



**Colorado  
Legislative  
Council  
Staff**

**HB16-1381**

**FISCAL NOTE**

**FISCAL IMPACT:**  State  Local  Statutory Public Entity  Conditional  No Fiscal Impact

**Drafting Number:** LLS 16-0676  
**Prime Sponsor(s):** Rep. Primavera

**Date:** April 7, 2016  
**Bill Status:** House Public Health Care and Human Services  
**Fiscal Analyst:** Bill Zepernick (303-866-4777)

**BILL TOPIC:** HEALTH CARE COVERAGE FOR CANCER SCREENING

Fiscal Impact Summary	FY 2016-2017	FY 2017-2018
State Revenue		
State Expenditures	Potential increase.	
<b>Appropriation Required:</b> None.		
<b>Future Year Impacts:</b> Ongoing potential expenditure increase.		

**Summary of Legislation**

Current law requires that health insurance plans provide coverage for one mammography screening per year as part of the mandatory coverage requirement for preventative health services. This bill modifies this screening requirement to specify that one screening per year must be provided using the breast imaging modality appropriate for each individual's health needs as determined by the person's physician or radiologist. The bill defines "breast cancer screening" as an any noninvasive imaging modality, or combination of modalities, as recommended by the American College of Radiology and considered as an acceptable standard of care for the early detection of breast cancer. Breast cancer screening under this standard may include a clinical exam or follow-up imaging, as recommended by the American College of Radiology, in the event of an incomplete screening result.

**State Expenditures**

The bill potentially increases costs to the state for various health care plans paid for by state agencies (i.e., state employee insurance and certain managed care plans under Medicaid and the Children's Basic Health Plan, CHP+). To the extent these plans do not offer coverage for breast cancer screening in line with the recommendations of the American College of Radiology, or that the recommendation changes over time to include additional or more expensive screening modalities, health care payments through these plans could increase, which could ultimately affect premiums paid by the state.

Given that there are many factors affecting insurance premiums, any impact to the cost of state employee health insurance or managed care plans under Medicaid and CHP+ is assumed to be minimal. The Division of Insurance in the Department of Regulatory Agencies can incorporate the changes under the bill as part of its regular rate and form review process for insurance plans.

## Local Government Impact

Similar to the state impact listed above, the bill potentially affects costs for local governments that pay for employee health insurance. Any impact is assumed to be minimal.

## Effective Date

The bill takes effect January 1, 2018, assuming no referendum petition is filed.

## State and Local Government Contacts

Counties  
Personnel

Health Care Policy Financing  
Regulatory Agencies

Information Technology