

HB1008\_L.008

HOUSE COMMITTEE OF REFERENCE AMENDMENT

Committee on Health & Insurance.

HB20-1008 be amended as follows:

- 1 Amend printed bill, page 3, line 13, strike "PERSON" and substitute
- 2 "PERSON, OTHER THAN A PRODUCER,".
  
- 3 Page 3, line 19, strike "CALENDAR" and substitute "FISCAL".
  
- 4 Page 4, line 13, after "DENIED" insert "IN THIS STATE".
  
- 5 Page 4, strike line 19 and substitute "SUBMITTED IN THIS STATE;".
  
- 6 Page 4, line 22, strike "MEMBERS," and substitute "MEMBERS IN THIS
- 7 STATE,".
  
- 8 Page 4, line 23, strike "PAID;" and substitute "PAID IN THIS STATE;".
  
- 9 Page 4, line 24, after "EXPENSES" insert "SUBMITTED IN THIS STATE".
  
- 10 Page 4, line 25, strike "ARRANGEMENT DENIED IN WHOLE OR IN PART," and
- 11 substitute "ARRANGEMENT, IN WHOLE OR IN PART, DENIED OR DETERMINED
- 12 TO BE INELIGIBLE FOR COST SHARING,".
  
- 13 Page 4, line 26, after "EXPENSES" insert "SUBMITTED IN THIS STATE".
  
- 14 Page 4, strike line 27 and substitute "DENIED OR DETERMINED TO BE
- 15 INELIGIBLE;".
  
- 16 Page 5, line 1, strike "DENIALS;" and substitute "DENIALS IN THIS STATE;".
  
- 17 Page 5, line 3, strike "ARRANGEMENT," and substitute "ARRANGEMENT IN
- 18 THIS STATE," and after "APPEALS" insert "IN THIS STATE;".
  
- 19 Page 5, strike lines 6 through 10 and substitute:
- 20 "(i) THE TOTAL AMOUNT PAID INTO THE HEALTH CARE
- 21 COST-SHARING ARRANGEMENT IN THE PREVIOUS CALENDAR YEAR BY
- 22 MEMBERS WHO ARE RESIDENTS OF THIS STATE; AND
- 23 (j) THE NAME, MAILING ADDRESS, E-MAIL ADDRESS, AND
- 24 TELEPHONE NUMBER OF AN INDIVIDUAL SERVING AS A CONTACT PERSON
- 25 FOR THE HEALTH CARE COST-SHARING ARRANGEMENT IN THIS STATE. THE
- 26 COMMISSIONER SHALL NOT MAKE THE HEALTH CARE COST-SHARING
- 27 ARRANGEMENT'S CONTACT PERSON INFORMATION AVAILABLE TO THE
- 28 PUBLIC.".

1 Page 5, strike lines 12 through 15 and substitute "2021, PRIOR TO  
2 ENROLLING, ACCEPTING, OR RENEWING AN INDIVIDUAL OR GROUP IN A  
3 HEALTH CARE COST-SHARING ARRANGEMENT IN THIS STATE, A PERSON,  
4 OTHER THAN A PRODUCER, OFFERING, OPERATING, MANAGING, OR  
5 ADMINISTERING THE HEALTH CARE COST-SHARING ARRANGEMENT SHALL  
6 PROVIDE A WRITTEN DISCLOSURE, EITHER IN HARD COPY OR ELECTRONIC  
7 FORMAT, TO BE SIGNED BY THE PROSPECTIVE OR RENEWING MEMBER OR  
8 GROUP, CONTAINING THE FOLLOWING INFORMATION:".

9 Page 5, line 16, strike "PARTICIPATION" and substitute "A HEALTH CARE  
10 COST-SHARING ARRANGEMENT IS NOT A QUALIFIED HEALTH PLAN, AND  
11 PARTICIPATION".

12 Page 5, line 25, strike "INFORMATION REQUIRED" and substitute  
13 "DISCLOSURES DETERMINED".

14 Page 5, line 26, strike "RULE." and substitute "RULE TO ADDRESS  
15 CONSUMER CONFUSION OR TO ENSURE CONSUMERS HAVE NECESSARY  
16 INFORMATION TO MAKE INFORMED DECISIONS.".

17 Page 5, line 27, strike "PRIOR TO ENROLLING,".

18 Page 6, strike lines 1 and 2 and substitute "A PERSON, OTHER THAN A  
19 PRODUCER,".

20 Page 6, line 4, strike "PROVIDE A WRITTEN DISCLOSURE,".

21 Page 6, strike line 5 and substitute "DISPLAY PROMINENTLY ON ITS  
22 WEBSITE, IF THE PERSON HAS A WEBSITE, AND IN ITS WRITTEN MARKETING  
23 MATERIALS".

