

Second Regular Session  
Seventy-second General Assembly  
STATE OF COLORADO

INTRODUCED

LLS NO. 20-0597.01 Yelana Love x2295

SENATE BILL 20-005

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SENATE SPONSORSHIP

Winter and Priola,

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McCluskie,

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Senate Committees  
Health & Human Services

House Committees

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A BILL FOR AN ACT

101 CONCERNING A RESTRUCTURING OF THE PAYMENT OF COST-SHARING  
102 AMOUNTS OWED BY CERTAIN COVERED PERSONS.

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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 carriers from inducing, incentivizing, or otherwise requiring:

- ! A health care provider to collect any coinsurance, copayment, or deductible directly from a covered person or the covered person's responsible party; or
- ! A covered person to pay any coinsurance, copayment, or

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
Capital letters or bold & italic numbers indicate new material to be added to existing statute.  
Dashes through the words indicate deletions from existing statute.

deductible directly to a health care provider.

The carrier is required to collect any cost-sharing amounts owed by a covered person directly from the covered person in one consolidated bill.

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

2 **SECTION 1. Legislative declaration.** (1) The general assembly  
3 hereby finds and declares that:

4 (a) Health care administration and billing is unnecessarily  
5 complex, requiring a large, inefficient bureaucracy to keep track of it all;

6 (b) According to the national health interview survey conducted  
7 by the federal Centers for Disease Control (CDC), seventy-five percent  
8 of Americans report being confused by medical bills and explanations of  
9 benefits;

10 (c) National, peer-reviewed, evidence-based analysis suggests that  
11 administrative and operational waste in the privately insured market is as  
12 much as forty-one percent - four hundred ninety-six million dollars each  
13 year - and on the rise, contributing significantly to health care costs;

14 (d) According to the CDC, nearly forty percent of Americans have  
15 a high-deductible health care plan (HDHP), fifteen and one-half percent  
16 of people with HDHPs reported difficulty paying medical bills in the last  
17 twelve months, and the prevalence of forgoing or delaying medical care  
18 is nearly twice that of people with traditional health insurance plans;

19 (e) HDHPs are often marketed by health insurance companies as  
20 a way to maintain lower monthly premiums and improve  
21 cost-consciousness of health care consumers; however, HDHPs also shift  
22 costs onto patients and their health care providers, creating confusion,  
23 unnecessary administrative costs, and interference in the patient-provider

1 relationship;

2 (f) Among Colorado health care consumers, forty-seven percent  
3 say that the coinsurance, copayments, and deductible amounts they have  
4 to pay after visiting a doctor or hospital are a major or moderate problem;

5 (g) In a survey of Colorado health care consumers, ninety percent  
6 indicated support for simplifying health care administration and billing;  
7 and

8 (h) Colorado needs bold, common sense public policies to  
9 simplify administrative processes, make billing and payments easier to  
10 administer, and align economic incentives to decrease health care costs  
11 to consumers.

12 **SECTION 2.** In Colorado Revised Statutes, **add** 10-16-152 as  
13 follows:

14 **10-16-152. Carrier to collect cost-sharing from covered person**  
15 **- financial assistance exceptions.** (1) EXCEPT AS PROVIDED IN  
16 SUBSECTION (5) OF THIS SECTION, A CARRIER SHALL NOT INDUCE,  
17 INCENTIVIZE, OR OTHERWISE REQUIRE:

18 (a) A PROVIDER TO COLLECT ANY COINSURANCE, COPAYMENT, OR  
19 DEDUCTIBLE AMOUNT DIRECTLY FROM A COVERED PERSON OR THE  
20 COVERED PERSON'S RESPONSIBLE PARTY; OR

21 (b) A COVERED PERSON TO PAY ANY COINSURANCE, COPAYMENT,  
22 OR DEDUCTIBLE AMOUNT DIRECTLY TO A PROVIDER.

