Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO

REVISED

This Version Includes All Amendments Adopted on Second Reading in the Second House

LLS NO. 24-0661.01 Shelby Ross x4510 **SENATE BILL 24-116**

SENATE SPONSORSHIP

Buckner, Coleman, Cutter, Exum, Fields, Gonzales, Kolker, Marchman, Michaelson Jenet, Priola

HOUSE SPONSORSHIP

Jodeh,

Senate Committees
Health & Human Services
Appropriations

House Committees
Health & Human Services
Appropriations

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, AND, IN CONNECTION
104 THEREWITH, MAKING AN APPROPRIATION.

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

HOUSE
2nd Reading Unamended
May 4, 2024

SENATE
3rd Reading Unamended
April 26, 2024

SENATE
Amended 2nd Reading
April 25, 2024

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.

care otherwise not reimbursed through the CICP. A patient qualifies for discounted care if the individual's household income is not more than 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.

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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); **repeal** (4); and **add** (2.5) and (4.5) as follows:

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

6 (2.5) "INPATIENT HOSPITAL SERVICE" HAS THE SAME MEANING AS
7 SET FORTH IN 42 CFR 440.10.

8 (4) ~~"Non-CICP health-care services" means health-care services~~

1 provided in a health-care facility for which reimbursement under the
2 Colorado indigent care program, established in part 1 of this article 3, is
3 not available.
4 (4.5) "OUTPATIENT HOSPITAL SERVICE" HAS THE SAME MEANING
5 AS SET FORTH IN 42 CFR 440.20.
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 AN INPATIENT HOSPITAL SERVICE OR OUTPATIENT HOSPITAL
10 service at a health-care facility.
11 **SECTION 2.** In Colorado Revised Statutes, 25.5-3-503, **amend**
12 (1) introductory portion, (1)(b), and (2)(a); and **add** (3) and (4) as
13 follows:
14 **25.5-3-503. Health-care discounts on services not eligible for**
15 **Colorado indigent care program reimbursement - definition.**
16 (1) Beginning September 1, 2022, if a patient is screened pursuant to
17 section 25.5-3-502 and is determined to be a qualified patient, a
18 health-care facility and a licensed health-care professional shall, for
19 emergency HOSPITAL and other non-CICP health-care services:
20 (b) Collect amounts charged, not including amounts owed by
21 third-party payers, in monthly installments such that the patient is not
22 paying more than four percent of the patient's monthly household income
23 on a bill from a health-care facility, and not paying more than two percent
24 of the patient's monthly household income on a bill from each licensed
25 health-care professional, AND NOT PAYING MORE THAN SIX PERCENT OF
26 THE PATIENT'S HOUSEHOLD INCOME ON A COMPREHENSIVE BILL
27 CONTAINING ALL HEALTH-CARE FACILITY AND LICENSED HEALTH-CARE

1 PROFESSIONAL CHARGES; and
2 (2) A health-care facility shall not:
3 (a) Deny discounted care on the basis that the patient has not
4 applied for any public benefits program, UNLESS DURING THE INITIAL
5 SCREENING THE PATIENT IS DETERMINED TO BE PRESUMPTIVELY ELIGIBLE
6 FOR THE STATE MEDICAL ASSISTANCE PROGRAM; or
7 (3) THE LICENSED HEALTH-CARE PROFESSIONAL WHO PROVIDES
8 SERVICES TO A PATIENT PURSUANT TO THIS PART 5 IS RESPONSIBLE FOR
9 BILLING THE PATIENT FOR THOSE SERVICES, UNLESS THE SERVICES ARE
10 BILLED ON A COMPREHENSIVE BILL ISSUED BY A HEALTH-CARE FACILITY.
11 (4) FOR THE PURPOSES OF THIS PART 5, "EMERGENCY HOSPITAL
12 AND OTHER HEALTH-CARE SERVICES" DOES NOT INCLUDE PRIMARY CARE
13 PROVIDED IN A CLINIC LOCATED IN A DESIGNATED RURAL OR FRONTIER
14 COUNTY THAT OFFERS A SLIDING-FEE SCALE AS APPROVED BY THE STATE
15 DEPARTMENT.
16 **SECTION 3.** In Colorado Revised Statutes, 25.5-3-505, **amend**
17 (1) as follows:
18 **25.5-3-505. Health-care facility reporting requirements -**
19 **agency enforcement - report - rules.** (1) Beginning September 1, 2023,
20 and each September 1 thereafter, each health-care facility AND LICENSED
21 HEALTH-CARE PROFESSIONAL shall report to the state department data that
22 the state department determines is necessary to evaluate compliance
23 across race, ethnicity, age, and primary-language-spoken patient groups
24 with the screening, discounted care, payment plan, and collections
25 practices required pursuant to this part 5. If a health-care facility OR
26 LICENSED HEALTH-CARE PROFESSIONAL is not capable of disaggregating
27 the data required pursuant to this subsection (1) by race, ethnicity, age,

