NOTE: This bill has been prepared for the signature of the appropriate legislative officers and the Governor. To determine whether the Governor has signed the bill or taken other action on it, please consult the legislative status sheet, the legislative history, or the Session Laws.

An Act

HOUSE BILL 08-1410

BY REPRESENTATIVE(S) Kerr A., Frangas, Borodkin, Butcher, Casso, Ferrandino, Fischer, Gallegos, Green, Hodge, Kefalas, Labuda, Madden, Marshall, McFadyen, McGihon, Middleton, Peniston, Primavera, Scanlan, Soper, Todd, Carroll M., Carroll T., Curry, Merrifield, Pommer, and Stafford;
also SENATOR(S) Tochtrop, Boyd, Groff, Isgar, Keller, Romer, Shaffer, and Tupa.

CONCERNING A REQUIREMENT THAT HEALTH INSURANCE PLANS INCLUDE COVERAGE FOR COLORECTAL CANCER PREVENTION SERVICES, AND, IN CONNECTION THEREWITH, EXEMPTING CERTAIN SMALL GROUP BASIC HEALTH PLANS.

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

SECTION 1. Legislative declaration. (1) The general assembly hereby:

(a) Finds that:

(I) Colorectal cancer is the fourth most common cancer and has the second highest mortality rate in Colorado. Millions of dollars are spent in the Colorado health care system on its treatment and millions of dollars in

_____
Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

economic productivity are lost.

(II) The Colorado blue ribbon commission on health care reform, referred to in this section as the "commission", has recommended the increased use of preventive care. This is because lack of access to preventive services is associated with increased mortality, such that people use fewer preventive services when they are required to pay part of the cost and individuals with increased copayments are less likely to seek out medical assistance.

(b) Determines that:

(I) The increased use of preventive care for colorectal cancer is a cost-effective way to save lives. As a result, the state of Colorado will benefit from a healthier, more productive population.

(II) Insurance carriers should provide coverage for evidence-based and cost-efficient preventive screenings and services for colorectal cancer at limited cost sharing to the consumer; and

(c) Declares that this act is necessary to decrease coverage barriers and financial barriers that prevent many Coloradans from accessing preventive health care services. Greater access would result in better health, improved economic productivity, and lower overall spending on health care services.

SECTION 2. 10-16-104 (15), Colorado Revised Statutes, is amended, and the said 10-16-104 is further amended BY THE ADDITION OF A NEW SUBSECTION, to read:

10-16-104. Mandatory coverage provisions - definitions. (15) Notwithstanding any provision to the contrary, a small employer may purchase health benefit coverage that does not include the coverage for benefits pursuant to subsections (4), (5), (9), (10), ~~and~~ (12), AND (18) of this section through a basic health benefit plan pursuant to section 10-16-105 (7.2) (b) (I) or (7.2) (b) (III) or that does not include coverage for benefits pursuant to subsections (5), (9), (10), ~~and~~ (12), AND (18) of this section through a medical evidence-based health benefit plan authorized in section 10-16-105 (7.2) (b) (IV).

(18) **Preventive health care services.** (a) (I) EXCEPT AS SPECIFIED IN SUBPARAGRAPH (II) OF THIS PARAGRAPH (a), THE FOLLOWING POLICIES AND CONTRACTS THAT ARE DELIVERED, ISSUED, RENEWED, OR REINSTATED ON OR AFTER JULY 1, 2009, SHALL PROVIDE COVERAGE FOR THE TOTAL COST OF THE PREVENTIVE HEALTH CARE SERVICES SPECIFIED IN PARAGRAPH (b) OF THIS SUBSECTION (18):

(A) ALL INDIVIDUAL AND ALL GROUP SICKNESS AND ACCIDENT INSURANCE POLICIES, EXCEPT SUPPLEMENTAL POLICIES COVERING A SPECIFIED DISEASE OR OTHER LIMITED BENEFIT, THAT ARE DELIVERED OR ISSUED FOR DELIVERY WITHIN THE STATE BY AN ENTITY SUBJECT TO THE PROVISIONS OF PART 2 OF THIS ARTICLE;

(B) ALL INDIVIDUAL AND GROUP HEALTH CARE SERVICE OR INDEMNITY CONTRACTS ISSUED BY AN ENTITY SUBJECT TO THE PROVISIONS OF PART 3 OR 4 OF THIS ARTICLE; AND

(C) ANY OTHER INDIVIDUAL OR GROUP HEALTH CARE COVERAGE OFFERED TO RESIDENTS OF THIS STATE.

