Second Regular Session Seventy-first General Assembly STATE OF COLORADO

ENGROSSED

This Version Includes All Amendments Adopted on Second Reading in the House of Introduction

LLS NO. 18-1036.01 Brita Darling x2241

HOUSE BILL 18-1384

HOUSE SPONSORSHIP

Roberts and Catlin, Wilson

SENATE SPONSORSHIP

Coram and Donovan,

House Committees

Senate Committees

Health, Insurance, & Environment Appropriations

A BILL FOR AN ACT

101	CONCERNING A STUDY TO IDENTIFY AFFORDABLE, COMPETITIVE
102	HEALTH CARE COVERAGE OPTIONS FOR COLORADO, AND, IN
103	CONNECTION THEREWITH, MAKING AN APPROPRIATION.

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 requires the department of health care policy and financing and the division of insurance in the department of regulatory agencies (departments) to conduct a study and to prepare and submit a report to certain committees of the general assembly concerning the costs, benefits, and feasibility of implementing a medicaid buy-in option, a

public-private partnership option, or a community- or regionally based option for health care coverage.

The report must contain a detailed analysis of the advantages and disadvantages of each option and must identify the most feasible option based on objectives and criteria described in the bill.

In conducting the study, the departments shall engage in a stakeholder process that includes public and private health insurance experts, consumers, consumer advocates, providers, and carriers.

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

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2 **SECTION 1.** In Colorado Revised Statutes, add 25.5-1-129 as 3 follows: 4 25.5-1-129. State department study - medicaid buy-in - health 5 care coverage options - report - legislative declaration - repeal. 6 (1) (a) THE GENERAL ASSEMBLY FINDS THAT: 7 (I) ACCESS TO AFFORDABLE HEALTH INSURANCE IS NECESSARY TO 8 ENSURE THAT COLORADANS LEAD HEALTHY AND PRODUCTIVE LIVES; 9 (II) IN SEVERAL REGIONS OF THE STATE, HEALTH INSURANCE IS 10 NOT AFFORDABLE DUE TO LIMITED OR NO COMPETITION AMONG 11 INSURANCE CARRIERS, AS WELL AS OTHER MARKETPLACE FACTORS; 12 (III) SPECIFICALLY, COLORADANS IN FOURTEEN COUNTIES HAVE 13 ACCESS TO ONLY A SINGLE HEALTH INSURANCE CARRIER IN THE 14 COLORADO HEALTH BENEFIT EXCHANGE CREATED IN ARTICLE 22 OF TITLE 15 10; 16 IN SOME AREAS, HEALTH INSURANCE PREMIUMS AND 17 OUT-OF-POCKET EXPENSES ARE NOT AFFORDABLE FOR COLORADANS; AND 18 (V) A MEDICAID BUY-IN OR OTHER HEALTH CARE COVERAGE 19 OPTION THAT INCREASES COMPETITION AND REDUCES THE COST OF 20 HEALTH INSURANCE BY USING EXISTING STATE HEALTH CARE 21 INFRASTRUCTURE MAY INCREASE COMPETITION AND IMPROVE ACCESS TO

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- 1 HIGH-QUALITY, AFFORDABLE, AND EFFICIENT HEALTH CARE.
- 2 (b) Therefore, the General assembly declares that
- 3 TASKING THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING AND
- 4 THE DIVISION OF INSURANCE IN THE DEPARTMENT OF REGULATORY
- 5 AGENCIES WITH STUDYING THE FEASIBILITY AND COST OF IMPLEMENTING
- 6 VARIOUS HEALTH CARE COVERAGE OPTIONS THAT LEVERAGE EXISTING
- 7 STATE INFRASTRUCTURE, INCREASE COMPETITION, IMPROVE QUALITY, AND
- 8 PROVIDE STABLE ACCESS TO AFFORDABLE HEALTH INSURANCE WILL
- 9 ENABLE POLICYMAKERS TO DETERMINE WHETHER THERE ARE INNOVATIVE
- 10 HEALTH INSURANCE OPTIONS THAT WOULD BE BENEFICIAL FOR
- 11 COLORADO.
- 12 (2) On or before February 15, 2019, the department of
- HEALTH CARE POLICY AND FINANCING AND THE DIVISION OF INSURANCE
- SHALL CONDUCT A STUDY AND PREPARE AND SUBMIT A REPORT TO THE
- JOINT BUDGET COMMITTEE; THE PUBLIC HEALTH CARE AND HUMAN
- 16 SERVICES AND HEALTH, INSURANCE, AND ENVIRONMENT COMMITTEES OF
- 17 THE HOUSE OF REPRESENTATIVES; AND THE HEALTH AND HUMAN SERVICES
- 18 COMMITTEE OF THE SENATE, OR ANY SUCCESSOR COMMITTEES, THAT
- 19 INVESTIGATES AND EVALUATES THE COSTS, BENEFITS, AND FEASIBILITY OF
- 20 IMPLEMENTING THREE HEALTH CARE COVERAGE OPTIONS THAT LEVERAGE
- 21 EXISTING STATE INFRASTRUCTURE.
- 22 (3) THE STUDY AND REPORT MUST EVALUATE THREE OPTIONS FOR
- HEALTH CARE COVERAGE, INCLUDING A MEDICAID BUY-IN OPTION; A
- 24 PUBLIC-PRIVATE PARTNERSHIP OPTION, SUCH AS THE CHILDREN'S BASIC
- 25 HEALTH PLAN ESTABLISHED IN ARTICLE 8 OF THIS TITLE 25.5; AND A
- 26 COMMUNITY- OR REGIONALLY BASED COOPERATIVE HEALTH PLAN
- 27 AFFILIATED WITH A PRIVATE CARRIER. THE REPORT MUST IDENTIFY THE

