Second Regular Session Sixty-seventh General Assembly STATE OF COLORADO

INTRODUCED

LLS NO. 10-0158.01 Christy Chase

HOUSE BILL 10-1008

HOUSE SPONSORSHIP

Schafer S. and McCann, Apuan, Frangas, Massey

SENATE SPONSORSHIP

Carroll M. and Schwartz, Boyd, Foster

House Committees
Health and Human Services

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Senate Committees

A BILL FOR AN ACT

CONCERNING A PROHIBITION AGAINST CONSIDERATION OF GENDER IN SETTING RATES FOR INDIVIDUAL HEALTH INSURANCE POLICIES.

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/billsummaries.)

Health Care Task Force. The bill prohibits carriers from using gender as a basis for varying premium rates for individual health insurance policies and declares premium rates based on gender to be unfairly discriminatory.

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

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2 **SECTION 1.** 10-16-107 (1.5), Colorado Revised Statutes, is amended to read:

10-16-107. Rate regulation - rules - approval of policy forms - benefit certificates - evidences of coverage - benefits ratio disclosures on treatment of intractable pain. (1.5) (a) Rates for an individual sickness, accident, or health insurance policy, contract, certificate, or other evidence of coverage issued or delivered to any policyholder, enrollee, subscriber, or member in Colorado by an insurer subject to the provisions of part 2 of this article or an entity subject to the provisions of part 3 or 4 of this article shall not be excessive, inadequate, or unfairly discriminatory to assure compliance with the requirements of this section that rates are not excessive in relation to benefits. Rates are excessive if they are likely to produce a long run profit that is unreasonably high for the insurance provided or if expenses are unreasonably high in relation to services rendered. In determining if rates are excessive, the commissioner may consider the expected filed rates in relation to the actual rates charged. Concerning inadequacy, rates are not inadequate unless clearly insufficient to sustain projected losses and expenses, or the use of such rates, if continued, will tend to create a monopoly in the market. Concerning unfair discrimination, unfair discrimination exists if, after allowing for practical limitations, price differentials fail to reflect equitably the differences in expected losses and expenses.

(b) NOTWITHSTANDING ANY OTHER PROVISION OF THIS ARTICLE, AN INSURER SUBJECT TO PART 2 OF THIS ARTICLE OR AN ENTITY SUBJECT

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1	TO PART 3 OR 4 OF THIS ARTICLE SHALL NOT VARY THE PREMIUM RATE FOR
2	AN INDIVIDUAL SICKNESS, ACCIDENT, OR HEALTH INSURANCE POLICY,
3	CONTRACT, CERTIFICATE, OR OTHER EVIDENCE OF COVERAGE DUE TO THE
4	GENDER OF THE INDIVIDUAL POLICYHOLDER, ENROLLEE, SUBSCRIBER, OR
5	MEMBER. ANY PREMIUM RATE BASED ON THE GENDER OF THE INDIVIDUAL
6	POLICYHOLDER, ENROLLEE, SUBSCRIBER, OR MEMBER SHALL BE
7	CONSIDERED UNFAIRLY DISCRIMINATORY AND SHALL NOT BE ALLOWED.
8	SECTION 2. Act subject to petition - effective date -
9	applicability. (1) This act shall take effect at 12:01 a.m. on the day
10	following the expiration of the ninety-day period after final adjournment
11	of the general assembly (August 11, 2010, if adjournment sine die is on
12	May 12, 2010); except that, if a referendum petition is filed pursuant to
13	section 1 (3) of article V of the state constitution against this act or an
14	item, section, or part of this act within such period, then the act, item,
15	section, or part shall not take effect unless approved by the people at the
16	general election to be held in November 2010 and shall take effect on the
17	date of the official declaration of the vote thereon by the governor.
18	(2) The provisions of this act shall apply to rates for individual
19	sickness, accident, or health insurance policies, contracts, certificates, or
20	other evidence of coverage set on or after the applicable effective date of

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this act.

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