

Insurance Changes



Background

This year, several bills introduced aimed to modify the business practices of health insurers that may serve as barriers to accessing care at the right place, right time. These bills aim to address Colorado's maldistribution of health care providers which can force individuals in underserved areas to endure long wait times for appointments or to travel great distances for care.

[HB 17-1094: Telehealth Coverage Under Health Benefit Plans](#)

House Bill (HB) 17-1094 builds upon existing laws to clarify the responsibility of health plans and improves access to health care services by allowing telehealth services to be provided to individuals in their homes.

What You Need to Know on HB 17-1094

- Health plans can no longer restrict or deny coverage of telehealth services based on the communication technology or application used to deliver the telehealth services;
- The availability of telehealth services does not change a carrier's obligation to contract with providers in the community to provide in-person services; and
- A covered person may receive telehealth services from a private residence, but the carrier is not required to pay or reimburse for any transmission costs or originating site fees the covered person incurs, such as internet access or mobile phone service.

[HB 17-1115: Direct Primary Health Care Services](#)

HB 17-1115 provides a legal framework for an emerging health care delivery model called Direct Primary Care, in which patients pay a periodic fee to a primary care provider in exchange for primary care services without using traditional insurance coverage to pay for primary care services.

What You Need to Know on HB 17-1115

Primary care providers may only refuse a patient if a practice has reached capacity or does not have services or capability to treat the patient.

- Direct Primary Care may be used in conjunction with low cost, high deductible health plans.
- Direct Primary Care is not subject to insurance regulations and is not a form of insurance.

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SB 17-088: Participating Provider Network Selection Criteria

Senate Bill (SB) 17-088 requires health insurers to submit standards for selecting and tiering providers to the Commissioner of Insurance for review, communicate the standards to providers participating in the carrier's networks and make the standards available, in plain language, to the public.

What You Need to Know on SB 17-088

- Insurers cannot establish selection and tiering criteria in a manner that would allow a carrier to discriminate against high-risk populations or exclude providers that treat high-risk populations.
- At least 60 days prior to placing a provider in a tiered network or removing them from a network, insurers must provide written notice to the provider.
- When an insurer does not select a provider to participate in a network, the insurer must provide written notice to the provider.

SB 17-203: Prohibit Carrier from Requiring Alternative Drug

"Step therapy" is a prerequisite for coverage by some insurers that mandates a patient to use a specific prescription drug or sequence of prescription drugs, rather than the drug that the patient's health care provider recommends for the patient's treatment. Only after the step therapy regimen has been followed will the insurer cover the clinically recommended drug.

What You Need to Know on SB 17-203

- The bill prohibits insurers from requiring a patient to undergo step therapy when:
 - The patient is being treated for a terminal condition, or
 - The patient has tried a step-therapy-required drug under a health benefit plan, and the drug was discontinued by the manufacturer.
- An insurer that requires step therapy must have an override process for health care providers.

Additional Resources

- HB 17-1094: [Final Bill](#) and [Fiscal Note](#)
- HB 17-1094 took effect on March 16, 2017
- HB 17-1115: [Final Bill](#) and [Fiscal Note](#)
- HB 17-1115 will take effect on Aug. 9, 2017
- SB 17-088: [Final Bill](#) and [Fiscal Note](#)
- SB 17-088 will take effect on Jan. 1, 2018
- HB 17-203: [Final Bill](#) and [Fiscal Note](#)
- HB 17-203 will take effect on Sept. 1, 2017

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