

## **Legislative Council Staff**

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# **Final Fiscal Note**

Drafting Number:LLS 24-0735Date:August 9, 2024Prime Sponsors:Sen. Rodriguez; KirkmeyerBill Status:Signed into Law

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Bill Topic:	MEDICAID PRIOR AUTHORIZATION PROHIBITION			
Summary of Fiscal Impact:	☐ State Revenue ☑ State Expenditure	☐ State Transfer ☐ TABOR Refund	☐ Local Government ☐ Statutory Public Entity	
	The bill limits the Department of Health Care Policy and Financing's ability to impose prior authorization requirements on antipsychotic drugs. The bill increases state expenditures on an ongoing basis.			
Appropriation Summary:	For FY 2024-25, the bill requires and includes an appropriation of \$3.4 million to the Department of Health Care Policy and Financing			
Fiscal Note Status:	The final fiscal note reflects the enacted bill.			

# Table 1 State Fiscal Impacts Under SB 24-110

		Budget Year FY 2024-25	Out Year FY 2025-26
Revenue		-	-
Expenditures	General Fund	\$888,555	\$974,301
	Cash Funds	\$203,579	\$223,224
	Federal Funds	\$2,295,189	\$2,516,674
	<b>Total Expenditures</b>	\$3,387,323	\$3,714,199
Transfers		-	-
Other Budget Impacts	General Fund Reserve	\$133,283	\$146,145

### **Summary of Legislation**

Currently, the Department of Health Care Policy and Financing (HCPF) uses prior authorization requirements (PARs) that require clients to fail on two preferred antipsychotic drugs before receiving coverage for a non-preferred drug, unless the client is already stable on a non-preferred drug. The bill limits this PAR to failure on one preferred antipsychotic drug.

### **State Expenditures**

The bill increases expenditures in HCPF by about \$3.4 million in FY 2023-24 and \$3.7 million in FY 2024-25, paid from the General Fund, the Healthcare Affordability and Sustainability Cash Fund, and federal funds. The fiscal note assumes that Medicaid members will increase utilization of non-preferred antipsychotic drugs by at least the amount of denied claims due to the PAR's second failure requirement. Costs are assumed to grow by 9.65 percent per year based on current acute care growth rate trends. These drugs receive about a 70 percent federal funding match.

In addition, there may be additional Medicaid members who did not previously submit claims due to the expectation that they would be denied, who would now submit claims under the less restrictive PAR. This would contribute to higher costs than estimated above. On the other hand, increased drug utilization could lead to cost savings. It is assumed these additional impacts will be accounted for through the annual budget process based on actual utilization.

## **Other Budget Impacts**

**General Fund reserve.** Under current law, an amount equal to 15 percent of General Fund appropriations must be set aside in the General Fund statutory reserve. Based on this fiscal note, the bill is expected to increase the amount of General Fund held in reserve by the amounts shown in Table 1, decreasing the amount of General Fund available for other purposes.

#### **Effective Date**

This bill was signed into law by the Governor and took effect on June 3, 2024.

## **State Appropriations**

For FY 2024-25, the bill requires and includes an appropriation of \$3,387,323 to the Department of Health Care Policy and Financing, which includes \$888,555 from the General Fund; \$203,579 from the Healthcare Affordability and Sustainability Cash Fund; and \$2,295,189 from federal funds.

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

Health Care Policy and Financing