

HOUSE COMMITTEE OF REFERENCE REPORT

Chair of Committee

Date

February 19, 2020

Committee on Health & Insurance.

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

HB20-1008 be amended as follows, and as so amended, be referred to the Committee on Appropriations with favorable recommendation:

- 1 Amend printed bill, page 3, line 13, strike "PERSON" and substitute
- 2 "PERSON, OTHER THAN A PRODUCER,".
- 3 Page 3, line 19, strike "CALENDAR" and substitute "FISCAL".
- 4 Page 4, line 13, after "DENIED" insert "IN THIS STATE".
- 5 Page 4, strike line 19 and substitute "SUBMITTED IN THIS STATE;".
- 6 Page 4, line 22, strike "MEMBERS," and substitute "MEMBERS IN THIS
- 7 STATE,".
- 8 Page 4, line 23, strike "PAID;" and substitute "PAID IN THIS STATE;".
- 9 Page 4, line 24, after "EXPENSES" insert "SUBMITTED IN THIS STATE".
- 10 Page 4, line 25, strike "ARRANGEMENT DENIED IN WHOLE OR IN PART," and
- 11 substitute "ARRANGEMENT, IN WHOLE OR IN PART, DENIED OR DETERMINED
- 12 TO BE INELIGIBLE FOR COST SHARING,".
- 13 Page 4, line 26, after "EXPENSES" insert "SUBMITTED IN THIS STATE".
- 14 Page 4, strike line 27 and substitute "DENIED OR DETERMINED TO BE
- 15 INELIGIBLE;".

- 1 Page 5, line 1, strike "DENIALS;" and substitute "DENIALS IN THIS STATE;".
- 2 Page 5, line 3, strike "ARRANGEMENT," and substitute "ARRANGEMENT IN
3 THIS STATE," and after "APPEALS" insert "IN THIS STATE,".
- 4 Page 5, strike lines 6 through 10 and substitute:
5 "(i) THE TOTAL AMOUNT PAID INTO THE HEALTH CARE
6 COST-SHARING ARRANGEMENT IN THE PREVIOUS CALENDAR YEAR BY
7 MEMBERS WHO ARE RESIDENTS OF THIS STATE; AND
8 (j) THE NAME, MAILING ADDRESS, E-MAIL ADDRESS, AND
9 TELEPHONE NUMBER OF AN INDIVIDUAL SERVING AS A CONTACT PERSON
10 FOR THE HEALTH CARE COST-SHARING ARRANGEMENT IN THIS STATE. THE
11 COMMISSIONER SHALL NOT MAKE THE HEALTH CARE COST-SHARING
12 ARRANGEMENT'S CONTACT PERSON INFORMATION AVAILABLE TO THE
13 PUBLIC.".
- 14 Page 5, strike lines 12 through 15 and substitute "2021, PRIOR TO
15 ENROLLING, ACCEPTING, OR RENEWING AN INDIVIDUAL OR GROUP IN A
16 HEALTH CARE COST-SHARING ARRANGEMENT IN THIS STATE, A PERSON,
17 OTHER THAN A PRODUCER, OFFERING, OPERATING, MANAGING, OR
18 ADMINISTERING THE HEALTH CARE COST-SHARING ARRANGEMENT SHALL
19 PROVIDE A WRITTEN DISCLOSURE, EITHER IN HARD COPY OR ELECTRONIC
20 FORMAT, TO BE SIGNED BY THE PROSPECTIVE OR RENEWING MEMBER OR
21 GROUP, CONTAINING THE FOLLOWING INFORMATION:".
- 22 Page 5, line 16, strike "PARTICIPATION" and substitute "A HEALTH CARE
23 COST-SHARING ARRANGEMENT IS NOT A QUALIFIED HEALTH PLAN, AND
24 PARTICIPATION".
- 25 Page 5, line 25, strike "INFORMATION REQUIRED" and substitute
26 "DISCLOSURES DETERMINED".
- 27 Page 5, line 26, strike "RULE." and substitute "RULE TO ADDRESS
28 CONSUMER CONFUSION OR TO ENSURE CONSUMERS HAVE NECESSARY
29 INFORMATION TO MAKE INFORMED DECISIONS.".
- 30 Page 5, line 27, strike "PRIOR TO ENROLLING,".
- 31 Page 6, strike lines 1 and 2 and substitute "A PERSON, OTHER THAN A
32 PRODUCER,".

