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

## **INTRODUCED**

LLS NO. 17-0956.01 Kristen Forrestal x4217

**HOUSE BILL 17-1286** 

#### **HOUSE SPONSORSHIP**

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# House Committees Health, Insurance, & Environment

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#### **Senate Committees**

A BILL FOR AN ACT		
	CONCERNING CONTRACT REQUIREMENTS FOR HEALTH INSURANCE	
	CARRIERS THAT OFFER HEALTH BENEFITS TO STATE	
	EMPLOYEES.	

### **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 <a href="http://leg.colorado.gov">http://leg.colorado.gov</a>.)

The bill requires health insurance carriers that contract with the state to provide group benefit plans to state employees to:

- ! Participate in the individual market through the health insurance exchange;
- ! Provide plans to 2 counties in a geographic rating area with

the highest premiums; and! Participate in medicaid, the children's basic health plan, and specific grant programs.

1 *Be it enacted by the General Assembly of the State of Colorado:* 2 **SECTION 1.** In Colorado Revised Statutes, 24-50-605, amend 3 (2)(e); and add (2)(f), (2)(g), (2)(h), (2)(i), and (2)(j) as follows: 4 24-50-605. Group benefit plans - specifications - contracts. 5 (2) (e) Financial data will be available to be inspected or copied by any 6 employee at the offices of the director, except for proprietary and 7 confidential information of carriers and information regarding specific 8 employees. The director shall not enter into contracts with carriers that do 9 not comply with paragraphs (c) to (e) of this subsection (2). 10 (f) EACH CONTRACT THAT IS ENTERED INTO WITH A CARRIER OR 11 THIRD-PARTY ADMINISTRATOR MUST INCLUDE A REQUIREMENT THAT THE 12 CARRIER OR THIRD-PARTY ADMINISTRATOR: 13 (I) OFFER HEALTH BENEFIT PLANS IN THE INDIVIDUAL MARKET IN 14 COLORADO UNLESS THE CARRIER OR THIRD-PARTY ADMINISTRATOR IS 15 BARRED FROM DOING SO UNDER FEDERAL LAW, REGULATION, OR 16 REQUIREMENTS BECAUSE THE CARRIER OR THIRD-PARTY ADMINISTRATOR 17 EXITED THE MARKET BEFORE JANUARY 1, 2017. THE CARRIER OR 18 THIRD-PARTY ADMINISTRATOR SHALL OFFER INDIVIDUAL HEALTH BENEFIT 19 PLANS THROUGH A WHOLLY OWNED SUBSIDIARY UNTIL THE TIME AS IT IS 20 NO LONGER BARRED FROM THE MARKET BY FEDERAL REQUIREMENTS. THE 21 CARRIER OR THIRD-PARTY ADMINISTRATOR SHALL OFFER INDIVIDUAL 22 HEALTH BENEFIT PLANS THROUGH THE HEALTH BENEFIT EXCHANGE 23 CREATED IN SECTION 10-22-104 OR THROUGH ANY SUCCESSOR ENTITY. 24 (II) OFFER HEALTH BENEFIT PLANS IN AT LEAST TWO COUNTIES IN

