

Colorado Legislative Council Staff Fiscal Note
STATE and LOCAL
CONDITIONAL FISCAL IMPACT

Drafting Number: LLS 15-0554 Prime Sponsor(s): Rep. Klingenschmitt	Date: February 17, 2015 Bill Status: House Health, Insurance, and Environment Fiscal Analyst: Bill Zepernick (303-866-4777)
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BILL TOPIC: CONTINGENT REPEAL HEALTH INSURANCE LAWS ALIGNING WITH ACA

Fiscal Impact Summary*	FY 2015-2016	FY 2016-2017	FY 2017-2018
State Revenue			
State Expenditures		Potential increase.	
FTE Position Change			
Appropriation Required: None.			

* This summary shows changes from current law under the bill for each fiscal year.

Summary of Legislation

Conditional upon a repeal of all or part of the federal Affordable Care Act (ACA), this bill automatically repeals the corresponding provisions in state law enacted by House Bill 13-1266 to align state health insurance laws with the requirements of the ACA. The Commissioner of Insurance is required to notify the Revisor of Statutes if federal action is taken to repeal all or part of the ACA in order to trigger the repeal of the various provisions in HB 13-1266.

The provisions of HB 13-1266 that are subject to repeal under the bill include:

- the mandatory issuance and renewal of health insurance policies;
- the prohibition against exclusions for pre-existing conditions;
- the requirement that health insurance plans cover children of policyholders up to age 26;
- the requirement that health insurance plans cover certain essential health benefits at various coverage levels;
- the open and special enrollment periods to purchase insurance in the individual and small group markets and required grace periods in which insured individuals may pay premiums;
- the prohibition against discrimination with respect to participation under an insurance plan by any provider acting within the scope of his or her license;
- fair market practices;
- the requirement that continuing coverage be offered to employees who are no longer employed by an employer; and
- procedures for the denial of benefits and internal reviews.

The bill maintains the existing requirements for maternity and contraception coverage and specifies that the mandated contraception coverage only applies to contraception that does not destroy an embryo. Also, the bill places a 20 percent cap on wellness coverage incentives, which can be adjusted in rule under current law.

State Expenditures

Conditional upon federal action, the bill increases costs in the Department of Regulatory Agencies (DORA), the Department of Health Care Policy and Financing (HCPF), the Department of Human Services (DHS), and other state agencies. These costs will vary depending on the timing of any federal repeal and the number of provisions of the ACA that are repealed. The fiscal note assumes that the earliest potential repeal date for the provisions in the bill will be February 2017, following the inauguration of the next president after the 2016 general election. These potential costs are discussed below.

Department of Regulatory Agencies. At a minimum, the Division of Insurance (DOI) in DORA will have a one-time cost to update state insurance regulations. This cost is estimated at about \$15,000 for 0.3 FTE of temporary staff. In addition, if the federal repeal triggers the state-level repeals in a way that causes health insurers to resubmit rates and forms for their plans outside of the annual review process, DORA will have an additional one-time cost of about \$150,000 for temporary staff and consultants to conduct out-of-cycle rate, form, and actuarial reviews. Any costs are assumed to be addressed through the annual budget process following federal action to repeal the ACA.

Department of Health Care Policy and Financing. To the extent some individual will not be eligible to purchase private health insurance due to pre-existing conditions or young adults will not be able to stay on their parents' health plans, the bill will increase enrollment in Medicaid. The impact on enrollment and its timing cannot be estimated at this time, so it is assumed that these costs will be addressed through the annual budget process as they occur.

Department of Human Services. The DHS will have a one-time costs of about \$50,000, split evenly between General Fund and federal funds, to make modifications to the Colorado Benefit Management System (CBMS) to update certain eligibility determination and notification functions. In addition, the DHS will have costs to send mailings and notifications to clients in various programs regarding changes to eligibility calculations and certain procedures relating to health services provided by the DHS. It is assumed that these costs will be addressed through the annual budget process after the timing and scope of any repeals are known.

State employee insurance. The bill may decrease costs for state employee insurance coverage if the state chooses not to continue certain mandatory coverage requirements that are eliminated under the bill. Because insurance rates are influenced by a number of variables, the exact effect of this bill cannot be determined. Any change in insurance costs caused by the bill will likely occur in FY 2017-18 or later and be addressed through the total compensation analysis included in the annual budget process.

Local Government Impact

Similar to the state employee insurance impact above, local governments that provide health insurance to their employees may experience a decrease in premiums following the repeal of mandatory coverage requirements. The timing and exact impact on local governments cannot be estimated at this time.

Effective Date

The bill takes effect August 5, 2015, if the General Assembly adjourns on May 6, 2015, as scheduled, and no referendum petition is filed, with the repeals being enacted upon notification to the Revisor of Statutes. Sections 13 and 14 on maternity coverage and wellness programs, respectively, only take effect if the relevant portions of the federal ACA are repealed and notification is provided to the Revisor of Statutes.

State and Local Government Contacts

Regulatory Agencies
Human Services

Health Care Policy and Financing
Personnel and Administration