

Second Regular Session
Sixty-ninth General Assembly
STATE OF COLORADO

PREAMENDED

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

LLS NO. 14-0317.01 Kristen Forrestal x4217

HOUSE BILL 14-1108

HOUSE SPONSORSHIP

Primavera, Landgraf, Singer

SENATE SPONSORSHIP

Tochtrop, Roberts

House Committees

Health, Insurance, & Environment

Senate Committees

Business, Labor, & Technology

A BILL FOR AN ACT

101 **CONCERNING LIMITS ON COPAYMENTS MADE BY A COVERED PERSON**
102 **FOR PHYSICAL REHABILITATION SERVICES.**

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://www.leg.state.co.us/bills summaries>.)

The bill prohibits a carrier from charging a covered person a copayment for physical rehabilitation services that is more than the copayment charged for a visit to a primary care physician. The amount charged may not be more than 20% of the amount the carrier pays to the provider for the office visit. The bill requires a carrier to clearly state the

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

HOUSE
3rd Reading Unamended
February 27, 2014

HOUSE
Amended 2nd Reading
February 26, 2014

availability, including limitations, conditions, and exclusions, of physical rehabilitation services under its plan.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** 10-16-141 as
3 follows:

4 **10-16-141. Physical rehabilitation service providers -**
5 **copayments - limit.** (1) (a) FOR EACH OFFICE VISIT FOR PHYSICAL
6 REHABILITATION SERVICES BILLED BY A PHYSICAL THERAPIST LICENSED
7 PURSUANT TO ARTICLE 41 OF TITLE 12, C.R.S.; AN OCCUPATIONAL
8 THERAPIST LICENSED PURSUANT TO TITLE 40.5 OF TITLE 12, C.R.S.; A
9 CHIROPRACTOR LICENSED PURSUANT TO ARTICLE 33 OF TITLE 12, C.R.S.;
10 AN ACUPUNCTURIST LICENSED PURSUANT TO ARTICLE 29.5 OF TITLE 12,
11 C.R.S.; OR A MASSAGE THERAPIST LICENSED PURSUANT TO ARTICLE 35.5
12 OF TITLE 12, C.R.S., AS LONG AS THE MASSAGE THERAPIST'S SERVICES ARE
13 REASONABLE AND NECESSARY OR THE PATIENT HAS BEEN REFERRED TO
14 THE MASSAGE THERAPIST BY A LICENSED PHYSICIAN, CHIROPRACTOR,
15 PHYSICAL THERAPIST, OR OCCUPATIONAL THERAPIST, A CARRIER SHALL
16 NOT IMPOSE A COPAYMENT THAT IS GREATER THAN THE COPAYMENT
17 CHARGED FOR SERVICES PROVIDED BY A LICENSED PRIMARY CARE
18 PHYSICIAN FOR EACH OFFICE VISIT.

19 (b) THE COPAYMENT CHARGED TO A COVERED PERSON BY THE
20 CARRIER IN PARAGRAPH (a) OF THIS SUBSECTION (1) MUST NOT EXCEED
21 THE AMOUNT THE CARRIER PAID TO THE PHYSICAL THERAPIST,
22 OCCUPATIONAL THERAPIST, CHIROPRACTOR, ACUPUNCTURIST, OR
23 MASSAGE THERAPIST FOR THE PHYSICAL REHABILITATION SERVICES
24 PROVIDED DURING THE OFFICE VISIT.

25 (2) A CARRIER SHALL CLEARLY STATE THE AVAILABILITY OF

1 PHYSICAL REHABILITATION SERVICES COVERAGE AND ALL RELATED
2 LIMITATIONS, CONDITIONS, AND EXCLUSIONS UNDER ITS HEALTH
3 COVERAGE PLAN.

4 (3) A CARRIER SHALL NOT INCREASE INSURANCE PREMIUMS AS A
5 RESULT OF THE COPAYMENT LIMITATIONS IN SUBSECTIONS (1) AND (2) OF
6 THIS SECTION.

7 **SECTION 2. Act subject to petition - effective date -**
8 **applicability.** (1) This act takes effect January 1, 2016; except that, if a
9 referendum petition is filed pursuant to section 1 (3) of article V of the
10 state constitution against this act or an item, section, or part of this act
11 within the ninety-day period after final adjournment of the general
12 assembly, then the act, item, section, or part will not take effect unless
13 approved by the people at the general election to be held in November
14 2014 and, in such case, will take effect on January 1, 2015, or on the date
15 of the official declaration of the vote thereon by the governor, whichever
16 is later.

17 (2) This act applies to health coverage plans issued or renewed on
18 or after the applicable effective date of this act.