

## **Legislative Council Staff**

Nonpartisan Services for Colorado's Legislature

# **Fiscal Note**

**Drafting Number:** LLS 24-0202 Date: February 13, 2024 **Prime Sponsors:** Rep. Bird; Frizell **Bill Status:** House Health & Human Services Sen. Roberts; Kirkmeyer Fiscal Analyst: Brendan Fung | 303-866-4781 brendan.fung@coleg.gov **Bill Topic:** PRIOR AUTHORIZATION REQUIREMENTS ALTERNATIVES **Summary of** ☐ State Revenue ☐ Local Government ☐ TABOR Refund **Fiscal Impact:** ☐ Statutory Public Entity The bill modifies requirements for prior authorization of certain procedures and prescription drugs. It creates a General Fund diversion and increases state expenditures beginning in FY 2024-25. For FY 2024-25, the bill requires an appropriation of \$36,514 to the Department of **Appropriation Summary:** Regulatory Agencies. **Fiscal Note** The fiscal note reflects the introduced bill. Status:

# Table 1 State Fiscal Impacts Under HB 24-1149

		Budget Year FY 2024-25	Out Year FY 2025-26
Revenue		-	-
Expenditures	Cash Funds	\$36,514	\$52,228
	Centrally Appropriated	\$7,545	\$13,202
	Total Expenditures	\$44,059	\$65,430
	Total FTE	0.4 FTE	0.7 FTE
Diversions	General Fund	(\$44,059)	(\$65,430)
	Cash Funds	\$44,059	\$65,430
	Net Diversion	\$0	\$0
Other Budget Impacts		-	-

### **Summary of Legislation**

The bill establishes prior authorization requirements for certain health care services and prescription drug benefits covered under a health benefit plan. Specifically, carriers, private utilization review organizations, and pharmacy benefit managers (PBMs) must:

- develop and adopt a program that eliminates or substantially modifies the prior authorization administrative process for qualified health care providers who meet certain criteria;
- publicly disclose information on prior authorization requirements and restrictions including data on prior authorization request determinations, exemptions, and prescription drug formularies; and,
- annually review and eliminate prior authorization requirements for services and drugs that are predominantly approved.

Carriers and private utilization review organizations are prohibited from denying an approved surgical procedure, or additional or related claim, under specific circumstances. Additionally, the bill extends the duration of an approved prior authorization from 180 days to a calendar year.

#### **State Diversion**

This bill diverts General Fund to the Division of Insurance Cash Fund starting in FY 2024-25. This revenue diversion occurs because the bill increases costs in the Division of Insurance in the Department of Regulatory Agencies (DORA), which is funded with premium tax revenue that is otherwise credited to the General Fund.

## **State Expenditures**

The bill increases state expenditures in DORA by about \$44,000 in FY 2024-25 and \$65,000 in FY 2025-26, paid from the Division of Insurance Cash Fund. Expenditures are shown in Table 2 and detailed below.

Table 2 Expenditures Under HB 24-1149

		FY 2024-25	FY 2025-26
Department of Regulatory Agencies			
Personal Services		\$29,332	\$51,332
Operating Expenses		\$512	\$896
Capital Outlay Costs		\$6,670	-
Centrally Appropriated Costs <sup>1</sup>		\$7,545	\$13,202
	<b>Total Cost</b>	\$44,059	\$65,430
	Total FTE	0.4 FTE	0.7 FTE

<sup>&</sup>lt;sup>1</sup> Centrally appropriated costs are not included in the bill's appropriation.

**Staff.** Starting in FY 2024-25, DORA requires 0.5 FTE Rate/Financial Analyst II to make rules regarding prior authorization data disclosures and investigate provider and consumer complaints. Starting in FY 2025-26, DORA requires an additional 0.2 FTE Rate/Financial Analyst II to review form and rate filings for compliance and arbitrate independent external reviews of carrier, private utilization review organization, and PBM programs. Staff costs are prorated in the first year based on the bill's effective date.

**Legal services.** DORA may require legal services, provided by the Department of Law, which can be accomplished within existing legal services appropriations. Legal counsel is related to rulemaking, implementation, and ongoing administration of the program, as well as a rise in complaints

**Centrally appropriated costs.** Pursuant to a Joint Budget Committee policy, certain costs associated with this bill are addressed through the annual budget process and centrally appropriated in the Long Bill or supplemental appropriations bills, rather than in this bill. These costs, which include employee insurance and supplemental employee retirement payments, are shown in Table 2.

#### **Effective Date**

The bill takes effect 90 days following adjournment of the General Assembly sine die, assuming no referendum petition is filed, and applies to conduct occurring on or after January 1, 2026.

## **State Appropriations**

For FY 2024-25, the bill requires an appropriation of \$36,514 from the Division of Insurance Cash Fund to the Department of Regulatory Agencies, and 0.4 FTE.

### **State and Local Government Contacts**

Health Care Policy and Financing Information Technology Law Regulatory Agencies

The revenue and expenditure impacts in this fiscal note represent changes from current law under the bill for each fiscal year. For additional information about fiscal notes, please visit the <u>General Assembly website</u>.