First Regular Session Seventy-second General Assembly STATE OF COLORADO

REENGROSSED

This Version Includes All Amendments Adopted in the House of Introduction SENATE BILL 19-041

LLS NO. 19-0693.01 Kristen Forrestal x4217

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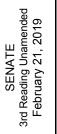
A BILL FOR AN ACT

101	CONCERNING A REQUIRED CONTRACT PROVISION REGARDING THE
102	PAYMENT OF PREMIUMS BY A POLICYHOLDER TO A HEALTH
103	INSURANCE CARRIER FOR EACH INDIVIDUAL COVERED UNDER A
104	HEALTH INSURANCE POLICY.

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 <u>http://leg.colorado.gov</u>.)

Current law requires a contract between a health insurance carrier and a policyholder to contain a provision that requires the policyholder to pay premiums for each individual covered under the policy through the





date that the policyholder notifies the carrier that an individual covered under the policy is no longer covered. The bill requires the contract to state that, in the alternative, the policyholder is required to pay premiums to the carrier through the date that the individual covered under the policy is no longer eligible or covered if the policyholder notifies the carrier within 10 business days after the date of ineligibility or noncoverage.

1	Be it enacted by the General Assembly of the State of Colorado:
2	SECTION 1. In Colorado Revised Statutes, 10-16-103.5, amend
3	(1) as follows:
4	<u>10-16-103.5. Payment of premiums - required term in</u>
5	contract. (1) (a) Every contract FOR A HEALTH BENEFIT PLAN between a
6	carrier and a policyholder shall contain a provision that requires a
7	REQUIRE THE policyholder to pay premiums FOR EACH INDIVIDUAL
8	COVERED UNDER THE POLICYHOLDER'S POLICY:
9	(a) (I) For each individual covered under the policyholder's policy
10	Through the date that the policyholder notifies the carrier that the
11	individual covered under the policy is no longer eligible or covered;
12	except that, if a dependent is no longer covered because the dependent
13	becomes enrolled in the children's basic health plan, established pursuant
14	to article 8 of title 25.5, C.R.S., the policyholder shall notify the carrier
15	of the change in coverage at least thirty days prior to the date that the
16	dependent is no longer covered; or
17	(b) (II) Through the date that the policyholder notifies the carrier
18	that the policyholder no longer intends to maintain coverage for the group
19	through the carrier; OR
20	(III) THROUGH THE DATE THAT THE INDIVIDUAL COVERED UNDER
21	THE POLICY IS NO LONGER ELIGIBLE OR COVERED IF THE POLICYHOLDER
22	NOTIFIES THE CARRIER WITHIN TEN BUSINESS DAYS AFTER THE DATE THAT

1	THE INDIVIDUAL IS NO LONGER ELIGIBLE OR COVERED BECAUSE THE
2	INDIVIDUAL LEFT EMPLOYMENT WITHOUT NOTICE TO THE EMPLOYER OR
3	THE INDIVIDUAL IS AN EMPLOYEE WHOSE EMPLOYMENT WAS TERMINATED
4	FOR GROSS MISCONDUCT.
5	(b) SUBSECTION (1)(a)(III) OF THIS SECTION DOES NOT APPLY IF A
6	DEPENDENT IS NO LONGER COVERED BECAUSE THE DEPENDENT BECOMES
7	ENROLLED IN THE CHILDREN'S BASIC HEALTH PLAN, ESTABLISHED
8	<u>PURSUANT TO ARTICLE 8 OF TITLE 25.5. IF THE DEPENDENT BECOMES</u>
9	ENROLLED IN THE CHILDREN'S BASIC HEALTH PLAN, THE POLICYHOLDER
10	SHALL NOTIFY THE CARRIER OF THE CHANGE IN COVERAGE AT LEAST
11	THIRTY DAYS PRIOR TO THE DATE THAT THE DEPENDENT IS NO LONGER
12	COVERED.
13	(c) IF THE POLICYHOLDER NOTIFIES THE CARRIER WITHIN THE
14	TEN-DAY PERIOD PURSUANT TO SUBSECTION (1)(a)(III) OF THIS SECTION.
15	THE CARRIER IS NOT REQUIRED TO PROVIDE BENEFITS TO THE INDIVIDUAL
16	AFTER THE DATE THAT THE INDIVIDUAL IS NO LONGER ELIGIBLE OR
17	COVERED UNDER THE POLICY.
18	(d) NOTHING IN THIS SUBSECTION (1) PRECLUDES A CARRIER AND
19	POLICYHOLDER FROM AGREEING TO A DATE OTHER THAN A DATE SPECIFIED
20	IN SUBSECTION (1)(a)(III) OF THIS SECTION.
21	(e) FOR THE PURPOSES OF THIS SUBSECTION (1), "GROSS
22	MISCONDUCT" MEANS A DELIBERATE WRONGDOING BY THE EMPLOYEE
23	THAT FUNDAMENTALLY UNDERMINES THE RELATIONSHIP OF TRUST AND
24	CONFIDENCE BETWEEN THE EMPLOYER AND EMPLOYEE.
25	SECTION 2. In Colorado Revised Statutes, 10-16-704, amend
26	(4.5)(f) and (4.5)(j) as follows:
27	<u> 10-16-704. Network adequacy - rules - legislative declaration.</u>

1	(4.5) (f) A carrier shall not retroactively adjust a claim based on
2	eligibility if the provider received verification of eligibility within two
3	business days prior to the delivery of services, UNLESS THE
4	POLICYHOLDER NOTIFIED THE CARRIER OF AN INDIVIDUAL'S INELIGIBILITY
5	<u>PURSUANT TO SECTION 10-16-103.5 (1).</u>
6	(j) A carrier shall not retroactively adjust a claim based on
7	eligibility if the provision of benefits is a required policy provision
8	pursuant to section 10-16-202 (4) or section 10-16-214 (3), UNLESS THE
9	POLICYHOLDER NOTIFIED THE CARRIER OF AN INDIVIDUAL'S INELIGIBILITY
10	<u>PURSUANT TO SECTION 10-16-103.5 (1).</u>
11	SECTION 3. Act subject to petition - effective date -
12	applicability. (1) This act takes effect at 12:01 a.m. on the day following
13	the expiration of the ninety-day period after final adjournment of the
14	general assembly (August 2, 2019, if adjournment sine die is on May 3,
15	2019); except that, if a referendum petition is filed pursuant to section 1
16	(3) of article V of the state constitution against this act or an item, section,
17	or part of this act within such period, then the act, item, section, or part
18	will not take effect unless approved by the people at the general election
19	to be held in November 2020 and, in such case, will take effect on the
20	date of the official declaration of the vote thereon by the governor.
21	(2) This act applies to contracts entered into or renewed or claims
\mathbf{r}	filed on an offer the applicable offective date of this est

22 <u>filed on or after the applicable effective date of this act.</u>