

Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 24-0661.01 Shelby Ross x4510

SENATE BILL 24-116

SENATE SPONSORSHIP

Buckner,

HOUSE SPONSORSHIP

Jodeh,

Senate Committees
Health & Human Services

House Committees

A BILL FOR AN ACT

101 **CONCERNING HEALTH-CARE BILLING FOR INDIGENT PATIENTS**
102 **RECEIVING SERVICES NOT REIMBURSED THROUGH THE**
103 **COLORADO INDIGENT CARE PROGRAM.**

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>.)

Current law requires a health-care facility to screen each uninsured patient for eligibility for public health insurance programs, discounted care through the Colorado indigent care program (CICP), and discounted care otherwise not reimbursed through the CICP. A patient qualifies for discounted care if the individual's household income is not more than

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.

250% of the federal poverty level and the individual received a health-care service at a health-care facility (facility). The bill adds the requirement that a patient attest to residing in Colorado.

The licensed health-care professional who provides services to a patient is responsible for billing the patient for those services.

Current law prohibits a health-care facility and licensed health-care professional (professional) from collecting amounts charged that are more than 4% of the patient's monthly household income on a bill from a facility and that are more than 2% of the patient's monthly household income on a bill from each professional. The bill adds the requirement that a facility or professional cannot collect amounts charged that are more than 6% of the patient's household income on a comprehensive bill containing both facility and professional charges.

The bill authorizes a health-care facility to deny discounted care to a patient if, during the initial screening, the patient is determined to be presumptively eligible for medicaid.

The bill excludes primary care provided in a clinic that is located in a designated rural or frontier county and offers a sliding-fee scale from receiving discounted care.

Current law requires each facility to report to the department of health care policy and financing (department) data that the department determines is necessary to evaluate compliance across race, ethnicity, age, and primary-language-spoken patient groups with the screening, discounted care, payment plan, and collections practices. The bill requires professionals, in addition to facilities, to submit the data.

The bill authorizes a licensed or certified hospital to determine presumptive eligibility for medicaid.

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

2 **SECTION 1.** In Colorado Revised Statutes, 25.5-3-501, **amend**
3 (5) as follows:

4 **25.5-3-501. Definitions.** As used in this part 5, unless the context
5 otherwise requires:

6 (5) "Qualified patient" means an individual WHO ATTESTS TO
7 RESIDING IN COLORADO whose household income is not more than two
8 hundred fifty percent of the federal poverty level and who received a
9 health-care service at a health-care facility.

10 **SECTION 2.** In Colorado Revised Statutes, 25.5-3-503, **amend**

1 (1) introductory portion, (1)(b), and (2)(a); and **add** (3) and (4) as
2 follows:

3 **25.5-3-503. Health-care discounts on services not eligible for**
4 **Colorado indigent care program reimbursement - definition.**

5 (1) Beginning September 1, 2022, if a patient is screened pursuant to
6 section 25.5-3-502 and is determined to be a qualified patient, a
7 health-care facility and a licensed health-care professional shall, for
8 emergency HOSPITAL and other ~~non-CICP~~ health-care services:

9 (b) Collect amounts charged, not including amounts owed by
10 third-party payers, in monthly installments such that the patient is not
11 paying more than four percent of the patient's monthly household income
12 on a bill from a health-care facility, ~~and~~ not paying more than two percent
13 of the patient's monthly household income on a bill from each licensed
14 health-care professional, AND NOT PAYING MORE THAN SIX PERCENT OF
15 THE PATIENT'S HOUSEHOLD INCOME ON A COMPREHENSIVE BILL
16 CONTAINING ALL HEALTH-CARE FACILITY AND LICENSED HEALTH-CARE
17 PROFESSIONAL CHARGES; and

18 (2) A health-care facility shall not:

19 (a) Deny discounted care on the basis that the patient has not
20 applied for any public benefits program, UNLESS DURING THE INITIAL
21 SCREENING THE PATIENT IS DETERMINED TO BE PRESUMPTIVELY ELIGIBLE
22 FOR THE STATE MEDICAL ASSISTANCE PROGRAM; or

23 (3) THE LICENSED HEALTH-CARE PROFESSIONAL WHO PROVIDES
24 SERVICES TO A PATIENT PURSUANT TO THIS PART 5 IS RESPONSIBLE FOR
25 BILLING THE PATIENT FOR THOSE SERVICES.

26 (4) FOR THE PURPOSES OF THIS PART 5, "EMERGENCY HOSPITAL
27 AND OTHER HEALTH-CARE SERVICES" DOES NOT INCLUDE PRIMARY CARE

1 PROVIDED IN A CLINIC LOCATED IN A DESIGNATED RURAL OR FRONTIER
2 COUNTY THAT OFFERS A SLIDING-FEE SCALE AS APPROVED BY THE STATE
3 DEPARTMENT.

