14 10-16-1105 (1)(b).

15 (2) THE COMMISSIONER MAY SEEK, ACCEPT, AND EXPEND GIFTS,
16 GRANTS, OR DONATIONS FROM PRIVATE OR PUBLIC SOURCES FOR THE
17 OPERATION, RESERVES, AND SUSTAINABILITY OF THE REINSURANCE
18 PROGRAM.

19 (3) THE COMMISSIONER MAY EXPEND MONEY RECEIVED FROM THE
20 SOURCES SPECIFIED IN SUBSECTIONS (1) AND (2) OF THIS SECTION FOR:

21 (a) REINSURANCE PAYMENTS UNDER THE REINSURANCE PROGRAM;
22 AND

23 (b) ADMINISTRATIVE AND OPERATING EXPENSES OF THE
24 REINSURANCE PROGRAM, THE COMMISSIONER, AND THE DIVISION UNDER
25 THIS PART 11.

26 **10-16-1108. Special assessments against hospitals and carriers**
27 **- rules - enforcement.** (1) (a) (I) FOR THE 2020 BENEFIT YEAR, THE

1 COMMISSIONER SHALL ASSESS SPECIAL FEES AGAINST HOSPITALS TO
2 PROVIDE FUNDING FOR THE REINSURANCE PROGRAM. THE COMMISSIONER
3 SHALL CALCULATE THE FEES BASED ON THE AMOUNT NECESSARY TO
4 REDUCE CARRIERS' CLAIMS COSTS BY THE AMOUNTS SPECIFIED IN SECTION
5 10-16-1105 (2)(a), BUT THE COMMISSIONER SHALL SET THE FEES AT AN
6 AMOUNT TO ENSURE THAT THE TOTAL AMOUNT OF FEES COLLECTED DOES
7 NOT EXCEED ONE HUNDRED FIFTY MILLION DOLLARS FOR THE 2020
8 BENEFIT YEAR.

9 (II) FOR THE 2021 BENEFIT YEAR AND EACH BENEFIT YEAR
10 THEREAFTER, THE COMMISSIONER SHALL DETERMINE THE AMOUNT OF THE
11 SPECIAL FEES ASSESSED AGAINST HOSPITALS, WHICH SPECIAL FEES MUST
12 NOT EXCEED ONE HUNDRED FIFTY MILLION DOLLARS PER BENEFIT YEAR,
13 BASED ON THE CLAIMS SUBMITTED UNDER THE REINSURANCE PROGRAM
14 AND ADMINISTRATIVE AND OPERATING EXPENSES OF THE PROGRAM IN THE
15 IMMEDIATELY PRECEDING BENEFIT YEAR, THE EXPECTED ANNUAL GROWTH
16 IN THE PROGRAM, THE PAYMENT PARAMETERS SET BY THE COMMISSIONER
17 PURSUANT TO SECTION 10-16-1105 (2) FOR THE APPLICABLE BENEFIT
18 YEAR, AND OTHER ACTUARIAL CONSIDERATIONS.

19 (III) NOTWITHSTANDING THE LIMITS ON THE SPECIAL FEES
20 SPECIFIED IN SUBSECTIONS (1)(a)(I) AND (1)(a)(II) OF THIS SECTION:

21 (A) THE TOTAL AMOUNT OF SPECIAL FEES ASSESSED AGAINST
22 HOSPITALS UNDER THIS SUBSECTION (1)(a) OVER FIVE YEARS MUST NOT
23 EXCEED FIVE HUNDRED MILLION DOLLARS; AND

24 (B) NO HOSPITAL SYSTEM SHALL BE RESPONSIBLE FOR FUNDING,
25 ON A YEARLY BASIS, MORE THAN TWENTY-FIVE PERCENT OF THE TOTAL
26 FUNDING REQUIRED FOR THE PROGRAM.

27 (IV) THE COMMISSIONER SHALL USE THE SPECIAL FEES ASSESSED

1 PURSUANT TO THIS SUBSECTION (1)(a) TO PAY THE ADMINISTRATIVE AND
2 OPERATING EXPENSES OF THE REINSURANCE PROGRAM, INCLUDING
3 REINSURANCE PAYMENTS AND EXPENSES OF THE PROGRAM, THE
4 COMMISSIONER, AND THE DIVISION.

