

SENATE COMMITTEE OF REFERENCE REPORT

Chair of Committee

February 15, 2024

Date

Committee on Health & Human Services.

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

SB24-093 be amended as follows, and as so amended, be referred to the Committee of the Whole with favorable recommendation:

1 Amend printed bill, page 2, strike lines 14 through 24.

2 Page 3, strike lines 1 through 8 and substitute:

3 "(IV) "TRANSFERRING ENROLLEE" MEANS AN INDIVIDUAL WHO:
4 (A) WAS ENROLLED IN MEDICAID OR THE CHILDREN'S BASIC
5 HEALTH PLAN, BUT IS NO LONGER ELIGIBLE FOR BENEFITS THROUGH THE
6 PROGRAM IN WHICH THE INDIVIDUAL WAS ENROLLED; OR
7 (B) WAS COVERED UNDER A HEALTH BENEFIT PLAN WHOSE
8 COVERAGE HAS NOT BEEN RENEWED BECAUSE THE CARRIER IS NO LONGER
9 OFFERING ANY HEALTH BENEFIT PLANS THAT THE INDIVIDUAL IS ELIGIBLE
10 FOR AND IS THEREFORE ENROLLED IN A NEW HEALTH BENEFIT PLAN AND
11 WHO: IS UNDERGOING A COURSE OF TREATMENT FOR A SERIOUS AND
12 COMPLEX MEDICAL CONDITION THAT IS TREATED BY THE PROVIDER OR
13 FACILITY; IS UNDERGOING A COURSE OF INPATIENT CARE PROVIDED BY THE
14 PROVIDER OR FACILITY; IS PREGNANT AND UNDERGOING A COURSE OF
15 TREATMENT FOR THE PREGNANCY PROVIDED BY THE PROVIDER OR
16 FACILITY; IS TERMINALLY ILL AS DETERMINED UNDER SECTION 1861
17 (dd)(3)(A) OF THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC.
18 1395x, AS AMENDED, AND IS RECEIVING TREATMENT FOR THE ILLNESS
19 FROM THE PROVIDER OR FACILITY; OR IS SCHEDULED TO UNDERGO
20 NONELECTIVE SURGERY FROM THE PROVIDER OR FACILITY, INCLUDING THE
21 RECEIPT OF POSTOPERATIVE CARE FROM THE PROVIDER OR FACILITY WITH
22 RESPECT TO THE SURGERY."

23 Page 3, lines 18 and 19, strike "IN THE SECOND OR THIRD TRIMESTER OF
24 PREGNANCY" and substitute "WHO IS PREGNANT AND".

- 1 Page 3, line 24, after "(c)" insert "(I)".
- 2 Page 3, line 26, strike "(I)" and substitute "(A)".
- 3 Page 3, strike line 27 and substitute "OR FACILITY AT THE CARRIER'S
4 STANDARD IN-NETWORK REIMBURSEMENT RATE;".
- 5 Page 4, line 2, strike "(II)" and substitute "(B)".
- 6 Page 4, line 6, strike "FACILITIES." and substitute "FACILITIES IN ORDER
7 FOR THE OUT-OF-NETWORK PROVIDER OR FACILITY TO BE ELIGIBLE FOR
8 REIMBURSEMENT UNDER SUBSECTION (4.5)(c)(I)(A) OF THIS SECTION.
9 (II) IF AN OUT-OF-NETWORK PROVIDER OR FACILITY HAS BEEN
10 REIMBURSED PURSUANT TO SUBSECTION (4.5)(c)(I)(A) OF THIS SECTION,
11 THE TRANSFERRING ENROLLEE SHALL NOT BE BALANCE BILLED."
- 12 Page 5, after line 20 insert:
- 13 "SECTION 2. In Colorado Revised Statutes, 12-30-112, add
14 (3.7) as follows:
15 **12-30-112. Health-care providers - required disclosures -
16 balance billing - deceptive trade practice - rules - definitions.**
17 (3.7) AN OUT-OF-NETWORK PROVIDER SHALL NOT BALANCE BILL A
18 COVERED PERSON FOR SERVICES IF THE PROVISIONS OF SECTION 10-16-705
19 (4.5)(c)(II) APPLY."
- 20 Renumber succeeding section accordingly.
- 21 Page 5, line 22, strike "2026;" and substitute "2025;".
- 22 Page 6, line 1, strike "2026," and substitute "2025,".

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