(II) NOTHING IN THIS SUBSECTION (18) SHALL BE DEEMED TO APPLY TO A BASIC HEALTH BENEFIT PLAN ISSUED PURSUANT TO SECTION 10-16-105 (7.2) (b) (I), (7.2) (b) (III), OR (7.2) (b) (IV).

(III) COVERAGE SHALL NOT BE SUBJECT TO POLICY DEDUCTIBLES. COPAYMENTS AND COINSURANCE MAY APPLY. FOR A HEALTH MAINTENANCE ORGANIZATION THAT DIRECTLY PROVIDES HEALTH CARE SERVICES TO ITS ENROLLEES, THE POLICY DEDUCTIBLES, COPAYMENTS, COINSURANCE, AND ANY OTHER FORM OF COST SHARING FOR THE TOTAL COSTS ASSOCIATED WITH THE COVERAGE REQUIRED BY THIS SUBSECTION (18) SHALL NOT EXCEED TEN PERCENT OF THE COST OF THE PREVENTIVE HEALTH CARE SERVICE REQUIRED BY THIS SUBSECTION (18).

(b) THE COVERAGE REQUIRED BY THIS SUBSECTION (18) SHALL INCLUDE COVERAGE FOR THE TESTS SPECIFIED IN SUBPARAGRAPH (II) OF THIS PARAGRAPH (b) FOR THE EARLY DETECTION OF COLORECTAL CANCER AND ADENOMATOUS POLYPS FOR THOSE COVERED PERSONS WHO ARE SPECIFIED IN SUBPARAGRAPH (I) OF THIS PARAGRAPH (b):

(I) ASYMPTOMATIC, AVERAGE RISK ADULTS WHO ARE FIFTY YEARS

OF AGE OR OLDER AND COVERED PERSONS WHO ARE AT HIGH RISK FOR COLORECTAL CANCER, INCLUDING COVERED PERSONS WHO HAVE A FAMILY MEDICAL HISTORY OF COLORECTAL CANCER; A PRIOR OCCURRENCE OF CANCER OR PRECURSOR NEOPLASTIC POLYPS; A PRIOR OCCURRENCE OF A CHRONIC DIGESTIVE DISEASE CONDITION SUCH AS INFLAMMATORY BOWEL DISEASE, CROHN'S DISEASE, OR ULCERATIVE COLITIS; OR OTHER PREDISPOSING FACTORS AS DETERMINED BY THE PROVIDER;

(II) THE FOLLOWING TESTS AS DETERMINED BY THE PROVIDER THAT DETECT ADENOMATOUS POLYPS OR COLORECTAL CANCER: MODALITIES THAT ARE CURRENTLY INCLUDED IN AN A RECOMMENDATION OR A B RECOMMENDATION BY THE TASK FORCE.

(c) FOR PURPOSES OF THIS SUBSECTION (18):

(I) "A RECOMMENDATION" MEANS A RECOMMENDATION ADOPTED BY THE TASK FORCE THAT STRONGLY RECOMMENDS THAT CLINICIANS PROVIDE A PREVENTIVE HEALTH CARE SERVICE FOR THE EARLY DETECTION OF COLORECTAL CANCER OR ADENOMATOUS POLYPS TO ELIGIBLE PATIENTS BECAUSE THE TASK FORCE:

(A) FOUND GOOD EVIDENCE THAT THE PREVENTIVE HEALTH CARE SERVICE IMPROVES IMPORTANT HEALTH OUTCOMES; AND

(B) CONCLUDED THAT THE BENEFITS OF THE PREVENTIVE HEALTH CARE SERVICE SUBSTANTIALLY OUTWEIGH ITS HARMS.

(II) "B RECOMMENDATION" MEANS A RECOMMENDATION ADOPTED BY THE TASK FORCE THAT RECOMMENDS THAT CLINICIANS PROVIDE A PREVENTIVE HEALTH CARE SERVICE FOR THE EARLY DETECTION OF COLORECTAL CANCER OR ADENOMATOUS POLYPS TO ELIGIBLE PATIENTS BECAUSE THE TASK FORCE:

(A) FOUND AT LEAST FAIR EVIDENCE THAT THE PREVENTIVE HEALTH CARE SERVICE IMPROVES IMPORTANT HEALTH OUTCOMES; AND

(B) CONCLUDED THAT THE BENEFITS OF THE PREVENTIVE HEALTH CARE SERVICE OUTWEIGH ITS HARMS.

(III) "TASK FORCE" MEANS THE U.S. PREVENTIVE SERVICES TASK

FORCE, OR ANY SUCCESSOR ORGANIZATION, SPONSORED BY THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, THE HEALTH SERVICES RESEARCH ARM OF THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES.

