



Legislative  
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*Nonpartisan Services for Colorado's Legislature*

**HB 20-1103**

# REVISED FISCAL NOTE

(replaces fiscal note dated January 27, 2020)

**Drafting Number:** LLS 20-0574  
**Prime Sponsors:** Rep. Buckner; Will  
Sen. Fields; Priola

**Date:** February 12, 2020  
**Bill Status:** House Appropriations  
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**Bill Topic:** **COLORECTAL CANCER SCREENING COVERAGE**

<b>Summary of Fiscal Impact:</b>	<input type="checkbox"/> State Revenue	<input type="checkbox"/> TABOR Refund
	<input checked="" type="checkbox"/> State Expenditure	<input checked="" type="checkbox"/> Local Government
	<input checked="" type="checkbox"/> State Diversion	<input type="checkbox"/> Statutory Public Entity

The bill modifies mandatory insurance coverage provisions for colorectal cancer screening. It increases state expenditures on an ongoing basis.

**Appropriation Summary:** No appropriation is required.

**Fiscal Note Status:** The fiscal note reflects the introduced bill, as amended by the House Health and Insurance Committee.

## Summary of Legislation

The bill modifies mandatory insurance coverage provisions for colorectal cancer screening. State regulated health insurance plans are currently required to provide coverage for colorectal cancer screening in accordance with the U.S. Preventing Services Task Force (USPSTF); the bill adds a requirement that coverage be available for people beginning at age 45. In addition, for individuals at high risk for colon cancer, coverage must include a follow-up colonoscopy if results of a noninvasive test is abnormal.

## Background

The provisions of the bill apply to health insurance plans that are under the jurisdiction of the Division of Insurance. There are three primary market segments that are subject to state regulation: the individual, small group, and large group markets, with the exception of self-insured employers. About one million Coloradans receive health insurance through state regulated plans. The bill does not apply to Medicare, Medicaid, military plans, or self-insured employer-based health plans, which are regulated by the federal government.

## State Expenditures

The bill increases costs and workload in multiple state agencies.

**Department of Regulatory Agencies.** The Division of Insurance will review filings for each health plan subject to the bill, adding additional items to review in each of 800 annual filings. The review ensures that the coverage meets the requirements set forth in the guidelines and is appropriately communicated to the policyholder. This workload can be accomplished within existing appropriations.

**State employee insurance.** Insurance carriers that offer health benefit plans to state employees will be required to expand coverage for colorectal cancer screening, which may increase state expenditures on employee health insurance. Any cost increase could contribute to higher insurance premiums, which would be shared by state agencies and employees. Because insurance rates are influenced by a number of variables, the impact of this bill on premiums is not estimated.

## Local Government

Similar to state employee insurance, to the extent that premiums increase for local government insurance plans, cost increases will be shared by local governments and employees.

## Effective Date

The bill takes effect upon signature of the Governor, or upon becoming law without his signature.

## State and Local Government Contacts

Health Care Policy and Financing  
Personnel

Information Technology  
Regulatory Agencies