

HB 25-1151: ABRITRATION OF HEALTH INSURANCE CLAIMS

Prime Sponsors: Fiscal Analyst:

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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

	Budget Year	Out Year
Type of Impact	FY 2025-26	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

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