

1 Amend reengrossed bill, page 2, lines 8 and 9, strike "**add** (1)(ss)" and
2 substitute "**amend** (1)(qq); and **add** (1)(ss) and (1)(tt) as follows:".

3 Page 2, strike line 14 and substitute:

4 "(qq) Failure to pay a final, nonappealable judgment award for
5 failure to return or repay collateral received to secure a bond; **or**
6 (ss) A VIOLATION OF SECTION 10-16-704 (3)(d) OR (5.5); OR
7 (tt) MISREPRESENTING IN ANY INFORMATION DISSEMINATED BY A
8 HEALTH INSURANCE CARRIER TO THE PUBLIC THAT A HEALTH CARE
9 FACILITY IS A PARTICIPATING OR IN-NETWORK HEALTH CARE FACILITY
10 WITH THE HEALTH INSURANCE CARRIER WHEN PHYSICIAN SPECIALISTS IN
11 EMERGENCY MEDICINE, PATHOLOGY, RADIOLOGY, AND ANESTHESIOLOGY
12 PROVIDING SERVICES ARE NOT UNDER CONTRACT WITH THE HEALTH
13 INSURANCE CARRIER, AND THE HEALTH INSURANCE CARRIER CANNOT ON
14 A TIMELY BASIS PROVIDE THE SERVICES ON AN IN-NETWORK BASIS AT THE
15 HEALTH CARE FACILITY.".

16 Page 3, line 9, strike "and (5.5)(b);;" and substitute "(5.5)(b), (9)
17 introductory portion, and (9)(h);".

18 Page 9, after line 26 insert:

19 "(9) Beginning January 1, 1998, a carrier shall maintain and make
20 available upon request of the commissioner, the executive director of the
21 department of public health and environment, or the executive director of
22 the department of health care policy and financing, in a manner and form
23 that reflects the requirements specified in ~~paragraphs (a) to (k) of this~~
24 ~~subsection~~ ~~(9)~~ SUBSECTION (9)(a) TO (9)(k) OF THIS SECTION, an access
25 plan for each managed care network that the carrier offers in this state.
26 The carrier shall make the access plans, absent confidential information
27 as specified in section 24-72-204 (3), ~~C.R.S.~~, available on its business
28 premises and shall provide them to any interested party upon request. In
29 addition, all health benefit plans and marketing materials shall clearly
30 disclose the existence and availability of the access plan. All rights and
31 responsibilities of the covered person under the health benefit plan,
32 however, shall be included in the contract provisions, regardless of
33 whether or not such provisions are also specified in the access plan. The
34 carrier shall prepare an access plan prior to offering a new managed care
35 network and shall update an existing access plan whenever the carrier
36 makes any material change to an existing managed care network, but not

1 less than annually. The access plan of a carrier offering a managed care
2 plan shall demonstrate the following:

3 (h) The carrier's system for ensuring the coordination and
4 continuity of care for covered persons referred to specialty providers,
5 INCLUDING DOCUMENTATION THAT THE CARRIER HAS A SUFFICIENT
6 NUMBER OF CONTRACTED PROVIDERS PRACTICING AT THE SAME FACILITIES
7 WITH WHICH THE CARRIER HAS CONTRACTED TO REASONABLY ENSURE
8 COVERED PERSONS HAVE TIMELY IN-NETWORK ACCESS FOR COVERED
9 SERVICES, INCLUDING PHYSICIAN SPECIALISTS IN EMERGENCY MEDICINE,
10 PATHOLOGY, RADIOLOGY, AND ANESTHESIOLOGY SERVICES DELIVERED AT
11 THOSE IN-NETWORK FACILITIES;".

12 Amend the Judiciary Committee Report, dated April 15, 2019, page 1,
13 strike line 1.

14 Page 1, line 2, strike "Page 3," and substitute "Amend reengrossed bill,
15 page 3,".

*** * * * *