5 (V) THE COMMISSIONER SHALL NOT FUND THE PROGRAM THROUGH
6 ANY TYPE OF FEE SCHEDULE, RATE SETTING, OR OTHER COST-SAVING
7 MECHANISM IMPOSED ON HOSPITALS.

8 (b) (I) FOR ANY BENEFIT YEAR STARTING ON OR AFTER JANUARY
9 1, 2020, IF, AFTER CARRIERS HAVE FILED AND THE COMMISSIONER HAS
10 APPROVED RATES FOR THE BENEFIT YEAR, THE FEDERAL GOVERNMENT
11 SUSPENDS THE FEE IMPOSED PURSUANT TO SECTION 9010 OF THE FEDERAL
12 ACT FOR THAT BENEFIT YEAR, THE COMMISSIONER SHALL ASSESS AGAINST
13 CARRIERS A SPECIAL FEE OF TWO AND TWO-TENTHS PERCENT OF PREMIUMS
14 COLLECTED BY CARRIERS, OR A SPECIAL FEE IN AN AMOUNT EQUAL TO THE
15 AMOUNT OF THE FEE IMPOSED BY THE FEDERAL GOVERNMENT PURSUANT
16 TO SECTION 9010 OF THE FEDERAL ACT IF THAT FEE AMOUNT IS DIFFERENT
17 THAN THE AMOUNT SPECIFIED IN THIS SUBSECTION (1)(b)(I), FOR THE
18 PERIOD THAT CARRIERS COLLECTED THE FEE IMPOSED PURSUANT TO
19 SECTION 9010 OF THE FEDERAL ACT. THE COMMISSIONER SHALL USE THE
20 REVENUES GENERATED FROM THE SPECIAL FEES ASSESSED PURSUANT TO
21 THIS SUBSECTION (1)(b) FOR THE PURPOSES SPECIFIED IN SECTION
22 10-16-1107 (3) IN ORDER TO DECREASE THE AMOUNT OF SPECIAL FEES
23 REQUIRED FROM HOSPITALS PURSUANT TO SUBSECTION (1)(a) OF THIS
24 SECTION BY UP TO THIRTY MILLION DOLLARS PER YEAR, WITH ANY
25 REMAINING REVENUES USED TO REDUCE PREMIUMS.

26 (II) THIS SUBSECTION (1)(b) DOES NOT APPLY TO PLANS OR
27 BENEFITS PROVIDED UNDER MEDICARE, MEDICAID, OR THE "CHILDREN'S

1 " BASIC HEALTH PLAN" ESTABLISHED UNDER ARTICLE 8 OF TITLE 25.5.

2 (c) THE COMMISSIONER SHALL TRANSMIT SPECIAL FEES COLLECTED
3 PURSUANT TO THIS SUBSECTION (1) TO THE STATE TREASURER FOR DEPOSIT
4 IN THE REINSURANCE PROGRAM CASH FUND CREATED IN SECTION
5 10-16-1107.

6 (2) THE COMMISSIONER SHALL PROMULGATE RULES TO IMPLEMENT
7 THIS SECTION, INCLUDING:

8 (a) THE REASONABLE TIME PERIODS FOR THE BILLING AND
9 COLLECTION OF THE SPECIAL FEES;

10 (b) PROCEDURES FOR EXEMPTING HOSPITALS FROM SPECIAL FEES
11 IMPOSED PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION, IN WHOLE OR
12 IN PART, WHICH PROCEDURES MUST INCLUDE, AT A MINIMUM, THE
13 FOLLOWING PARAMETERS:

14 (I) WHETHER A HOSPITAL HAS FEWER THAN FIFTY LICENSED BEDS;

15 (II) WHETHER A HOSPITAL IS LOCATED IN GEOGRAPHIC RATING
16 AREA NUMBER FIVE, SEVEN, EIGHT, OR NINE;

17 (III) WHETHER A HOSPITAL IS AFFILIATED WITH A NETWORK OF
18 HOSPITALS;

19 (IV) WHETHER A HOSPITAL'S NET INCOME AT YEAR END IN EACH
20 OF THE PREVIOUS THREE YEARS WAS LESS THAN ZERO BASED ON AUDITED
21 FINANCIAL STATEMENTS PROVIDED BY THE HOSPITAL;

