A BILL FOR AN ACT

CONCERNING THE CONTINUITY OF HEALTH-CARE BENEFITS DURING
THE TRANSITION TO A NEW HEALTH BENEFIT PLAN WHEN THE
ENROLLEE'S HEALTH-CARE PROVIDER DOES NOT HAVE A
CONTRACT WITH THE NEW HEALTH INSURANCE CARRIER.

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 allows an enrollee in the state medicaid program or with a private health insurance carrier whose coverage has been terminated or not renewed to receive continued care with the enrollee's same health-care
provider or health-care facility under the enrollee's new health benefit plan at the in-network level under the enrollee's new health benefit plan for specified time periods if certain conditions exist.

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

SECTION 1. In Colorado Revised Statutes, 10-16-705, add (4.5) as follows:

10-16-705. Requirements for carriers and participating providers - definitions - rules. (4.5) (a) As used in this subsection (4.5):

(I) "Facility" means a health-care facility licensed or certified pursuant to section 25-1.5-103.

(II) "Medicaid" means a medical assistance program established pursuant to the "Colorado Medical Assistance Act", articles 4 to 6 of title 25.5.

(III) "Serious and complex medical condition" has the same meaning as set forth in subsection (4)(d)(III)(B) of this section.

(IV) "Transferring enrollee" means an eligible individual enrolled in Medicaid or in a health benefit plan purchased pursuant to the federal act whose coverage has been terminated or not renewed or who is no longer eligible for Medicaid and who:

(A) is undergoing a course of treatment for a serious and complex medical condition that is treated by the provider or facility;

(B) is undergoing a course of inpatient care provided by the provider or facility;

(C) is pregnant and undergoing a course of treatment for
THE PREGNANCY PROVIDED BY THE PROVIDER OR FACILITY;

(D) IS TERMINALLY ILL AS DETERMINED UNDER SECTION 1861 (dd)(3)(A) OF THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395x, AS AMENDED, AND IS RECEIVING TREATMENT FOR THE ILLNESS FROM THE PROVIDER OR FACILITY; OR

(E) IS SCHEDULED TO UNDERGO NONELECTIVE SURGERY FROM THE PROVIDER OR FACILITY, INCLUDING THE RECEIPT OF POSTOPERATIVE CARE FROM THE PROVIDER OR FACILITY WITH RESPECT TO THE SURGERY.

(b) A CARRIER SHALL ALLOW A TRANSFERRING ENROLLEE TO CONTINUE TO RECEIVE TREATMENT AS AN IN-NETWORK BENEFIT FROM AN OUT-OF-NETWORK PROVIDER OR FACILITY AS FOLLOWS:

(I) A TRANSFERRING ENROLLEE BEING TREATED BY AN OUT-OF-NETWORK PROVIDER OR FACILITY MAY CONTINUE TO RECEIVE TREATMENT FROM THAT PROVIDER OR FACILITY UNTIL THE CURRENT EPISODE OF TREATMENT ENDS OR UNTIL NINETY DAYS AFTER THE ENROLLEE IS COVERED BY A NEW HEALTH BENEFIT PLAN, WHICHEVER OCCURS FIRST.

(II) A TRANSFERRING ENROLLEE IN THE SECOND OR THIRD TRIMESTER OF PREGNANCY BEING TREATED BY AN OUT-OF-NETWORK PROVIDER OR FACILITY MAY CONTINUE TO RECEIVE TREATMENT THROUGH THE COMPLETION OF POSTPARTUM CARE, BEGINNING ON THE DATE OF THE ENROLLEE'S FIRST DAY AS A COVERED PERSON UNDER A NEW HEALTH BENEFIT PLAN.

(c) DURING THE TIME PERIODS COVERED UNDER SUBSECTION (4.5)(b) OF THIS SECTION:

(I) A CARRIER SHALL REIMBURSE THE OUT-OF-NETWORK PROVIDER OR FACILITY IN ACCORDANCE WITH SECTION 10-16-704 (3)(d) AND (5.5);
AND

(II) THE CARRIER MAY REQUIRE THE OUT-OF-NETWORK PROVIDER
OR FACILITY TO ADHERE TO THE CARRIER'S TERMS AND CONDITIONS,
QUALITY OF CARE STANDARDS AND PROTOCOLS, REFERRAL PROCESS, AND
REPORTING STANDARDS THAT APPLY TO COMPARABLE IN-NETWORK
PROVIDERS OR FACILITIES.

(d) THIS SUBSECTION (4.5) DOES NOT REQUIRE A PROVIDER OR
FACILITY TO CONTINUE TO PROVIDE CARE FOR A TRANSFERRING ENROLLEE
AFTER THE APPLICABLE TIME PERIOD IN SUBSECTION (4)(b) OF THIS
SECTION.

(e) A CARRIER SUBJECT TO THIS SUBSECTION (4.5) SHALL:

(I) NOTIFY THE TRANSFERRING ENROLLEE, IN PLAIN LANGUAGE, AT
THE TIME OF ENROLLMENT THAT THE ENROLLEE HAS THE RIGHT TO ELECT
CONTINUED TRANSITIONAL CARE FROM AN OUT-OF-NETWORK PROVIDER
OR FACILITY IF THE ENROLLEE IS A CONTINUING CARE PATIENT; AND

(II) AT THE REQUEST OF THE TRANSFERRING ENROLLEE OR THE
ENROLLEE'S PROVIDER, GRANT THE TRANSFERRING ENROLLEE AN
OPPORTUNITY TO NOTIFY THE CARRIER OF THE NEED FOR CONTINUED
TRANSITIONAL CARE WITHIN ONE MONTH AFTER THE TRANSFERRING
ENROLLEE'S EFFECTIVE DATE OF COVERAGE.

(f) (I) AT THE REQUEST OF THE TRANSFERRING ENROLLEE OR
PROVIDER, A NEW CARRIER SHALL ACCEPT A PREAUTHORIZATION FOR
TREATMENT FROM THE PREVIOUS CARRIER FOR COVERAGE BY THE NEW
CARRIER FOR:

(A) THE PROCEDURES, TREATMENT, MEDICATIONS, OR SERVICES
THAT ARE COVERED BENEFITS UNDER THE NEW HEALTH BENEFIT PLAN;
AND
(B) A period of ninety days or for the course of treatment, whichever is less, or until the completion of postpartum care.

(II) Subject to state and federal laws relating to the confidentiality of medical records, at the request and with the consent of an enrollee, a carrier shall provide a copy of the enrollee's preauthorization for treatment to the enrollee's new carrier within ten days after receipt of the request.

(III) After the applicable time period under subsection (4.5)(b) of this section has lapsed, the new carrier may elect to perform its own utilization review in order to:

(A) reassess and make its own determination regarding the need for continued treatment; and

(B) authorize any continued procedure, treatment, medication, or service deemed to be medically necessary.

(g) This subsection (4.5) does not require a carrier to provide benefits to an enrollee that are not otherwise covered benefits under the health benefit plan.

(h) The commissioner may adopt rules to implement this subsection (4.5).

SECTION 2. Act subject to petition - effective date - applicability. (1) This act takes effect January 1, 2026; 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 the ninety-day period after final adjournment of the general assembly, 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.
(2) This act applies to health benefit plans issued on or after the applicable effective date of this act.