

HB 25-1151: ABRITRATION OF HEALTH INSURANCE CLAIMS

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Fiscal note status: The fiscal note reflects the introduced bill.

Summary Information

Overview. The bill requires the Department of Regulatory Agencies to develop a system to batch health insurance claims for arbitration.

Types of impacts. The bill is projected to affect the following areas on an ongoing basis:

• Minimal State Workload

Appropriations. No appropriation is required.

Table 1 State Fiscal Impacts

Type of Impact	Budget Year FY 2025-26	Out Year FY 2026-27
State Revenue	\$0	\$0
State Expenditures	\$0	\$0
Transferred Funds	\$0	\$0
Change in TABOR Refunds	\$0	\$0
Change in State FTE	0.0 FTE	0.0 FTE

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Summary of Legislation

The bill requires the Department of Regulatory Agencies (DORA) to adopt rules that permit the batching of health insurance claims for arbitration, so that they may considered jointly under the same arbitration fee and payment determination.

State Expenditures

Workload will minimally increase in DORA for rulemaking, which requires legal services provided by the Department of Law. Ongoing workload in the Division of Insurance in DORA, which receives between 100 and 500 requests for arbitration annually, may decrease if batching claims expedites their processing, and may increase if allowing for claims to be batched results in more claims being filed. On net, any change in workload is assumed to be minimal and can be accomplished within existing appropriations.

Effective Date

The bill takes effect 90 days following adjournment of the General Assembly sine die, assuming no referendum petition is filed.

State and Local Government Contacts

Health Care Policy and Financing

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>.