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1	THE GEOGRAPHIC RATING AREA WITH THE HIGHEST AVERAGE PREMIUMS
2	ON THE INDIVIDUAL MARKET, AS DETERMINED BY THE COMMISSIONER OF
3	INSURANCE. THE PLANS OFFERED MUST INCLUDE:
4	(A) ONE PLAN THAT HAS BENEFITS AND A COST-SHARING
5	STRUCTURE SUBSTANTIALLY SIMILAR TO THE BENEFITS AND
6	COST-SHARING STRUCTURE IN A GROUP BENEFIT PLAN THE CARRIER OR
7	THIRD-PARTY ADMINISTRATOR OFFERS TO STATE EMPLOYEES;
8	(B) ONE PLAN THAT HAS BENEFITS THAT ARE SUBSTANTIALLY
9	SIMILAR TO THE BENEFITS IN A GROUP BENEFIT PLAN THE CARRIER OR
10	THIRD-PARTY ADMINISTRATOR OFFERS TO STATE EMPLOYEES, BUT WITH
11	A DIFFERENT COST-SHARING STRUCTURE; AND
12	(C) ONE PLAN THAT IS SIGNIFICANTLY LESS EXPENSIVE, IN TERMS
13	OF MONTHLY PREMIUMS, THAN THE PLANS OFFERED UNDER SUBSECTIONS
14	(2)(f)(II)(A) and $(2)(f)(II)(B)$ of this section.
15	(g) EACH CARRIER OR THIRD-PARTY ADMINISTRATOR MUST
16	MEANINGFULLY PARTICIPATE, AS DEFINED BY RULE OF THE DEPARTMENT
17	OF HEALTH CARE POLICY AND FINANCING, IN MEDICAID OR THE CHILDREN'S
18	BASIC HEALTH PLAN, AS DEFINED IN SECTION 25.5-8-103 (2). AS DEFINED,
19	MEANINGFUL PARTICIPATION MUST INCLUDE:
20	(I) (A) PARTICIPATION IN THE PROGRAMS DESCRIBED IN SECTION
21	25.5-5-415 AND AUTHORIZED IN SECTION 25.5-1-205;
22	(B) PARTICIPATION IN THE ACCOUNTABLE CARE COLLABORATIVE
23	PROGRAM IN THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
24	OR ITS SUCCESSOR PROGRAM; OR
25	(C) PARTICIPATION AS A MANAGED CARE ORGANIZATION IN THE
26	CHILDREN'S BASIC HEALTH PLAN AS DEFINED IN SECTION 25.5-8-103 (2);
27	OR

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I	(II) GOOD-FAITH EFFORTS TO BID ON AND RESPOND TO REQUESTS
2	FOR PROPOSALS FOR PARTICIPATION IN THE PROGRAMS IN THIS SUBSECTION
3	(2)(g); OR
4	(III) OTHER PARTICIPATION AS DEFINED BY THE EXECUTIVE
5	DIRECTOR OF THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING.
6	(h) THE COMMISSIONER OF INSURANCE SHALL CERTIFY TO THE
7	DIRECTOR THAT THE CARRIERS OR THIRD-PARTY ADMINISTRATORS THAT
8	OFFER OR ADMINISTER, OR WISH TO OFFER OR ADMINISTER, GROUP BENEFIT
9	PLANS TO STATE EMPLOYEES MEET THE CRITERIA DESCRIBED IN
10	SUBSECTION (2)(f) OF THIS SECTION.
11	(i) The executive director of the department of health
12	CARE POLICY AND FINANCING SHALL CERTIFY THAT THE CARRIERS OR
13	THIRD-PARTY ADMINISTRATORS THAT OFFER OR ADMINISTER, OR WISH TO
14	OFFER OR ADMINISTER, GROUP BENEFIT PLANS TO STATE EMPLOYEES MEET
15	THE CRITERIA DESCRIBED IN SUBSECTION $(2)(g)$ OF THIS SECTION.
16	(j) The director shall not enter into contracts with
17	CARRIERS OR THIRD-PARTY ADMINISTRATORS THAT DO NOT COMPLY WITH
18	SUBSECTIONS $(2)(c)$ TO $(2)(g)$ OF THIS SECTION.
19	SECTION 2. Act subject to petition - effective date. This act
20	takes effect July 1, 2018; except that, if a referendum petition is filed
21	pursuant to section 1 (3) of article V of the state constitution against this
22	act or an item, section, or part of this act within the ninety-day period
23	after final adjournment of the general assembly, then the act, item,
24	section, or part will not take effect unless approved by the people at the
25	general election to be held in November 2018 and, in such case, will take
26	effect on the date of the official declaration of the vote thereon by the
27	governor.

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