24 Page 6, line 6, strike "CONTAINING".

25 Page 6, strike lines 8 through 13 and substitute:

26 "(c) ON AND AFTER JANUARY 1, 2021, A PRODUCER OFFERING A  
27 HEALTH CARE COST-SHARING ARRANGEMENT IN THIS STATE SHALL  
28 PROVIDE A WRITTEN OR ELECTRONIC DISCLOSURE TO A PROSPECTIVE  
29 CLIENT BEFORE SELLING THE ARRANGEMENT TO THE CLIENT. THE  
30 DISCLOSURE MUST INCLUDE THE FOLLOWING INFORMATION:

31 (I) A HEALTH CARE COST-SHARING ARRANGEMENT IS NOT A  
32 QUALIFIED HEALTH PLAN, AND PARTICIPATION OR MEMBERSHIP IN A  
33 HEALTH CARE COST-SHARING ARRANGEMENT DOES NOT GUARANTEE  
34 PAYMENT OF BILLS OR MEDICAL EXPENSES;

35 (II) A MEMBER OF A HEALTH CARE COST-SHARING ARRANGEMENT  
36 REMAINS PERSONALLY RESPONSIBLE FOR PAYMENT OF ALL BILLS OR

1 MEDICAL EXPENSES;  
2 (III) A MEMBER OF A HEALTH CARE COST-SHARING ARRANGEMENT  
3 MAY BE SUBJECT TO CERTAIN PREEXISTING CONDITION EXCLUSIONS OR  
4 OTHER LIMITATIONS; AND  
5 (IV) ANY OTHER DISCLOSURES DETERMINED BY THE  
6 COMMISSIONER BY RULE TO ADDRESS CONSUMER CONFUSION OR TO  
7 ENSURE CONSUMERS HAVE NECESSARY INFORMATION TO MAKE INFORMED  
8 DECISIONS."

9 Renumber succeeding subsections accordingly.

10 Page 6, line 16, after "EXPENSES" insert "FROM A MEMBER OF THE HEALTH  
11 CARE COST-SHARING ARRANGEMENT OR".

12 Page 6, line 20, strike "OF SERVICE FOR WHICH".

13 Page 6, line 21, strike "MADE." and substitute "MADE TO THE HEALTH  
14 CARE COST-SHARING ARRANGEMENT."

15 Page 6, line 22, after "PAY" insert "OR FACILITATE THE PAYMENT OF".

16 Page 6, line 23, strike "FULL OR" and substitute "ACCORDANCE WITH THE  
17 HEALTH CARE COST-SHARING ARRANGEMENT GUIDELINES OR FAILS TO".

18 Page 6, line 25, strike "REQUEST." and substitute "REQUEST OR A  
19 DETERMINATION THAT THE EXPENSES ARE INELIGIBLE FOR COST  
20 SHARING."

21 Page 6, line 26, after "PAYS" insert "OR FACILITATES THE PAYMENT OF".

22 Page 6, lines 26 and 27, strike "ONLY A PORTION OF THE MEDICAL  
23 EXPENSES WITHIN THE SPECIFIED PERIOD," and substitute "AN AMOUNT OR  
24 PORTION OF THE MEDICAL EXPENSES THAT IS LESS THAN WHAT THE  
25 HEALTH CARE COST-SHARING ARRANGEMENT GUIDELINES SPECIFY,".

26 Page 7, line 2, before "PORTION" insert "REMAINING".

27 Page 7, line 3, strike "THAT ARE UNPAID." and substitute "OR A  
28 DETERMINATION THAT THE REMAINING PORTION OF THE MEDICAL  
29 EXPENSES IS INELIGIBLE FOR COST SHARING. IF THE MEDICAL EXPENSE IS  
30 DENIED OR DETERMINED TO BE INELIGIBLE FOR COST SHARING AND THE  
31 MEMBER OF THE HEALTH CARE COST-SHARING ARRANGEMENT ALSO HAS  
32 COVERAGE UNDER A QUALIFIED HEALTH PLAN, A MEDICAL ASSISTANCE  
33 PROGRAM ADMINISTERED PURSUANT TO ARTICLES 4, 5, AND 6 OF TITLE  
34 25.5, OR OTHER COVERAGE FOR WHICH A THIRD-PARTY PAYER MAY BE

1 RESPONSIBLE FOR PAYING FOR THE MEMBER'S MEDICAL EXPENSES, THE  
2 PROVIDER MAY BILL APPROPRIATE THIRD-PARTY PAYERS FOR ANY UNPAID  
3 BALANCE OWED FOR HEALTH CARE THE PROVIDER PROVIDED TO THE  
4 MEMBER."

5 Page 7, line 11, strike "(7)" and substitute "(6)".

6 Page 7, line 19, after "SECTION;" add "OR".

7 Page 7, strike lines 20 and 21.

8 Reletter succeeding sub-subparagraph accordingly.

9 Page 7, line 23, strike "(5)" and substitute "(4)".

10 Page 7, line 27, strike "(7)(a)" and substitute "(6)(a)".

11 Page 8, line 2, strike "(7)(a)." and substitute "(6)(a)".

12 Page 8, strike lines 4 and 5 and substitute "REQUIRED BY SUBSECTION (3)  
13 OF THIS SECTION, THE".

14 Page 8, line 13, strike "(8)" and substitute "(7)".

15 Page 8, line 25, strike "10-3-903.7 (8);" and substitute "10-3-903.7;".

16 Strike "ARRANGEMENT;" and substitute "ARRANGEMENT IN THIS STATE;"  
17 on: **Page 3**, lines 24 and 27; and **Page 4**, line 3.

18 After "ARRANGEMENT" insert "IN THIS STATE" on: **Page 4**, lines 5, 9, and  
19 line 17.

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