First Regular Session
Seventy-first General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 17-0925.01 Yelana Love x2295 **HOUSE BILL 17-1247**

HOUSE SPONSORSHIP

Danielson and Becker J.,

SENATE SPONSORSHIP

Sonnenberg,

House Committees
Health, Insurance, & Environment

Senate Committees

A BILL FOR AN ACT

CONCERNING THE ABILITY OF A COVERED PERSON TO RECEIVE HEALTH CARE SERVICES FROM A HEALTH CARE PROVIDER OF THE COVERED PERSON'S CHOICE.

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 prohibits a health benefit plan or third-party administrator plan covering services by licensed chiropractors, optometrists, or pharmacists (providers) from:

- Limiting or restricting a covered person's ability to select a provider of the covered person's choice if certain

conditions are met;

- Imposing a copayment, fee, or other cost-sharing requirement for selecting a provider of the covered person's choosing;
- Imposing other conditions on a covered person or provider that limit or restrict a covered person's ability to use a pharmacy of the covered person's choosing; or
- Denying a provider the right to participate in any of its network contracts in this state or as a contracting provider in this state, so long as the provider agrees to specified conditions.

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

SECTION 1. In Colorado Revised Statutes, **add** 10-16-145 as follows:

10-16-145. Patient choice of health care provider. (1) AS USED IN THIS SECTION, "PROVIDER" MEANS AN INDIVIDUAL LICENSED TO PRACTICE PURSUANT TO ARTICLE 33, 40, OR 42.5 OF TITLE 12.

(2) A HEALTH BENEFIT PLAN OR THIRD-PARTY ADMINISTRATOR PLAN THAT COVERS SERVICES BY PROVIDERS, AS DESCRIBED IN THIS SECTION, SHALL NOT:

(a) LIMIT OR RESTRICT A COVERED PERSON'S ABILITY TO SELECT A PROVIDER OF THE COVERED PERSON'S CHOICE IF THE PROVIDER HAS AGREED TO THE TERMS OF THE CONTRACT OF THE HEALTH BENEFIT PLAN OR THIRD-PARTY ADMINISTRATOR;

(b) IMPOSE A COPAYMENT, FEE, OR OTHER COST-SHARING REQUIREMENT ON A COVERED PERSON OR PROVIDER FOR THE COVERED PERSON'S SELECTION OF PROVIDER UNLESS THE PROVIDER NETWORK CONTRACT OF THE HEALTH PLAN COMPANY OR THIRD-PARTY ADMINISTRATOR IMPOSES THE SAME COPAYMENT, FEE, OR OTHER COST-SHARING REQUIREMENT ON ALL COVERED PERSONS OR HEALTH CARE

PROVIDERS WITHIN THIS STATE;

(c) IMPOSE OTHER CONDITIONS ON A COVERED PERSON OR PROVIDER THAT LIMIT OR RESTRICT A COVERED PERSON'S ABILITY TO USE A PROVIDER OF THE COVERED PERSON'S CHOOSING; OR

(d) IF A COVERED PERSON SELECTS A PROVIDER, DENY THE CHOSEN PROVIDER THE RIGHT TO PARTICIPATE IN ANY OF ITS PROVIDER NETWORK CONTRACTS IN THIS STATE OR AS A CONTRACTING PROVIDER IN THIS STATE; EXCEPT THAT THE PROVIDER'S PARTICIPATION MAY BE CONDITIONED UPON THE PROVIDER'S AGREEMENT TO:

(I) ACCEPT THE TERMS AND CONDITIONS OFFERED BY THE HEALTH BENEFIT PLAN OR THIRD-PARTY ADMINISTRATOR; AND

(II) PROVIDE APPROPRIATE HEALTH CARE SERVICES THAT MEET THE REQUIREMENTS OF ALL APPLICABLE STATE AND FEDERAL LAWS AND REGULATIONS.

(3) THIS SECTION DOES NOT APPLY TO HEALTH CARE SERVICES ADMINISTERED TO AN INDIVIDUAL RECEIVING INPATIENT OR EMERGENCY MEDICAL CARE IN A LICENSED OR CERTIFIED HEALTH FACILITY SUBJECT TO SECTION 25-1.5-103.

(4) FOR PURPOSES OF THIS SECTION, "HEALTH BENEFIT PLAN" AND "THIRD-PARTY ADMINISTRATOR" DO NOT INCLUDE:

(a) A CARRIER THAT OFFERS MANAGED CARE PLANS AND PROVIDES A MAJORITY OF COVERED PROFESSIONAL SERVICES THOUGH PHYSICIANS EMPLOYED BY THE CARRIER OR THROUGH A SINGLE CONTRACTED MEDICAL GROUP;

(b) A SELF-FUNDED PLAN THAT IS EXEMPT FROM STATE REGULATION; OR

(c) A PLAN ISSUED FOR COVERAGE FOR STATE OR FEDERAL

EMPLOYEES.

SECTION 2. Act subject to petition - effective date - applicability. (1) This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly (August 9, 2017, if adjournment sine die is on May 10, 2017); 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 official declaration of the vote thereon by the governor.

(2) This act applies to health benefit plans and third-party administrator plans issued, delivered, or renewed on or after January 1, 2019.