23 (2) A CARRIER OFFERING A HEALTH COVERAGE PLAN THAT  
24 INCLUDES COINSURANCE, COPAYMENT, OR DEDUCTIBLE REQUIREMENTS  
25 SHALL COLLECT THE AMOUNTS OWED PURSUANT TO THE TERMS OF THE  
26 HEALTH COVERAGE PLAN FROM THE COVERED PERSON OR THE COVERED  
27 PERSON'S RESPONSIBLE PARTY IN ONE CONSOLIDATED BILL FOR EACH

1 EPISODE OF CARE.

2 (3) A CARRIER SHALL NOT DISCONTINUE OR REFUSE TO RENEW A  
3 HEALTH COVERAGE PLAN BASED ON THE COVERED PERSON'S FAILURE TO  
4 PAY A COINSURANCE, COPAYMENT, OR DEDUCTIBLE AMOUNT AS REQUIRED  
5 BY THE TERMS OF THE HEALTH COVERAGE PLAN.

6 (4) A CARRIER THAT IS OBLIGATED PURSUANT TO THE TERMS OF A  
7 HEALTH COVERAGE PLAN TO PAY CHARGES FOR HEALTH CARE SERVICES  
8 RENDERED BY A PROVIDER TO A COVERED PERSON SHALL REIMBURSE THE  
9 PROVIDER DIRECTLY AN AMOUNT EQUAL TO THE RATE SPECIFIED IN THE  
10 AGREEMENT BETWEEN THE PROVIDER AND THE CARRIER, INCLUDING ANY  
11 COINSURANCE, COPAYMENT, OR DEDUCTIBLE AMOUNT THE COVERED  
12 PERSON IS OTHERWISE RESPONSIBLE FOR PURSUANT TO THE TERMS OF THE  
13 HEALTH COVERAGE PLAN.

14 (5) EACH CARRIER SUBJECT TO THIS SECTION SHALL DEVELOP  
15 FINANCIAL ASSISTANCE, CHARITY CARE, AND PAYMENT PLAN POLICIES AND  
16 MAKE INFORMATION AVAILABLE TO EACH COVERED PERSON ABOUT THE  
17 POLICIES. EACH CARRIER SHALL COMMUNICATE THIS INFORMATION IN A  
18 CLEAR AND UNDERSTANDABLE MANNER AND IN LANGUAGES APPROPRIATE  
19 TO THE COMMUNITIES AND COVERED PERSONS THE CARRIER SERVES. THE  
20 CARRIER SHALL:

21 (a) POST THE INFORMATION CONSPICUOUSLY ON ITS WEBSITE;

22 (b) MAKE THE INFORMATION AVAILABLE TO EACH COVERED  
23 PERSON; AND

24 (c) INFORM EACH COVERED PERSON OF THE FOLLOWING ON EACH  
25 BILLING STATEMENT:

26 (I) THE COVERED PERSON'S RIGHTS PURSUANT TO THIS SUBSECTION  
27 (5);

1 (II) THE AVAILABILITY OF FINANCIAL ASSISTANCE, CHARITY CARE,  
2 AND PAYMENT PLANS; AND

3 (III) WHERE APPLICABLE, THE WEBSITE, E-MAIL ADDRESS, AND  
4 TELEPHONE NUMBER WHERE THE FINANCIAL ASSISTANCE, CHARITY CARE,  
5 AND PAYMENT PLAN INFORMATION MAY BE OBTAINED.

6 (6) SUBSECTION (1) OF THIS SECTION DOES NOT APPLY TO  
7 COINSURANCE, COPAYMENT, OR DEDUCTIBLE REQUIREMENTS APPLICABLE  
8 TO HEALTH CARE SERVICES THAT ARE:

9 (a) PROVIDED THROUGH AN INTEGRATED HEALTH CARE DELIVERY  
10 SYSTEM WHERE THE HEALTH CARE PROVIDER IS UNDER THE SAME  
11 CORPORATE UMBRELLA AS THE CARRIER, PAYER, OR THIRD-PARTY  
12 ADMINISTRATOR; OR

13 (b) DELIVERED BY A PHARMACY IN AN OUTPATIENT SETTING.

14 **SECTION 3.** In Colorado Revised Statutes, 6-1-105, **add**  
15 (1)(nnn) as follows:

16 **6-1-105. Unfair or deceptive trade practices.** (1) A person  
17 engages in a deceptive trade practice when, in the course of the person's  
18 business, vocation, or occupation, the person:

19 (nnn) VIOLATES SECTION 10-16-152.

20 **SECTION 4.** In Colorado Revised Statutes, 10-3-1104, **add**  
21 (1)(tt) as follows:

22 **10-3-1104. Unfair methods of competition - unfair or deceptive**  
23 **practices.** (1) The following are defined as unfair methods of  
24 competition and unfair or deceptive acts or practices in the business of  
25 insurance:

26 (tt) A VIOLATION OF SECTION 10-16-152.

