

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

**PREAMENDED**

*This Unofficial Version Includes Committee  
Amendments Not Yet Adopted on Second Reading*

LLS NO. 17-0871.02 Christy Chase x2008

**SENATE BILL 17-300**

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**SENATE SPONSORSHIP**

**Lambert,**

**HOUSE SPONSORSHIP**

**Kennedy,**

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**Senate Committees**  
Health & Human Services

**House Committees**

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**A BILL FOR AN ACT**

101      **CONCERNING THE AUTHORITY OF THE COMMISSIONER OF INSURANCE**  
102            **TO IMPLEMENT PROGRAMS TO ADDRESS THE RISING COSTS OF**  
103            **PROVIDING HEALTH CARE COVERAGE TO HIGH-RISK**  
104            **INDIVIDUALS IN THE STATE, AND, IN CONNECTION THEREWITH,**  
105            **DIRECTING THE COMMISSIONER TO STUDY ISSUES RELATED TO**  
106            **THE IMPLEMENTATION OF SUCH PROGRAMS.**

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**Bill Summary**

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

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

- ! Develop a high-risk health care coverage program to address access to coverage for individuals with high-cost medical conditions and to reduce health insurance premiums;
- ! Apply for a waiver under federal law to implement the program;
- ! Seek, accept, and expend public and private gifts, grants, and donations to implement the bill.

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

2 **SECTION 1.** In Colorado Revised Statutes, add article 22.5 to  
3 title 10 as follows:

4 **ARTICLE 22.5**

5 **Colorado High-risk Health Care Coverage Study**

6 **10-22.5-101. Short title.** THE SHORT TITLE OF THIS ARTICLE 22.5  
7 IS THE "COLORADO HIGH-RISK HEALTH CARE COVERAGE STUDY ACT".

8 **10-22.5-102. Legislative declaration.** THE GENERAL ASSEMBLY  
9 HEREBY DECLARES THAT, WITH RISING RATES IN THE INDIVIDUAL HEALTH  
10 INSURANCE MARKET AND POTENTIAL MODIFICATIONS TO FEDERAL LAW  
11 THAT MAY IMPACT THE INDIVIDUAL HEALTH INSURANCE MARKET IN  
12 COLORADO AND ACCESS TO HEALTH CARE COVERAGE BY INDIVIDUALS  
13 THAT ARE HIGH RISK DUE TO A MEDICAL CONDITION, IT IS IMPORTANT FOR  
14 COLORADO TO BE IN A POSITION TO UNDERSTAND AND PROACTIVELY  
15 RESPOND TO FUTURE FEDERAL PROGRAMS AND GUIDANCE THAT MAY BE  
16 ENACTED WHILE THE COLORADO GENERAL ASSEMBLY IS NOT IN SESSION.  
17 ACCORDINGLY, THE PURPOSE OF THIS ARTICLE 22.5 IS TO AUTHORIZE THE  
18 COMMISSIONER OF INSURANCE AND THE DIVISION OF INSURANCE TO STUDY  
19 WAYS TO PROVIDE ACCESS TO HEALTH CARE COVERAGE FOR THOSE  
20 COLORADO RESIDENTS WHO ARE CONSIDERED HIGH RISK BECAUSE OF A  
21 MEDICAL CONDITION AND TO EXAMINE WAYS TO REDUCE HEALTH

1 INSURANCE PREMIUMS IN THE INDIVIDUAL HEALTH INSURANCE MARKET.

2 **10-22.5-103. Definitions.** AS USED IN THIS ARTICLE 22.5, UNLESS  
3 THE CONTEXT OTHERWISE REQUIRES:

4 (1) "CARRIER" HAS THE SAME MEANING AS SET FORTH IN SECTION  
5 10-16-102 (8).

6 (2) "COMMISSIONER" MEANS THE COMMISSIONER OF INSURANCE  
7 OR THE COMMISSIONER'S DESIGNEE.

8 (3) "DIVISION" MEANS THE DIVISION OF INSURANCE ESTABLISHED  
9 IN SECTION 10-1-103.

10 (4) "FEDERAL ACT" MEANS THE "PATIENT PROTECTION AND  
11 AFFORDABLE CARE ACT", PUB.L. 111-148, AS AMENDED BY THE "HEALTH  
12 CARE AND EDUCATION RECONCILIATION ACT OF 2010", PUB.L. 111-152,  
13 AND AS MAY BE FURTHER AMENDED, AND INCLUDING ANY FEDERAL  
14 REGULATIONS ADOPTED UNDER THE FEDERAL ACT.

15 (5) "HIGH-RISK INDIVIDUAL" MEANS AN INDIVIDUAL WHO HAS A  
16 MEDICAL CONDITION THAT IS LIKELY TO RESULT IN HIGH HEALTH CARE  
17 COSTS.

18 (6) "REINSURANCE" MEANS THE ASSUMPTION OF ALL OR PART OF  
19 A RISK UNDERTAKEN ORIGINALLY BY AN INSURER.

