

Title of Rule: Revision to the Medical Assistance Act Rule concerning Non-Emergent  
Emergency Department Services Cost Sharing, Section 8.754.2  
Rule Number: MSB 22-06-27-B  
Division / Contact / Phone: Health Programs Office / Russ Zigler / 303-866-5927

## STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

The 2022 Colorado General Assembly Long Bill, House Bill 22-1329, increases the co-payment for non-emergent use of emergency department services from \$6 to \$8, effective July 1, 2022. This revision aligns Department rule with the increased co-payment amount.

2. An emergency rule-making is imperatively necessary

- to comply with state or federal law or federal regulation and/or  
 for the preservation of public health, safety and welfare.

Explain:

3. Federal authority for the Rule, if any:

4. State Authority for the Rule:

Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2022);  
Colorado House Bill 22-1329

Initial Review  
Proposed Effective Date

**09/30/22**

Final Adoption  
Emergency Adoption

**08/12/22**

**DOCUMENT #04**

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## **REGULATORY ANALYSIS**

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

Members receiving non-emergent services in an emergency room/department are affected by this rule and will bear the cost of the \$8 co-payment.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

Members receiving non-emergent services in an emergency room/department will pay an additional \$2 in co-payment.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

The Department anticipates that it will save \$29,368 annually by increasing the member copayments from \$6 to \$8.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

The costs of the proposed rule are an additional \$2 co-payment for members receiving non-emergent services in a emergency room/department. The benefits of the proposed rule aligning Department rule with House Bill 22-1329. The cost of inaction is misalignment between Department rule and House Bill 22-1329. There are no benefits of inaction.

5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

There are no less costly methods to align Department rule with House Bill 22-1329.

6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

There are no alternative methods for aligning Department rule with House Bill 22-1329.

1 **8.754 CLIENT CO-PAYMENT**

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5 **8.754.2 NON-EMERGENCY SERVICES**

6 Effective July 1, 2022, Non-emergency services rendered in the hospital outpatient emergency room are  
7 subject to a \$68.00 co-payment, in compliance with 42 U.S.C. 1396o (2021), per visit.

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