

Second Regular Session  
Seventy-fourth General Assembly  
STATE OF COLORADO

INTRODUCED

LLS NO. 24-0514.02 Kristen Forrestal x4217

SENATE BILL 24-093

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SENATE SPONSORSHIP

Michaelson Jenet,

HOUSE SPONSORSHIP

(None),

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Senate Committees  
Health & Human Services

House Committees

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A BILL FOR AN ACT

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

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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 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

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

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.

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

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

4           **10-16-705. Requirements for carriers and participating**  
5 **providers - definitions - rules.** (4.5) (a) AS USED IN THIS SUBSECTION  
6 (4.5):

7           (I) "FACILITY" MEANS A HEALTH-CARE FACILITY LICENSED OR  
8 CERTIFIED PURSUANT TO SECTION 25-1.5-103.

9           (II) "MEDICAID" MEANS A MEDICAL ASSISTANCE PROGRAM  
10 ESTABLISHED PURSUANT TO THE "COLORADO MEDICAL ASSISTANCE ACT",  
11 ARTICLES 4 TO 6 OF TITLE 25.5.

12           (III) "SERIOUS AND COMPLEX MEDICAL CONDITION" HAS THE SAME  
13 MEANING AS SET FORTH IN SUBSECTION (4)(d)(III)(B) OF THIS SECTION.

14           (IV) "TRANSFERRING ENROLLEE" MEANS AN ELIGIBLE INDIVIDUAL  
15 ENROLLED IN MEDICAID OR IN A HEALTH BENEFIT PLAN PURCHASED  
16 PURSUANT TO THE FEDERAL ACT WHOSE COVERAGE HAS BEEN  
17 TERMINATED OR NOT RENEWED OR WHO IS NO LONGER ELIGIBLE FOR  
18 MEDICAID AND WHO:

19           (A) IS UNDERGOING A COURSE OF TREATMENT FOR A SERIOUS AND  
20 COMPLEX MEDICAL CONDITION THAT IS TREATED BY THE PROVIDER OR  
21 FACILITY;

22           (B) IS UNDERGOING A COURSE OF INPATIENT CARE PROVIDED BY  
23 THE PROVIDER OR FACILITY;

24           (C) IS PREGNANT AND UNDERGOING A COURSE OF TREATMENT FOR

1 THE PREGNANCY PROVIDED BY THE PROVIDER OR FACILITY;

2 (D) IS TERMINALLY ILL AS DETERMINED UNDER SECTION 1861  
3 (dd)(3)(A) OF THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC.  
4 1395x, AS AMENDED, AND IS RECEIVING TREATMENT FOR THE ILLNESS  
5 FROM THE PROVIDER OR FACILITY; OR

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

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

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

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

24 (c) DURING THE TIME PERIODS COVERED UNDER SUBSECTION  
25 (4.5)(b) OF THIS SECTION:

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

1 AND

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

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

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

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

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

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

25 (A) THE PROCEDURES, TREATMENT, MEDICATIONS, OR SERVICES  
26 THAT ARE COVERED BENEFITS UNDER THE NEW HEALTH BENEFIT PLAN;  
27 AND

1 (B) A PERIOD OF NINETY DAYS OR FOR THE COURSE OF  
2 TREATMENT, WHICHEVER IS LESS, OR UNTIL THE COMPLETION OF  
3 POSTPARTUM CARE.

4 (II) SUBJECT TO STATE AND FEDERAL LAWS RELATING TO THE  
5 CONFIDENTIALITY OF MEDICAL RECORDS, AT THE REQUEST AND WITH THE  
6 CONSENT OF AN ENROLLEE, A CARRIER SHALL PROVIDE A COPY OF THE  
7 ENROLLEE'S PREAUTHORIZATION FOR TREATMENT TO THE ENROLLEE'S NEW  
8 CARRIER WITHIN TEN DAYS AFTER RECEIPT OF THE REQUEST.

9 (III) AFTER THE APPLICABLE TIME PERIOD UNDER SUBSECTION  
10 (4.5)(b) OF THIS SECTION HAS LAPSED, THE NEW CARRIER MAY ELECT TO  
11 PERFORM ITS OWN UTILIZATION REVIEW IN ORDER TO:

12 (A) REASSESS AND MAKE ITS OWN DETERMINATION REGARDING  
13 THE NEED FOR CONTINUED TREATMENT; AND

14 (B) AUTHORIZE ANY CONTINUED PROCEDURE, TREATMENT,  
15 MEDICATION, OR SERVICE DEEMED TO BE MEDICALLY NECESSARY.

16 (g) THIS SUBSECTION (4.5) DOES NOT REQUIRE A CARRIER TO  
17 PROVIDE BENEFITS TO AN ENROLLEE THAT ARE NOT OTHERWISE COVERED  
18 BENEFITS UNDER THE HEALTH BENEFIT PLAN.

19 (h) THE COMMISSIONER MAY ADOPT RULES TO IMPLEMENT THIS  
20 SUBSECTION (4.5).

21 **SECTION 2. Act subject to petition - effective date -**  
22 **applicability.** (1) This act takes effect January 1, 2026; except that, if a  
23 referendum petition is filed pursuant to section 1 (3) of article V of the  
24 state constitution against this act or an item, section, or part of this act  
25 within the ninety-day period after final adjournment of the general  
26 assembly, then the act, item, section, or part will not take effect unless  
27 approved by the people at the general election to be held in November

1 2024 and, in such case, will take effect January 1, 2026, or on the date of  
2 the official declaration of the vote thereon by the governor, whichever is  
3 later.

4 (2) This act applies to health benefit plans issued on or after the  
5 applicable effective date of this act.