

**Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO**

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 24-0661.01 Shelby Ross x4510

SENATE BILL 24-116

SENATE SPONSORSHIP

Buckner,

HOUSE SPONSORSHIP

Jodeh,

Senate Committees

Health & Human Services
Appropriations

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, 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

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.

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); 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 (4.5) "OUTPATIENT HOSPITAL SERVICE" HAS THE SAME MEANING

1 AS SET FORTH IN 42 CFR 440.20.

2 (5) "Qualified patient" means an individual WHO ATTESTS TO
3 RESIDING IN COLORADO whose household income is not more than two
4 hundred fifty percent of the federal poverty level and who received a
5 health-care AN INPATIENT HOSPITAL SERVICE OR OUTPATIENT HOSPITAL
6 service at a health-care facility.

7 **SECTION 2.** In Colorado Revised Statutes, 25.5-3-503, **amend**
8 (1) introductory portion, (1)(b), and (2)(a); and **add** (3) and (4) as
9 follows:

10 **25.5-3-503. Health-care discounts on services not eligible for**
11 **Colorado indigent care program reimbursement - definition.**

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

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

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

26 (a) Deny discounted care on the basis that the patient has not
27 applied for any public benefits program, UNLESS DURING THE INITIAL

1 SCREENING THE PATIENT IS DETERMINED TO BE PRESUMPTIVELY ELIGIBLE
2 FOR THE STATE MEDICAL ASSISTANCE PROGRAM; or

3 (3) THE LICENSED HEALTH-CARE PROFESSIONAL WHO PROVIDES
4 SERVICES TO A PATIENT PURSUANT TO THIS PART 5 IS RESPONSIBLE FOR
5 BILLING THE PATIENT FOR THOSE SERVICES, UNLESS THE SERVICES ARE
6 BILLED ON A COMPREHENSIVE BILL ISSUED BY A HEALTH-CARE FACILITY.

7 (4) FOR THE PURPOSES OF THIS PART 5, "EMERGENCY HOSPITAL
8 AND OTHER HEALTH-CARE SERVICES" DOES NOT INCLUDE PRIMARY CARE
9 PROVIDED IN A CLINIC LOCATED IN A DESIGNATED RURAL OR FRONTIER
10 COUNTY THAT OFFERS A SLIDING-FEE SCALE AS APPROVED BY THE STATE
11 DEPARTMENT.

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

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

1 and the date by which the facility OR LICENSED HEALTH-CARE
2 PROFESSIONAL will be able to disaggregate the reported data.

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

5 **25.5-4-205. Application - verification of eligibility -**
6 **demonstration project - rules - repeal.** (1) (a) Determination of
7 eligibility for medical benefits shall be made by the county department in
8 which the applicant resides, except as otherwise specified in this section.
9 Local social security offices also determine eligibility for medicaid
10 benefits at the same time ~~they determine~~ THE LOCAL SOCIAL SECURITY
11 OFFICE DETERMINES eligibility for supplemental security income. The
12 state department may accept medical assistance applications and
13 determine medical assistance eligibility and may designate the private
14 service contractor that administers the children's basic health plan, Denver
15 health and ~~hospitals~~ HOSPITAL AUTHORITY, CREATED IN SECTION
16 25-29-103, a hospital that is designated as a regional pediatric trauma
17 center, as defined in section 25-3.5-703 (4)(f), ~~C.R.S.~~, and other medical
18 assistance sites determined necessary by the state department to accept
19 medical assistance applications, to determine medical assistance
20 eligibility, and to determine presumptive eligibility. A HOSPITAL LICENSED
21 PURSUANT TO PART 1 OF ARTICLE 3 OF TITLE 25 OR CERTIFIED PURSUANT
22 TO SECTION 25-1.5-103 (1)(a)(II) IS AUTHORIZED TO DETERMINE
23 PRESUMPTIVE ELIGIBILITY FOR MEDICAL ASSISTANCE PURSUANT TO 42
24 U.S.C. SEC. 1396a (a)(47)(B). When the state department determines that
25 it is necessary to designate an additional medical assistance site, the state
26 department shall notify the county in which the medical assistance site is
27 located that an additional medical assistance site has been designated.

1 ~~Any~~ A person who is determined to be eligible pursuant to the
2 requirements of this ~~article~~ ARTICLE 4 and articles 5 and 6 of this ~~title~~
3 ~~shall be~~ TITLE 25.5 IS eligible for benefits until ~~such~~ THE person is
4 determined to be ineligible. Upon determination that ~~any~~ A person is
5 ineligible for medical benefits, the county department, the state
6 department, or other entity designated by the state department shall notify
7 the applicant in writing of its decision and the reason. ~~therefor~~. When an
8 applicant is found ineligible for medical assistance eligibility programs,
9 the applicant's application data and verifications ~~shall~~ MUST be
10 automatically shared with the state insurance marketplace through a
11 system interface. Separate determination of eligibility and formal
12 application for benefits ~~under~~ PURSUANT TO this ~~article~~ ARTICLE 4 and
13 articles 5 and 6 of this ~~title~~ TITLE 25.5 for persons eligible ~~as provided in~~
14 PURSUANT TO sections 25.5-5-101 and 25.5-5-201 ~~shall~~ MUST be made in
15 accordance with the rules of the state department.

16 SECTION 5. Appropriation. (1) For the 2024-25 state fiscal
17 year, \$154,598 is appropriated to the department of health care policy and
18 financing for use by the executive director's office. This appropriation is
19 from the health care affordability and sustainability fee cash fund created
20 in section 25.5-4-402.4 (5)(a), C.R.S. To implement this act, the
21 department may use this appropriation as follows:

22 (a) \$135,747 for personal services, which amount is based on an
23 assumption that the office will require an additional 3.4 FTE; and

24 (b) \$18,851 for operating expenses.

25 (2) For the 2024-25 state fiscal year, the general assembly
26 anticipates that the department of health care policy and financing will
27 receive \$154,597 in federal funds to implement this act, which amount is

1 subject to the "(I)" notation as defined in the annual general appropriation
2 act for the same fiscal year. The appropriation in subsection (1) of this
3 section is based on the assumption that the department will receive this
4 amount of federal funds to be used as follows:

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

6 (b) \$18,851 for operating expenses.

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