22 (V) WHETHER A HOSPITAL IS A CRITICAL ACCESS HOSPITAL;

23 (VI) WHETHER THE AMOUNT OF UNCOMPENSATED CARE PROVIDED
24 BY THE HOSPITAL IS DISPROPORTIONATELY HIGHER THAN THE STATEWIDE
25 AVERAGE; AND

26 (VII) WHETHER A HOSPITAL'S PROPORTION OF PATIENTS ENROLLED
27 IN MEDICARE OR MEDICAID IS DISPROPORTIONATELY HIGHER THAN THE

1 STATEWIDE AVERAGE PROPORTION OF MEDICARE OR MEDICAID PATIENTS
2 FOR ALL HOSPITALS; AND

3 (c) DETERMINING THE AMOUNT OF THE ASSESSMENT ON HOSPITALS
4 IN ACCORDANCE WITH SUBSECTION (1)(a) OF THIS SECTION.

5 (3) A HOSPITAL SHALL PAY THE SPECIAL FEES IMPOSED PURSUANT
6 TO SUBSECTION (1)(a) OF THIS SECTION FROM ITS GENERAL REVENUES AND
7 IS PROHIBITED FROM:

8 (a) COLLECTING AN ASSESSMENT FROM CONSUMERS AS ANY TYPE
9 OF SURCHARGE ON ITS FEES;

10 (b) PASSING THE SPECIAL FEES ON TO CONSUMERS AS ANY TYPE OF
11 INCREASE TO FEES OR CHARGES FOR SERVICES; OR

12 (c) OTHERWISE PASSING THE SPECIAL FEE ON TO CONSUMERS IN
13 ANY MANNER.

14 (4) IF A HOSPITAL OR CARRIER, IF APPLICABLE, FAILS TO PAY A
15 SPECIAL FEE TO THE COMMISSIONER IN ACCORDANCE WITH THE TIME
16 PERIODS ESTABLISHED BY RULE, THE COMMISSIONER MAY USE ALL POWERS
17 CONFERRED BY THE INSURANCE LAWS OF THIS STATE TO ENFORCE
18 PAYMENT OF THE SPECIAL FEES.

19 **10-16-1109. State innovation waiver - federal funding -**
20 **Colorado reinsurance program.** (1) (a) FOR PURPOSES OF
21 IMPLEMENTING AND OPERATING THE REINSURANCE PROGRAM AS SET
22 FORTH IN THIS PART 11 FOR PLAN YEARS STARTING ON OR AFTER JANUARY
23 1, 2020, THE COMMISSIONER MAY APPLY TO THE SECRETARY OF THE
24 UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR:

25 (I) A FIVE-YEAR STATE INNOVATION WAIVER IN ACCORDANCE
26 WITH SECTION 1332 OF THE FEDERAL ACT, CODIFIED AT 42 U.S.C. SEC.
27 18052, AND 45 CFR 155.1300;

1 (II) FEDERAL FUNDS FOR THE REINSURANCE PROGRAM; OR
2 (III) A STATE INNOVATION WAIVER AND FEDERAL FUNDS.

3 (b) AN APPLICATION FOR A STATE INNOVATION WAIVER OR FOR
4 FEDERAL FUNDS MUST CLEARLY STATE THAT OPERATION OF THE
5 REINSURANCE PROGRAM IS CONTINGENT ON APPROVAL OF THE WAIVER OR
6 FUNDING REQUEST.

7 (c) THE COMMISSIONER SHALL ENSURE THAT A WAIVER
8 APPLICATION SUBMITTED PURSUANT TO THIS SECTION COMPLIES WITH THE
9 REQUIREMENTS SPECIFIED IN SECTION 1332 OF THE FEDERAL ACT,
10 CODIFIED AT 42 U.S.C. SEC. 18052, AND 45 CFR 155.1308.