(d) THE HEALTH CARE SERVICE PLAN ISSUED BY AN ENTITY SUBJECT TO THE PROVISIONS OF PART 4 OF THIS ARTICLE MAY PROVIDE THAT THE BENEFITS PROVIDED PURSUANT TO THIS SUBSECTION (18) SHALL BE COVERED BENEFITS ONLY IF THE SERVICES ARE RENDERED BY A PROVIDER WHO IS DESIGNATED BY AND AFFILIATED WITH THE HEALTH MAINTENANCE ORGANIZATION.

SECTION 3. 10-16-105 (7.2) (b) (I), (7.2) (b) (III), the introductory portion to 10-16-105 (7.2) (b) (IV), and 10-16-105 (7.2) (b) (IV) (A), Colorado Revised Statutes, are amended to read:

10-16-105. Small group sickness and accident insurance - guaranteed issue - mandated provisions for basic health benefit plans - rules - benefit design advisory committee - repeal. (7.2) The commissioner shall promulgate rules to implement a basic health benefit plan and a standard health benefit plan to be offered by each small employer carrier as a condition of transacting business in this state. The commissioner shall survey small group carriers to determine the range of health benefit plans available annually. The commissioner shall implement a basic plan that approximates the lowest level of coverage offered in small group health benefit plans. A basic health benefit plan may be based on the latest medical evidence. The commissioner shall implement a standard plan that approximates the average level of coverage offered in small group health benefit plans. In determining levels of coverage, the commissioner shall consider factors such as coinsurance, copayments, deductibles, out-of-pocket maximums, and covered benefits. The commissioner shall amend the rules to implement the basic and standard health benefit plans no more frequently than once every two years. The rules shall be in conformity with article 4 of title 24, C.R.S., and shall incorporate the following standard health benefit plan design described in paragraph (a) of this subsection (7.2) and the various options for the basic health benefit plan design described in paragraph (b) of this subsection (7.2):

(b) (I) A basic health benefit plan may reflect a basic health benefit plan that does not include coverage pursuant to the mandatory coverage provisions of section 10-16-104 (4), (5), (9), (10), ~~and~~ (12), AND (18).

(III) A basic health benefit plan may reflect a basic health benefit plan that does not include coverage pursuant to the mandatory coverage provisions of section 10-16-104 (4), (5), (9), (10), ~~and~~ (12), AND (18) and is a high deductible plan that would qualify for a health savings account pursuant to 26 U.S.C. sec. 223. A carrier may apply deductible amounts for mandatory health benefits for child supervision services or prosthetic devices pursuant to section 10-16-104 (11) and (14) if such mandatory benefits are not considered by the federal department of treasury to be preventive or to have an acceptable deductible amount.

(IV) On and after January 1, ~~2008~~ 2009, a basic health benefit plan may reflect a medical evidence-based health benefit plan that:

(A) Does not include coverage pursuant to the mandatory coverage provisions of section 10-16-104 (5), (9), (10), ~~and~~ (12), AND (18);

SECTION 4. 10-16-103.3, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW SUBSECTION to read:

10-16-103.3. Commission on mandated health insurance benefits - cash fund - purpose - creation - duties - repeal. (10) THE COMMISSION SHALL MEET DURING THE 2008 INTERIM TO CONSIDER THE MANDATED HEALTH INSURANCE COVERAGE ESTABLISHED BY SECTION 10-16-104 (18). THE COMMISSIONER OF INSURANCE SHALL NOTIFY THE REVISOR OF STATUTES OF THE RESULTS OF THE COMMISSION'S CONSIDERATION BY DECEMBER 31, 2008.

SECTION 5. Effective date - applicability. (1) Except as specified in subsection (2) of this section, this act shall take effect upon passage and shall apply to policies and contracts that are delivered, issued, renewed, or reinstated on or after July 1, 2009.

(2) Sections 1, 2, and 3 of this act shall take effect only if the commission on mandated health insurance benefits created in section 10-16-103.3, Colorado Revised Statutes:

(a) Twice fails to reach a quorum to consider the mandated health insurance coverage established by section 10-16-104 (18); or

(b) Concludes that the benefits of the mandated health insurance

coverage established by section 10-16-104 (18) outweigh its harms.

SECTION 6. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Andrew Romanoff	Peter C. Groff
SPEAKER OF THE HOUSE	PRESIDENT OF
OF REPRESENTATIVES	THE SENATE

Marilyn Eddins	Karen Goldman
CHIEF CLERK OF THE HOUSE	SECRETARY OF
OF REPRESENTATIVES	THE SENATE

APPROVED_____

_____
Bill Ritter, Jr.
GOVERNOR OF THE STATE OF COLORADO