CHAPTER 112

GOVERNMENT - STATE

SENATE BILL 04-008

BY SENATOR(S) Tupa, Anderson, Takin, Taylor, Jones, and Nichol;
also REPRESENTATIVE(S) Rhodes, Coleman, Vigil, Williams T., Boyd, and Jahn.

AN ACT

CONCERNING THE AUTHORITY OF THE STATE PERSONNEL DIRECTOR TO MAKE CERTAIN DECISIONS REGARDING STATE EMPLOYEE HEALTH BENEFITS.

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

SECTION 1. 24-50-604. Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW SUBSECTION to read:

24-50-604. Powers and duties of the director. (3) THE DIRECTOR SHALL HAVE THE AUTHORITY TO ADOPT PROCEDURES TO DETERMINE BENEFIT ELIGIBILITY REQUIREMENTS AND THE PERCENTAGE OF THE STATE CONTRIBUTION TO HEALTH BENEFITS FOR ALL EMPLOYEES, AS DEFINED IN SECTION 24-50-603 (7), WHO WORK LESS THAN FULL TIME, ARE GOVERNED BY THE RULES ESTABLISHED PURSUANT TO SUBSECTION (2) OF THIS SECTION, AND ARE HIRED ON OR AFTER JANUARY 1, 2005. THE DIRECTOR SHALL INCLUDE ANY PROPOSED CHANGES TO THE GROUP BENEFITS POLICY IN THE ANNUAL COMPENSATION REPORT AND RECOMMENDATIONS SUBMITTED TO THE GOVERNOR AND THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY PURSUANT TO SECTION 24-50-104 (4) (c).

SECTION 2. Repeal. 24-50-606, Colorado Revised Statutes, is repealed as follows:

24-50-606. Choice of medical plans requirement - requirement for inclusion of essential providers. (1) In the city and county of Denver, and the counties of Adams, Arapahoe, Boulder, Douglas, El Paso, Jefferson, Larimer, Pueblo, and Weld; and in each county that has at least five hundred residents who are state employees, the director shall approve for selection by state employees who reside in such county:

(a) At least one indemnity-type medical benefit plan, which indemnity-type plan

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.
may be a component of a multiple option plan, offered by a carrier or carriers determined to be qualified by the director; and

(b) Two health maintenance organization plans in addition to any offered plan, which plans may be a component of a multiple option plan, offered by carriers determined to be qualified by the director. The provisions of this paragraph (b) shall not apply if the director determines that there is no qualified carrier within an individual county:

(2) For each county not specifically enumerated in subsection (1) of this section, if a health maintenance organization is one of the options offered under a multiple option health plan, and such plan does not provide health maintenance organization service to any such county, but one or more qualified health maintenance organizations provide service in any such county, the director shall make every effort to offer health maintenance organization services in any such county:

(3) Except as provided in subsection (1) of this section, nothing in this section shall be construed to limit in any way the ability of the director to approve for selection by state employees in any county any medical benefit plans:

(4) (a) As used in this subsection (4), unless the context otherwise requires, “essential provider” means any health care facility which has a teaching and research mission and a community service mission, and any associated or affiliated institutions or health care facilities:

(b) (I) Subject to the provisions of subparagraph (II) of this paragraph (b), effective January 1, 1995, any health benefit plan offered to state employees and officials pursuant to this part 6 shall make available all health care services of essential providers located in the state of Colorado if such essential providers are willing to provide services at rates negotiated by the director pursuant to this part 6 which rates shall not exceed the highest rates currently in effect for state employees and officials at other Colorado health care facilities:

(II) The provisions of this paragraph (b) shall not apply to a health benefit plan offered to state employees and officials pursuant to this part 6 through a health maintenance organization authorized pursuant to part 4 of article 16 of title 10, C.R.S.

SECTION 3. 24-50-617 (2) (b), Colorado Revised Statutes, is amended to read:

24-50-617. Group benefit plans statewide pilot program - director's duties - audit - repeal. (2) The director shall have all of the powers and duties specified in section 24-50-604 for purposes of developing and implementing the statewide pilot program and shall have the following additional powers and duties with regard to the program:

(b) The authority to allow an exception to section 24-50-606 (1) and (2) and section 24-50-605 (1) (f) upon a determination by the director that the requirements of those sections would inhibit the state's ability to effectively secure the best possible combination of appropriate benefits and reasonable pricing for the medical benefits offered pursuant to this section;
SECTION 4. Effective date. This act shall take effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly that is allowed for submitting a referendum petition pursuant to article V, section 1 (3) of the state constitution (August 4, 2004, if adjournment sine die is on May 5, 2004); except that, if a referendum petition is filed against this act or an item, section, or part of this act within such period, then the act, item, section, or part, if approved by the people, shall take effect on the date of the official declaration of the vote thereon by proclamation of the governor.

Approved: April 8, 2004