27 **SECTION 5.** In Colorado Revised Statutes, 10-16-102, **amend**

1 (46) as follows:

2 **10-16-102. Definitions.** As used in this article 16, unless the  
3 context otherwise requires:

4 (46) "Participating provider" means a provider, either within or  
5 outside of Colorado, that, under a contract with a carrier or with its  
6 contractor or subcontractor, has agreed to provide health care services to  
7 covered persons with an expectation of receiving payment ~~other than~~  
8 ~~coinsurance, copayments, or deductibles, directly or indirectly,~~ from the  
9 carrier OR COVERED PERSON, AS APPLICABLE.

10 **SECTION 6.** In Colorado Revised Statutes, 10-16-106.5, **add**  
11 (4)(e) as follows:

12 **10-16-106.5. Prompt payment of claims - legislative**  
13 **declaration - rules.** (4) (e) A CARRIER SHALL MAKE PAYMENT IN  
14 ACCORDANCE WITH THIS SUBSECTION (4) REGARDLESS OF WHETHER A  
15 COVERED PERSON HAS PAID THE CARRIER ANY APPLICABLE COINSURANCE,  
16 COPAYMENT, OR DEDUCTIBLE AMOUNTS PURSUANT TO SECTION 10-16-152  
17 (2).

18 **SECTION 7.** In Colorado Revised Statutes, 10-16-106.7, **amend**  
19 (1)(a) as follows:

20 **10-16-106.7. Assignment of health insurance benefits.**  
21 (1) (a) FOR SERVICES OTHER THAN SERVICES SPECIFIED IN SECTION  
22 10-16-152 FOR WHICH A CARRIER IS REQUIRED TO PAY A PROVIDER  
23 DIRECTLY, any carrier that provides health coverage to a covered person  
24 shall allow, but not require, ~~such~~ THE covered person under the policy to  
25 assign, in writing, payments due under the policy to a licensed hospital,  
26 other licensed health care provider, an occupational therapist as defined  
27 in section 12-270-104 (5), or a massage therapist as defined in section

1 12-235-104 (5), also referred to in this section as the "provider", for  
2 services provided to the covered person that are covered under the policy.

3 **SECTION 8.** In Colorado Revised Statutes, 10-16-704, **amend**  
4 (3)(d)(III) and (5.5)(b)(III) as follows:

5 **10-16-704. Network adequacy - rules - legislative declaration**  
6 **- definitions.** (3) (d) (III) Payment made by a carrier in compliance with  
7 this subsection (3)(d) AND SECTION 10-16-152 (4) is presumed to be  
8 payment in full for the services provided. ~~except for any coinsurance,~~  
9 ~~deductible, or copayment amount required to be paid by the covered~~  
10 ~~person.~~

11 (5.5) (b) (III) Payment made by a carrier in compliance with this  
12 subsection (5.5)(b) AND SECTION 10-16-152 (4) is presumed to be  
13 payment in full for the services provided. ~~except for any coinsurance,~~  
14 ~~deductible, or copayment amount required to be paid by the covered~~  
15 ~~person.~~

16 **SECTION 9.** In Colorado Revised Statutes, 12-30-113, **amend**  
17 (1)(b), (2)(a), and (4)(c) as follows:

18 **12-30-113. Out-of-network health care providers -**  
19 **out-of-network services - billing - payment.** (1) If an out-of-network  
20 health care provider provides emergency services or covered  
21 nonemergency services to a covered person at an in-network facility, the  
22 out-of-network provider shall:

23 (b) Not bill or collect payment from a covered person for any  
24 outstanding balance for covered services not paid by the carrier. ~~except~~  
25 ~~for the applicable in-network coinsurance, deductible, or copayment~~  
26 ~~amount required to be paid by the covered person.~~

27 (2) (a) If an out-of-network health care provider provides covered

1 nonemergency services at an in-network facility or emergency services at  
2 an out-of-network or in-network facility and the health care provider  
3 receives payment from the covered person for services for which the  
4 covered person is not responsible pursuant to section ~~10-16-704 (3)(b) or~~  
5 ~~(5.5)~~ 10-16-152 OR 10-16-704 (3)(b) OR (5.5), the health care provider  
6 shall reimburse the covered person within sixty calendar days after the  
7 date that the overpayment was reported to the provider.