- 1 Page 6, line 4, strike "PROVIDE A WRITTEN DISCLOSURE,".
- 2 Page 6, strike line 5 and substitute "DISPLAY PROMINENTLY ON ITS
3 WEBSITE, IF THE PERSON HAS A WEBSITE, AND IN ITS WRITTEN MARKETING
4 MATERIALS".
- 5 Page 6, line 6, strike "CONTAINING".
- 6 Page 6, strike lines 8 through 13 and substitute:
7 "(c) ON AND AFTER JANUARY 1, 2021, A PRODUCER OFFERING A
8 HEALTH CARE COST-SHARING ARRANGEMENT IN THIS STATE SHALL
9 PROVIDE A WRITTEN OR ELECTRONIC DISCLOSURE TO A PROSPECTIVE
10 CLIENT BEFORE SELLING THE ARRANGEMENT TO THE CLIENT. THE
11 DISCLOSURE MUST INCLUDE THE FOLLOWING INFORMATION:
12 (I) A HEALTH CARE COST-SHARING ARRANGEMENT IS NOT A
13 QUALIFIED HEALTH PLAN, AND PARTICIPATION OR MEMBERSHIP IN A
14 HEALTH CARE COST-SHARING ARRANGEMENT DOES NOT GUARANTEE
15 PAYMENT OF BILLS OR MEDICAL EXPENSES;
16 (II) A MEMBER OF A HEALTH CARE COST-SHARING ARRANGEMENT
17 REMAINS PERSONALLY RESPONSIBLE FOR PAYMENT OF ALL BILLS OR
18 MEDICAL EXPENSES;
19 (III) A MEMBER OF A HEALTH CARE COST-SHARING ARRANGEMENT
20 MAY BE SUBJECT TO CERTAIN PREEXISTING CONDITION EXCLUSIONS OR
21 OTHER LIMITATIONS; AND
22 (IV) ANY OTHER DISCLOSURES DETERMINED BY THE
23 COMMISSIONER BY RULE TO ADDRESS CONSUMER CONFUSION OR TO
24 ENSURE CONSUMERS HAVE NECESSARY INFORMATION TO MAKE INFORMED
25 DECISIONS.".
- 26 Renumber succeeding subsections accordingly.
- 27 Page 6, line 16, after "EXPENSES" insert "FROM A MEMBER OF THE HEALTH
28 CARE COST-SHARING ARRANGEMENT OR".
- 29 Page 6, line 20, strike "OF SERVICE FOR WHICH".
- 30 Page 6, line 21, strike "MADE." and substitute "MADE TO THE HEALTH
31 CARE COST-SHARING ARRANGEMENT.".
- 32 Page 6, line 22, after "PAY" insert "OR FACILITATE THE PAYMENT OF".

- 1 Page 6, line 23, strike "FULL OR" and substitute "ACCORDANCE WITH THE
2 HEALTH CARE COST-SHARING ARRANGEMENT GUIDELINES OR FAILS TO".
- 3 Page 6, line 25, strike "REQUEST." and substitute "REQUEST OR A
4 DETERMINATION THAT THE EXPENSES ARE INELIGIBLE FOR COST
5 SHARING."
- 6 Page 6, line 26, after "PAYS" insert "OR FACILITATES THE PAYMENT OF".
- 7 Page 6, lines 26 and 27, strike "ONLY A PORTION OF THE MEDICAL
8 EXPENSES WITHIN THE SPECIFIED PERIOD," and substitute "AN AMOUNT OR
9 PORTION OF THE MEDICAL EXPENSES THAT IS LESS THAN WHAT THE
10 HEALTH CARE COST-SHARING ARRANGEMENT GUIDELINES SPECIFY,".
- 11 Page 7, line 2, before "PORTION" insert "REMAINING".
- 12 Page 7, line 3, strike "THAT ARE UNPAID." and substitute "OR A
13 DETERMINATION THAT THE REMAINING PORTION OF THE MEDICAL
14 EXPENSES IS INELIGIBLE FOR COST SHARING. IF THE MEDICAL EXPENSE IS
15 DENIED OR DETERMINED TO BE INELIGIBLE FOR COST SHARING AND THE
16 MEMBER OF THE HEALTH CARE COST-SHARING ARRANGEMENT ALSO HAS
17 COVERAGE UNDER A QUALIFIED HEALTH PLAN, A MEDICAL ASSISTANCE
18 PROGRAM ADMINISTERED PURSUANT TO ARTICLES 4, 5, AND 6 OF TITLE
19 25.5, OR OTHER COVERAGE FOR WHICH A THIRD-PARTY PAYER MAY BE
20 RESPONSIBLE FOR PAYING FOR THE MEMBER'S MEDICAL EXPENSES, THE
21 PROVIDER MAY BILL APPROPRIATE THIRD-PARTY PAYERS FOR ANY UNPAID
22 BALANCE OWED FOR HEALTH CARE THE PROVIDER PROVIDED TO THE
23 MEMBER."
- 24 Page 7, line 11, strike "(7)" and substitute "(6)".
- 25 Page 7, line 19, after "SECTION;" add "OR".
- 26 Page 7, strike lines 20 and 21.
- 27 Reletter succeeding sub-subparagraph accordingly.
- 28 Page 7, line 23, strike "(5)" and substitute "(4)".
- 29 Page 7, line 27, strike "(7)(a)" and substitute "(6)(a)".

- 1 Page 8, line 2, strike "(7)(a)." and substitute "(6)(a).".
- 2 Page 8, strike lines 4 and 5 and substitute "REQUIRED BY SUBSECTION (3)
- 3 OF THIS SECTION, THE".
- 4 Page 8, line 13, strike "(8)" and substitute "(7)".
- 5 Page 8, line 25, strike "10-3-903.7 (8);" and substitute "10-3-903.7;".
- 6 Strike "ARRANGEMENT;" and substitute "ARRANGEMENT IN THIS STATE;"
- 7 on: **Page 3**, lines 24 and 27; and **Page 4**, line 3.
- 8 After "ARRANGEMENT" insert "IN THIS STATE" on: **Page 4**, lines 5, 9, and
- 9 line 17.

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