

## CHAPTER 125

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**HEALTH CARE POLICY AND FINANCING**


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**SENATE BILL 07-186**

BY SENATOR(S) Sandoval, Boyd, Groff, Romer, Shaffer, and Williams;  
 also REPRESENTATIVE(S) Frangas, Borodkin, Buescher, Carroll M., Casso, Gallegos, Green, Hodge, Kefalas, Labuda, Levy,  
 Madden, McFadyen, Merrifield, Peniston, Primavera, and Todd.

**AN ACT****CONCERNING INSURANCE PROVISIONS RELATING TO THE CHILDREN'S BASIC HEALTH PLAN.**

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

**SECTION 1.** 10-16-102 (13.7) (a), Colorado Revised Statutes, is amended to read:

**10-16-102. Definitions.** As used in this article, unless the context otherwise requires:

(13.7) "Creditable coverage" means benefits or coverage provided under:

(a) Medicare, ~~or~~ medicaid, OR THE CHILDREN'S BASIC HEALTH PLAN, ESTABLISHED PURSUANT TO ARTICLE 8 OF TITLE 25.5, C.R.S.;

**SECTION 2.** 10-16-102 (26), Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW PARAGRAPH to read:

**10-16-102. Definitions.** As used in this article, unless the context otherwise requires:

(26) "Late enrollee" means an eligible employee or dependent who requests enrollment in a group health benefit plan following the initial enrollment period for which such individual is entitled to enroll under the terms of the health benefit plan, if such initial enrollment period is a period of at least thirty days. An eligible employee or dependent shall not be considered a late enrollee if:

(e) THE PARENT OR LEGAL GUARDIAN OF THE DEPENDENT DISENROLLS THE

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*Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.*

DEPENDENT FROM THE CHILDREN'S BASIC HEALTH PLAN, ESTABLISHED PURSUANT TO ARTICLE 8 OF TITLE 25.5, C.R.S., AND REQUESTS ENROLLMENT OF THE DEPENDENT NO LATER THAN NINETY DAYS AFTER THE DISENROLLMENT.

**SECTION 3.** 10-16-103.5 (1) (a), Colorado Revised Statutes, is amended to read:

**10-16-103.5. Payment of premiums - required term in contract.** (1) Every contract between a carrier and a policyholder shall contain a provision that requires a policyholder to pay premiums:

(a) For each individual covered under the policyholder's policy through the date that the policyholder notifies the carrier that the individual covered under the policy is no longer eligible or covered; EXCEPT THAT, IF A DEPENDENT IS NO LONGER COVERED BECAUSE THE DEPENDENT BECOMES ENROLLED IN THE CHILDREN'S BASIC HEALTH PLAN, ESTABLISHED PURSUANT TO ARTICLE 8 OF TITLE 25.5, C.R.S., THE POLICYHOLDER SHALL NOTIFY THE CARRIER OF THE CHANGE IN COVERAGE AT LEAST THIRTY DAYS PRIOR TO THE DATE THAT THE DEPENDENT IS NO LONGER COVERED; or

**SECTION 4. Effective date - applicability.** This act shall take effect July 1, 2007, and shall apply to policies issued on or after said date.

**SECTION 5. Safety clause.** The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: April 11, 2007