20 **10-22.5-104. High-risk health care coverage study -**  
21 **commissioner to conduct - report.** (1) THE COMMISSIONER SHALL  
22 STUDY METHODS OF PROVIDING HEALTH CARE COVERAGE TO HIGH-RISK  
23 INDIVIDUALS AND REDUCING HEALTH INSURANCE PREMIUMS IN THE  
24 INDIVIDUAL MARKET. IN CONDUCTING THE STUDY, THE COMMISSIONER  
25 AND THE DIVISION SHALL ENGAGE WITH AND SEEK ONGOING INPUT FROM  
26 CARRIERS, CONSUMER GROUPS, AND OTHER INTERESTED STAKEHOLDERS.

27 (2) AS PART OF THE STUDY, THE COMMISSIONER SHALL EXPLORE

1 THE FEASIBILITY OF PROVIDING HEALTH CARE COVERAGE FOR HIGH-RISK  
2 INDIVIDUALS AND REDUCING PREMIUMS THROUGH A HIGH-RISK POOL,  
3 REINSURANCE PROGRAM, OR OTHER HIGH-RISK PROGRAMS, AND SHALL  
4 TAKE INTO CONSIDERATION:

5 (a) ANY REQUIREMENTS IMPOSED UNDER THE FEDERAL ACT OR  
6 OTHER APPLICABLE FEDERAL LAWS AND REGULATIONS TO QUALIFY FOR  
7 FEDERAL FINANCIAL SUPPORT;

8 (b) POTENTIAL FINANCIAL IMPACTS TO CONSUMERS AND THE  
9 BUSINESS COMMUNITY;

10 (c) POTENTIAL FUNDING MECHANISMS AND OTHER MEASURES TO  
11 ENSURE THE LONG-TERM FINANCIAL SUSTAINABILITY OF A HIGH-RISK OR  
12 REINSURANCE PROGRAM; AND

13 (d) THE NECESSARY PROCEDURAL REQUIREMENTS THAT THE STATE  
14 MUST FULFILL IN ORDER TO APPLY FOR AND SEEK APPROVAL OF ANY  
15 WAIVER OR OTHER AUTHORIZATION THAT MAY BE REQUIRED UNDER THE  
16 FEDERAL ACT OR OTHER APPLICABLE FEDERAL LAW.

17 (3) (a) UPON COMPLETION OF THE STUDY, THE COMMISSIONER  
18 SHALL SUBMIT A REPORT ON THE STUDY TO THE JOINT BUDGET COMMITTEE  
19 OF THE GENERAL ASSEMBLY, THE HEALTH AND HUMAN SERVICES  
20 COMMITTEE OF THE SENATE, AND THE HEALTH, INSURANCE, AND  
21 ENVIRONMENT COMMITTEE OF THE HOUSE OF REPRESENTATIVES, OR THEIR  
22 SUCCESSOR COMMITTEES, BY OCTOBER 1, 2017, WHICH REPORT MAY BE  
23 CONSIDERED, AS NECESSARY, IN THE BUDGETING PROCESS. THE  
24 COMMISSIONER SHALL REPORT, AT A MINIMUM, ON THE AREAS INCLUDED  
25 IN THE STUDY, AS SPECIFIED IN SUBSECTION (2) OF THIS SECTION.

26 (b) IN ADDITION TO SUBMITTING THE REPORT AS REQUIRED BY THIS  
27 SUBSECTION (3), THE COMMISSIONER SHALL PRESENT THE REPORT TO THE

1 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE  
2 HEALTH, INSURANCE, AND ENVIRONMENT COMMITTEE OF THE HOUSE OF  
3 REPRESENTATIVES, OR THEIR SUCCESSOR COMMITTEES, DURING THE  
4 COMMITTEES' HEARINGS HELD PRIOR TO THE 2018 REGULAR SESSION  
5 UNDER THE "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE,  
6 AND TRANSPARENT (SMART) GOVERNMENT ACT", PART 2 OF ARTICLE 7  
7 OF TITLE 2.

8 **10-22.5-105. Gifts, grants, donations, and federal funding -**  
9 **authority to accept and expend.** THE COMMISSIONER MAY SEEK, ACCEPT,  
10 AND EXPEND GIFTS, GRANTS, DONATIONS FROM PRIVATE OR PUBLIC  
11 SOURCES OR ANY FEDERAL FUNDING TO DEFRAY THE COSTS OF  
12 CONDUCTING THE STUDY PURSUANT TO SECTION 10-22.5-104.

13 **10-22.5-106. Repeal.** THIS ARTICLE IS REPEALED, EFFECTIVE JUNE  
14 30, 2018.

15 **SECTION 2. Act subject to petition - effective date.** This act  
16 takes effect at 12:01 a.m. on the day following the expiration of the  
17 ninety-day period after final adjournment of the general assembly (August  
18 9, 2017, if adjournment sine die is on May 10, 2017); except that, if a  
19 referendum petition is filed pursuant to section 1 (3) of article V of the  
20 state constitution against this act or an item, section, or part of this act  
21 within such period, then the act, item, section, or part will not take effect  
22 unless approved by the people at the general election to be held in  
23 November 2018 and, in such case, will take effect on the date of the  
24 official declaration of the vote thereon by the governor.