4 **SECTION 3.** In Colorado Revised Statutes, 25.5-3-505, **amend**
5 (1) as follows:

6 **25.5-3-505. Health-care facility reporting requirements -**
7 **agency enforcement - report - rules.** (1) Beginning September 1, 2023,
8 and each September 1 thereafter, each health-care facility AND LICENSED
9 HEALTH-CARE PROFESSIONAL shall report to the state department data that
10 the state department determines is necessary to evaluate compliance
11 across race, ethnicity, age, and primary-language-spoken patient groups
12 with the screening, discounted care, payment plan, and collections
13 practices required pursuant to this part 5. If a health-care facility OR
14 LICENSED HEALTH-CARE PROFESSIONAL is not capable of disaggregating
15 the data required pursuant to this subsection (1) by race, ethnicity, age,
16 and primary language spoken, the health-care facility OR LICENSED
17 HEALTH-CARE PROFESSIONAL shall report to the state department the steps
18 the facility OR LICENSED HEALTH-CARE PROFESSIONAL is taking to
19 improve race, ethnicity, age, and primary-language-spoken data collection
20 and the date by which the facility OR LICENSED HEALTH-CARE
21 PROFESSIONAL will be able to disaggregate the reported data.

22 **SECTION 4.** In Colorado Revised Statutes, 25.5-4-205, **amend**
23 (1)(a) as follows:

24 **25.5-4-205. Application - verification of eligibility -**
25 **demonstration project - rules - repeal.** (1) (a) Determination of
26 eligibility for medical benefits shall be made by the county department in
27 which the applicant resides, except as otherwise specified in this section.

1 Local social security offices also determine eligibility for medicaid
2 benefits at the same time ~~they determine~~ THE LOCAL SOCIAL SECURITY
3 OFFICE DETERMINES eligibility for supplemental security income. The
4 state department may accept medical assistance applications and
5 determine medical assistance eligibility and may designate the private
6 service contractor that administers the children's basic health plan, Denver
7 health and ~~hospitals~~ HOSPITAL AUTHORITY, CREATED IN SECTION
8 25-29-103, a hospital that is designated as a regional pediatric trauma
9 center, as defined in section 25-3.5-703 (4)(f), ~~C.R.S.~~, and other medical
10 assistance sites determined necessary by the state department to accept
11 medical assistance applications, to determine medical assistance
12 eligibility, and to determine presumptive eligibility. A HOSPITAL LICENSED
13 PURSUANT TO PART 1 OF ARTICLE 3 OF TITLE 25 OR CERTIFIED PURSUANT
14 TO SECTION 25-1.5-103 (1)(a)(II) IS AUTHORIZED TO DETERMINE
15 PRESUMPTIVE ELIGIBILITY FOR MEDICAL ASSISTANCE PURSUANT TO 42
16 U.S.C. SEC. 1396a (a)(47)(B). When the state department determines that
17 it is necessary to designate an additional medical assistance site, the state
18 department shall notify the county in which the medical assistance site is
19 located that an additional medical assistance site has been designated.
20 ~~Any~~ A person who is determined to be eligible pursuant to the
21 requirements of this ~~article~~ ARTICLE 4 and articles 5 and 6 of this ~~title~~
22 ~~shall be~~ TITLE 25.5 IS eligible for benefits until ~~such~~ THE person is
23 determined to be ineligible. Upon determination that ~~any~~ A person is
24 ineligible for medical benefits, the county department, the state
25 department, or other entity designated by the state department shall notify
26 the applicant in writing of its decision and the reason. ~~therefor~~. When an
27 applicant is found ineligible for medical assistance eligibility programs,

1 the applicant's application data and verifications ~~shall~~ MUST be
2 automatically shared with the state insurance marketplace through a
3 system interface. Separate determination of eligibility and formal
4 application for benefits ~~under~~ PURSUANT TO this ~~article~~ ARTICLE 4 and
5 articles 5 and 6 of this ~~title~~ TITLE 25.5 for persons eligible ~~as provided in~~
6 PURSUANT TO sections 25.5-5-101 and 25.5-5-201 ~~shall~~ MUST be made in
7 accordance with the rules of the state department.

8 **SECTION 5. Act subject to petition - effective date.** This act
9 takes effect at 12:01 a.m. on the day following the expiration of the
10 ninety-day period after final adjournment of the general assembly; except
11 that, if a referendum petition is filed pursuant to section 1 (3) of article V
12 of the state constitution against this act or an item, section, or part of this
13 act within such period, then the act, item, section, or part will not take
14 effect unless approved by the people at the general election to be held in
15 November 2024 and, in such case, will take effect on the date of the
16 official declaration of the vote thereon by the governor.