8 (4) (c) The health care provider shall not bill a covered person any  
9 outstanding balance for a covered service not paid for by the carrier.  
10 ~~except for any coinsurance, deductible, or copayment amount required to~~  
11 ~~be paid by the covered person.~~

12 **SECTION 10.** In Colorado Revised Statutes, 12-200-109, **amend**  
13 (1)(d) as follows:

14 **12-200-109. Grounds for disciplinary action.** (1) The director  
15 may deny licensure to or take disciplinary action against an acupuncturist  
16 pursuant to sections 12-20-403, 12-20-404, and 24-4-105 if the director  
17 finds that the acupuncturist has committed any of the following acts:

18 (d) Committed, or advertised in any manner that ~~he or she~~ THE  
19 ACUPUNCTURIST will commit, any act constituting ~~an abuse of health~~  
20 ~~insurance as prohibited by section 18-13-119~~ or a fraudulent insurance act  
21 as defined in section 10-1-128;

22 **SECTION 11.** In Colorado Revised Statutes, 12-210-108, **repeal**  
23 (2)(n) as follows:

24 **12-210-108. Disciplinary actions - grounds for discipline.**  
25 (2) The following acts constitute grounds for discipline:

26 (n) ~~Committing abuse of health insurance as described in section~~  
27 ~~18-13-119;~~



1           **SECTION 12.** In Colorado Revised Statutes, 12-215-115, **amend**  
2 (1)(j) and (1)(o) as follows:

3           **12-215-115. Discipline of licensees - suspension, revocation,**  
4 **denial, and probation - grounds - definitions.** (1) Upon any of the  
5 following grounds, the board may take disciplinary or other action as  
6 specified in section 12-20-404 or impose conditions on a licensee's  
7 license:

8           (j) ~~Violation of abuse of health insurance pursuant to section~~  
9 ~~18-13-119 or~~ Commission of a fraudulent insurance act, as defined in  
10 section 10-1-128;

11           (o) Unethical advertising, as defined in subsection (5) of this  
12 section; ~~or advertising through any medium that the licensee will perform~~  
13 ~~an act prohibited by section 18-13-119 (3);~~

14           **SECTION 13.** In Colorado Revised Statutes, 12-220-130, **repeal**  
15 (1)(p) as follows:

16           **12-220-130. Grounds for disciplinary action - definition.**  
17 (1) The board may take disciplinary action against an applicant or  
18 licensee in accordance with sections 12-20-404 and 12-220-131 for any  
19 of the following causes:

20           (p) ~~Committing abuse of health insurance in violation of section~~  
21 ~~18-13-119;~~

22           **SECTION 14.** In Colorado Revised Statutes, 12-240-121, **repeal**  
23 (1)(m) as follows:

24           **12-240-121. Unprofessional conduct - definitions.**  
25 (1) "Unprofessional conduct" as used in this article 240 means:

26           (m) ~~(f) Violation of abuse of health insurance pursuant to section~~  
27 ~~18-13-119; or~~

1           ~~(H) Advertising through newspapers, magazines, circulars, direct~~  
2 ~~mail, directories, radio, television, or otherwise that the licensee will~~  
3 ~~perform any act prohibited by section 18-13-119 (3);~~

4           **SECTION 15.** In Colorado Revised Statutes, 12-245-224, **repeal**  
5 (1)(d) as follows:

6           **12-245-224. Prohibited activities - related provisions -**  
7 **definition.** (1) A person licensed, registered, or certified under this  
8 article 245 violates this article 245 if the person:

9           ~~(d) (H) Has committed abuse of health insurance pursuant to~~  
10 ~~section 18-13-119;~~

11           ~~(H) Has advertised through newspapers, magazines, circulars,~~  
12 ~~direct mail, directories, radio, television, or otherwise that the person will~~  
13 ~~perform any act prohibited by section 18-13-119;~~

14           **SECTION 16.** In Colorado Revised Statutes, 12-250-113, **repeal**  
15 (1)(k) and (1)(l) as follows:

16           **12-250-113. Grounds for discipline - disciplinary actions**  
17 **authorized - procedures - definitions.** (1) The director may take  
18 disciplinary or other action as specified in section 12-20-404 against a  
19 naturopathic doctor for any of the following acts or omissions:

20           ~~(k) Committing abuse of health insurance, as prohibited by section~~  
21 ~~18-13-119;~~

22           ~~(l) Advertising through newspapers, magazines, circulars, direct~~  
23 ~~mail, directories, radio, television, or otherwise that the naturopathic~~  
24 ~~doctor will perform any act prohibited by section 18-13-119 (3);~~

25           **SECTION 17.** In Colorado Revised Statutes, 12-255-120, **repeal**  
26 (1)(m) as follows:

27           **12-255-120. Grounds for discipline.** (1) "Grounds for

1 discipline", as used in this article 255, means any action by any person  
2 who:

3 (m) ~~(I) Has violated abuse of health insurance pursuant to section~~  
4 ~~18-13-119; or~~

5 (H) ~~Has advertised through newspapers, magazines, circulars,~~  
6 ~~direct mail, directories, radio, television, or otherwise that the licensee~~  
7 ~~will perform any act prohibited by section 18-13-119 (3);~~

8 **SECTION 18.** In Colorado Revised Statutes, 12-265-113, **repeal**  
9 (1)(j) as follows:

10 **12-265-113. Grounds for discipline.** (1) The board has the  
11 power to take disciplinary or other action as specified in sections  
12 12-20-404 and 12-265-107 (1)(d), upon proof that the person:

13 (j) ~~Has violated section 18-13-119 concerning the abuse of health~~  
14 ~~insurance;~~

15 **SECTION 19.** In Colorado Revised Statutes, 12-275-120, **repeal**  
16 (1)(w) as follows:

17 **12-275-120. Unprofessional conduct - definitions.** (1) The term  
18 "unprofessional conduct", as used in this article 275, means:

19 (w) ~~(I) Violation of abuse of health insurance pursuant to section~~  
20 ~~18-13-119; or~~

21 (H) ~~Advertising through newspapers, magazines, circulars, direct~~  
22 ~~mail, directories, radio, television, or otherwise that the licensee will~~  
23 ~~perform any act prohibited by section 18-13-119 (3);~~

24 **SECTION 20.** In Colorado Revised Statutes, 12-285-120, **repeal**  
25 (1)(h) as follows:

26 **12-285-120. Grounds for disciplinary action - definitions.**  
27 (1) The board may take disciplinary action in accordance with sections

1 12-20-404 and 12-285-122 against a person who has:

2 (h) ~~(f) Committed abuse of health insurance as set forth in section~~  
3 ~~18-13-119 (3); or~~

4 ~~(H) Advertised through newspapers, magazines, circulars, direct~~  
5 ~~mail, directories, radio, television, or otherwise that the licensee will~~  
6 ~~perform any act prohibited by section 18-13-119 (3);~~

7 **SECTION 21.** In Colorado Revised Statutes, 12-285-211, **repeal**  
8 (1)(e) as follows:

9 **12-285-211. Grounds for disciplinary action.** (1) The board  
10 may take disciplinary action in accordance with sections 12-20-404 and  
11 12-285-212 against a person who has:

12 (e) ~~(f) Committed abuse of health insurance as set forth in section~~  
13 ~~18-13-119; or~~

14 ~~(H) Advertised through newspapers, magazines, circulars, direct~~  
15 ~~mail, directories, radio, television, or otherwise that the certified physical~~  
16 ~~therapist assistant will perform an act prohibited by section 18-13-119;~~

17 **SECTION 22.** In Colorado Revised Statutes, 12-290-108, **repeal**  
18 (3)(l) as follows:

19 **12-290-108. Issuance, revocation, or suspension of license -**  
20 **probation - unprofessional conduct - definitions - immunity in**  
21 **professional review.** (3) "Unprofessional conduct" as used in this article  
22 290 means:

23 (l) ~~(f) Violation or abuse of health insurance pursuant to section~~  
24 ~~18-13-119; or~~

25 ~~(H) Advertising through newspapers, magazines, circulars, direct~~  
26 ~~mail, directories, radio, television, or otherwise that the licensee will~~  
27 ~~perform any act prohibited by section 18-13-119 (3);~~

1           **SECTION 23.** In Colorado Revised Statutes, 12-300-109, **repeal**  
2 (2)(j)(II) as follows:

3           **12-300-109. Grounds for action - disciplinary proceedings.**

4 (2) The director has the power to take disciplinary or other action as  
5 authorized in section 12-20-404 against a licensee in accordance with  
6 subsections (4), (5), (6), and (8) of this section upon proof that the person:

7           (j) Has committed:

8           (II) ~~An abuse of health insurance, as set forth in section~~  
9 ~~18-13-119, or advertised through any medium that he or she will perform~~  
10 ~~an act prohibited by section 18-13-119 (3);~~

11           **SECTION 24.** In Colorado Revised Statutes, 18-13-119, **add** (9)  
12 as follows:

13           **18-13-119. Health care providers - abuse of health insurance**  
14 **- repeal.** (9) THIS SECTION IS REPEALED, EFFECTIVE JANUARY 1, 2022.

15           **SECTION 25.** In Colorado Revised Statutes, 25-1.5-103, **repeal**  
16 (1)(b) as follows:

17           **25-1.5-103. Health facilities - powers and duties of department**  
18 **- limitations on rules promulgated by department - definitions.**

19 (1) The department has, in addition to all other powers and duties  
20 imposed upon it by law, the powers and duties provided in this section as  
21 follows:

22           (b) ~~To suspend, revoke, or refuse to renew any license issued to~~  
23 ~~a health facility pursuant to subparagraph (I) or (II) of paragraph (a) of~~  
24 ~~this subsection (1) if such health facility has committed abuse of health~~  
25 ~~insurance pursuant to section 18-13-119, C.R.S., or if such health facility~~  
26 ~~has advertised through newspapers, magazines, circulars, direct mail,~~  
27 ~~directories, radio, television, or otherwise that it will perform any act~~

1 prohibited by section ~~18-13-119 (3), C.R.S., unless the health facility is~~  
2 ~~exempted from section 18-13-119 (5), C.R.S.;~~

3 **SECTION 26.** In Colorado Revised Statutes, 25-3-112, **amend**  
4 (1) introductory portion as follows:

5 **25-3-112. Hospitals - charity care information - charges for**  
6 **the uninsured - reports to department - department review -**  
7 **collections protection - hospital financial assistance standards**  
8 **committee established - rules.** (1) Each hospital shall make information  
9 available to each patient WHO RECEIVES CARE THAT IS NOT SUBJECT TO  
10 SECTION 10-16-152 about the hospital's financial assistance, charity care,  
11 and payment plan policies. Each hospital shall communicate this  
12 information in a clear and understandable manner and in languages  
13 appropriate to the communities and patients the hospital serves. The  
14 hospital shall:

15 **SECTION 27.** In Colorado Revised Statutes, 25-3-122, **amend**  
16 (1)(b), (2)(a), and (3)(d) as follows:

17 **25-3-122. Out-of-network facilities - emergency medical**  
18 **services - billing - payment.** (1) If a covered person receives emergency  
19 services at an out-of-network facility, the out-of-network facility shall:

20 (b) Not bill or collect payment from a covered person for any  
21 outstanding balance for covered services not paid by the carrier. ~~except~~  
22 ~~for the applicable in-network coinsurance, deductible, or copayment~~  
23 ~~amount required to be paid by the covered person.~~

24 (2) (a) If a covered person receives emergency services at an  
25 out-of-network facility, and the facility receives payment from the  
26 covered person for services for which the covered person is not  
27 responsible pursuant to section ~~10-16-704 (3)(b) or (5.5)~~ 10-16-152 OR

1 10-16-704 (3)(b) OR (5.5), the facility shall reimburse the covered person  
2 within sixty calendar days after the date that the overpayment was  
3 reported to the facility.

4 (3) (d) The out-of-network facility shall not bill a covered person  
5 any outstanding balance for a covered service not paid for by the carrier.  
6 ~~except for any coinsurance, deductible, or copayment amount required to~~  
7 ~~be paid by the covered person.~~

8 **SECTION 28. Act subject to petition - effective date -**  
9 **applicability.** (1) This act takes effect January 1, 2022; except that, if a  
10 referendum petition is filed pursuant to section 1 (3) of article V of the  
11 state constitution against this act or an item, section, or part of this act  
12 within the ninety-day period after final adjournment of the general  
13 assembly, then the act, item, section, or part will not take effect unless  
14 approved by the people at the general election to be held in November  
15 2020 and, in such case, will take effect January 1, 2022.

16 (2) This act applies to health coverage plans issued or renewed on  
17 or after the applicable effective date of this act.