

**JBC STAFF FISCAL ANALYSIS
SENATE APPROPRIATIONS COMMITTEE**

CONCERNING INSURANCE COVERAGE FOR INFERTILITY, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

Prime Sponsors: Reps. Tipper and Herod
Sens. Winter and Fenberg

JBC Analyst: Andrew Forbes
Phone: 303-866-2062
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Appropriation Items of Note

Appropriation Not Required, No Amendment in Packet

General Fund/TABOR Impact

Fiscal Impact of Bill as Amended to Date

The most recent Legislative Council Staff Fiscal Note (attached) reflects the fiscal impact of the bill as of 02/10/20.

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|------------|--|
| XXX | No Change: Attached LCS Fiscal Note accurately reflects the fiscal impact of the bill |
| | Update: Fiscal impact has changed due to <i>new information or technical issues</i> |
| | Update: Fiscal impact has changed due to <i>amendment adopted</i> after LCS Fiscal Note was prepared |
| | Non-Concurrence: JBC Staff and Legislative Council Staff disagree about the fiscal impact of the bill |

The House Appropriations Committee Report (02/14/20) and Senate Health and Human Services Committee Report (2/27/20) include amendments to the bill, however, Legislative Council Staff and JBC Staff agree that these committee amendments do not change the fiscal impact of the bill.

Amendments in This Packet for Consideration by Appropriations Committee

| Amendment | Description |
|------------------|--------------------|
| None. | |

Current Appropriations Clause in Bill

The bill includes a provision that appropriates \$3,337 from the Division of Insurance Cash Fund to the Department of Regulatory Agencies.

Points to Consider*General Fund Impact*

Beginning in FY 2020-21, the bill diverts an estimated \$4,951 General Fund as a result of increased costs in the Division of Insurance. Tax revenues from premiums are credited to the General Fund when not used to cover costs associated with operating the division.

Other Potential or Unquantifiable Fiscal Impacts

The bill requires health insurance plans to include a new health benefit outside of those identified in the Affordable Care Act, section 1302 (b), as an essential health benefit. Under the federal law the State could be required to cover the cost of the new benefit by the amount of the increase in premium cost.

Section 10104(e) (3) (B) of the Patient Protection and Affordable Care Act states:

Section 10104(e) (3) (B)

(i) IN GENERAL. - Subject to the requirements of clause (ii), a State may require that a qualified health plan offered in such State offer benefits in addition to the essential health benefits specified under section 1302(b).

(ii) STATE MUST ASSUME COST. (I) A State shall make payments to an individual enrolled in a qualified health plan offered in such State; or (II) on behalf of the individual described in subclause (I) directly to the qualified health plan in which such individual is enrolled; to defray the cost of any additional benefits described in clause (i).