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1	MOST FEASIBLE OPTION BASED ON AFFORDABILITY TO CONSUMERS AT
2	DIFFERENT INCOME LEVELS, ADMINISTRATIVE AND FINANCIAL BURDEN TO
3	THE STATE, EASE OF IMPLEMENTATION, AND LIKELIHOOD OF SUCCESS IN
4	MEETING THE OBJECTIVES DESCRIBED IN SUBSECTION (1) OF THIS SECTION.
5	(4) IN COMPLETING THE STUDY AND REPORT, THE DEPARTMENT OF
6	HEALTH CARE POLICY AND FINANCING AND THE DIVISION OF INSURANCE
7	SHALL:
8	(a) CONDUCT ACTUARIAL RESEARCH TO IDENTIFY THE POTENTIAL
9	COST OF PREMIUMS AND COST-SHARING TO PAY CLAIMS IN AN ESSENTIAL
10	HEALTH-BENEFIT-COMPLIANT PLAN, AS DEFINED IN SECTION 10-16-102
11	(22);
12	(b) EVALUATE PROVIDER RATES NECESSARY TO INCENTIVIZE
13	PARTICIPATION AND ENCOURAGE HIGH-QUALITY HEALTH CARE DELIVERY;
14	(c) EVALUATE ELIGIBILITY CRITERIA FOR INDIVIDUALS TO
15	PARTICIPATE;
16	(d) DETERMINE THE IMPACT, IF ANY, ON THE STATE BUDGET;
17	(e) DETERMINE THE IMPACT ON THE STABILITY OF THE INDIVIDUAL
18	MARKET AND THE COLORADO HEALTH BENEFIT EXCHANGE;
19	(f) IDENTIFY THE EXPECTED IMPACT, IF ANY, TO THE COLORADO
20	MEDICAL ASSISTANCE PROGRAM ESTABLISHED IN ARTICLES $4,5,$ AND 6 OF
21	THIS TITLE 25.5;
22	(g) IDENTIFY THE EXPECTED IMPACT, IF ANY, TO THE CHILDREN'S
23	BASIC HEALTH PLAN ESTABLISHED IN ARTICLE 8 OF THIS TITLE 25.5;
24	(h) INVESTIGATE THE FEASIBILITY OF ESTABLISHING A PILOT
25	PROGRAM FOR THOSE AREAS OF THE STATE WHERE THERE IS LIMITED
26	CONSUMER CHOICE AND PREMIUMS ARE UNAFFORDABLE;
2.7	(i) INVESTIGATE FUNDING OPTIONS INCLUDING BUT NOT LIMITED

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1	TO STATE FUNDS AND FEDERAL FUNDS SECURED THROUGH AVAILABLE
2	WAIVERS; AND
3	(j) EVALUATE THE FEASABILITY, LEGALITY, AND SCOPE OF ANY
4	NECESSARY FEDERAL WAIVERS.
5	(5) IN CONDUCTING THE STUDY, THE DEPARTMENT OF HEALTH
6	CARE POLICY AND FINANCING AND THE DIVISION OF INSURANCE SHALL
7	CONSULT WITH THE COLORADO HEALTH BENEFIT EXCHANGE AND SHALL
8	ENGAGE IN A STAKEHOLDER PROCESS THAT INCLUDES PUBLIC AND PRIVATE
9	HEALTH INSURANCE EXPERTS, AS WELL AS CONSUMERS, CONSUMER
10	ADVOCATES, PROVIDERS, AND CARRIERS.
11	(6) The report submitted to the general assembly
12	PURSUANT TO THIS SECTION MUST INCLUDE DETAILED ANALYSIS THAT
13	WEIGHS THE ADVANTAGES AND DISADVANTAGES OF EACH OPTION.
14	(7) This section is repealed, effective July 1, 2020.
15	SECTION 2. Appropriation. (1) For the 2018-19 state fiscal
16	year, \$225,000 is appropriated to the department of health care policy and
17	financing. This appropriation is from the general fund. To implement this
18	act, the department may use this appropriation for general professional
19	services and special projects.
20	(2) For the 2018-19 state fiscal year, \$135,141 is appropriated to
21	the department of regulatory agencies for use by the division of insurance.
22	This appropriation is from the general fund and is based on an assumption
23	that the division will require an additional 0.1 FTE. To implement this
24	act, the division may use this appropriation for personal services.
25	SECTION 3. Act subject to petition - effective date. This act
26	takes effect at 12:01 a.m. on the day following the expiration of the
27	ninety-day period after final adjournment of the general assembly (August

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- 8, 2018, if adjournment sine die is on May 9, 2018); except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2018 and, in such case, will take effect on the date of the
- 7 official declaration of the vote thereon by the governor.

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