1 and primary language spoken, the health-care facility OR LICENSED
2 HEALTH-CARE PROFESSIONAL shall report to the state department the steps
3 the facility OR LICENSED HEALTH-CARE PROFESSIONAL is taking to
4 improve race, ethnicity, age, and primary-language-spoken data collection
5 and the date by which the facility OR LICENSED HEALTH-CARE
6 PROFESSIONAL will be able to disaggregate the reported data.
7 **SECTION 4.** In Colorado Revised Statutes, 25.5-4-205, **amend**
8 (1)(a) as follows:
9 **25.5-4-205. Application - verification of eligibility -**
10 **demonstration project - rules - repeal.** (1) (a) Determination of
11 eligibility for medical benefits shall be made by the county department in
12 which the applicant resides, except as otherwise specified in this section.
13 Local social security offices also determine eligibility for medicaid
14 benefits at the same time ~~they determine~~ THE LOCAL SOCIAL SECURITY
15 OFFICE DETERMINES eligibility for supplemental security income. The
16 state department may accept medical assistance applications and
17 determine medical assistance eligibility and may designate the private
18 service contractor that administers the children's basic health plan, Denver
19 health and ~~hospitals~~ HOSPITAL AUTHORITY, CREATED IN SECTION
20 25-29-103, a hospital that is designated as a regional pediatric trauma
21 center, as defined in section 25-3.5-703 (4)(f), ~~C.R.S.,~~ and other medical
22 assistance sites determined necessary by the state department to accept
23 medical assistance applications, to determine medical assistance
24 eligibility, and to determine presumptive eligibility. A HOSPITAL LICENSED
25 PURSUANT TO PART 1 OF ARTICLE 3 OF TITLE 25 OR CERTIFIED PURSUANT
26 TO SECTION 25-1.5-103 (1)(a)(II) IS AUTHORIZED TO DETERMINE
27 PRESUMPTIVE ELIGIBILITY FOR MEDICAL ASSISTANCE PURSUANT TO 42

1 U.S.C. SEC. 1396a (a)(47)(B). When the state department determines that
2 it is necessary to designate an additional medical assistance site, the state
3 department shall notify the county in which the medical assistance site is
4 located that an additional medical assistance site has been designated.
5 ~~Any~~ A person who is determined to be eligible pursuant to the
6 requirements of this ~~article~~ ARTICLE 4 and articles 5 and 6 of this ~~title~~
7 ~~shall be~~ TITLE 25.5 IS eligible for benefits until ~~such~~ THE person is
8 determined to be ineligible. Upon determination that ~~any~~ A person is
9 ineligible for medical benefits, the county department, the state
10 department, or other entity designated by the state department shall notify
11 the applicant in writing of its decision and the reason. ~~therefor.~~ When an
12 applicant is found ineligible for medical assistance eligibility programs,
13 the applicant's application data and verifications ~~shall~~ MUST be
14 automatically shared with the state insurance marketplace through a
15 system interface. Separate determination of eligibility and formal
16 application for benefits ~~under~~ PURSUANT TO this ~~article~~ ARTICLE 4 and
17 articles 5 and 6 of this ~~title~~ TITLE 25.5 for persons eligible ~~as provided in~~
18 PURSUANT TO sections 25.5-5-101 and 25.5-5-201 ~~shall~~ MUST be made in
19 accordance with the rules of the state department.
20 **SECTION 5. Appropriation.** (1) For the 2024-25 state fiscal
21 year, $154,598 is appropriated to the department of health care policy and
22 financing for use by the executive director's office. This appropriation is
23 from the health care affordability and sustainability fee cash fund created
24 in section 25.5-4-402.4 (5)(a), C.R.S. To implement this act, the
25 department may use this appropriation as follows:
26 (a) $135,747 for personal services, which amount is based on an
27 assumption that the office will require an additional 3.4 FTE; and

1 (b) $18,851 for operating expenses.

2 (2) For the 2024-25 state fiscal year, the general assembly
3 anticipates that the department of health care policy and financing will
4 receive $154,597 in federal funds to implement this act, which amount is
5 subject to the "(I)" notation as defined in the annual general appropriation
6 act for the same fiscal year. The appropriation in subsection (1) of this
7 section is based on the assumption that the department will receive this
8 amount of federal funds to be used as follows:

9 (a) $135,746 for personal services; and

10 (b) $18,851 for operating expenses.

11 **SECTION 6. Act subject to petition - effective date.** This act
12 takes effect at 12:01 a.m. on the day following the expiration of the
13 ninety-day period after final adjournment of the general assembly; except
14 that, if a referendum petition is filed pursuant to section 1 (3) of article V
15 of the state constitution against this act or an item, section, or part of this
16 act within such period, then the act, item, section, or part will not take
17 effect unless approved by the people at the general election to be held in
18 November 2024 and, in such case, will take effect on the date of the
19 official declaration of the vote thereon by the governor.