11 (d) THE COMMISSIONER SHALL INCLUDE IN A WAIVER APPLICATION
12 A REQUEST FOR A PASS-THROUGH OF FEDERAL FUNDING IN ACCORDANCE
13 WITH SECTION 1332 (a)(3) OF THE FEDERAL ACT, 42 U.S.C. SEC. 18052
14 (a)(3), TO ALLOW THE STATE TO OBTAIN AND USE, FOR PURPOSES OF
15 HELPING **FUND** THE REINSURANCE PROGRAM, ANY FEDERAL FUNDS THAT
16 WOULD, ABSENT THE WAIVER, BE USED TO PAY ADVANCE PAYMENT TAX
17 CREDITS AND COST-SHARING REDUCTIONS AUTHORIZED UNDER THE
18 FEDERAL ACT.

19 (2) THE COMMISSIONER SHALL NOTIFY THE FOLLOWING IN WRITING
20 OF ANY FEDERAL ACTIONS REGARDING THE WAIVER OR FUNDING REQUEST:

21 (a) THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY;

22 (b) THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES OR
23 ANY SUCCESSOR COMMITTEE; AND

24 (c) THE HOUSE OF REPRESENTATIVES COMMITTEES ON HEALTH AND
25 INSURANCE AND PUBLIC HEALTH CARE AND HUMAN SERVICES OR ANY
26 SUCCESSOR COMMITTEES.

27 **10-16-1110. Repeal of part - notice to revisor of statutes.**

1 (1) (a) THE COMMISSIONER SHALL NOTIFY THE REVISOR OF STATUTES IN
2 WRITING, BY E-MAIL SENT TO REVISOROFSTATUTES.GA@STATE.CO.US,
3 UPON RECEIPT FROM THE SECRETARY OF THE UNITED STATES
4 DEPARTMENT OF HEALTH AND HUMAN SERVICES OF NOTICE OF APPROVAL
5 OR DENIAL OF THE WAIVER OR FUNDING REQUESTED UNDER SECTION
6 10-16-1109.

7 (b) (I) IF THE NOTICE FROM THE COMMISSIONER STATES THAT THE
8 WAIVER OR FUNDING WAS DENIED, THIS PART 11 IS REPEALED, EFFECTIVE
9 UPON THE DATE IDENTIFIED IN THE NOTICE THAT THE WAIVER OR FUNDING
10 WAS DENIED OR, IF THE NOTICE DOES NOT SPECIFY THAT DATE, UPON THE
11 DATE OF THE NOTICE OF DENIAL TO THE REVISOR OF STATUTES.

12 (II) IF THE NOTICE FROM THE COMMISSIONER STATES THAT THE
13 WAIVER OR FUNDING WAS APPROVED, THIS SUBSECTION (1) IS REPEALED,
14 EFFECTIVE UPON THE DATE IDENTIFIED IN THE NOTICE THAT THE WAIVER
15 OR FUNDING WAS APPROVED OR, IF THE NOTICE DOES NOT SPECIFY THAT
16 DATE, UPON THE DATE OF THE NOTICE OF APPROVAL TO THE REVISOR OF
17 STATUTES.

18 (2) THIS PART 11 IS REPEALED, EFFECTIVE SEPTEMBER 1, 2024.
19 BEFORE THE REPEAL, THIS PART 11 IS SCHEDULED FOR REVIEW IN
20 ACCORDANCE WITH SECTION 24-34-104.

21 **SECTION 2.** In Colorado Revised Statutes, 24-34-104, **add**
22 (25)(a)(XX) as follows:

23 **24-34-104. General assembly review of regulatory agencies**
24 **and functions for repeal, continuation, or reestablishment - legislative**
25 **declaration - repeal.** (25) (a) The following agencies, functions, or both,
26 are scheduled for repeal on September 1, 2024:

27 (XX) THE COLORADO REINSURANCE PROGRAM AUTHORIZED

1 UNDER PART 11 OF ARTICLE 16 OF TITLE 10.

2 **SECTION 3. Appropriation.** For the 2019-20 state fiscal year,
3 \$785,904 is appropriated to the department of regulatory agencies for use
4 by the division of insurance. This appropriation is from the division of
5 insurance cash fund created in section 10-1-103 (3), C.R.S., and is based
6 on an assumption that the division will require an additional 3.0 FTE. To
7 implement this act, the division may use this appropriation for the
8 Colorado reinsurance program.

9 **SECTION 4. Safety clause.** The general assembly hereby finds,
10 determines, and declares that this act is necessary for the immediate
11 preservation of the public peace, health, and safety.