



Fiscal Note
Legislative Council Staff
Nonpartisan Services for Colorado’s Legislature

SB 25-118: HEALTH INSURANCE PRENATAL CARE NO COST SHARING

Prime Sponsors:
Sen. Bridges; Jodeh

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Fiscal note status: This revised fiscal note reflects the introduced bill, as amended by the Senate Health and Human Services Committee.

Summary Information

Overview. The bill requires state-regulated insurance plans to provide coverage for three prenatal care office visits without cost sharing.

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

- State Expenditures
- Local Government

Appropriations. No appropriation is required.

Table 1
State Fiscal Impacts

Type of Impact	Budget Year FY 2025-26	Out Year FY 2026-27	Out Year FY 2027-28
State Revenue	\$0	\$0	\$0
State Expenditures	\$0	\$0	\$0
Transferred Funds	\$0	\$0	\$0
Change in TABOR Refunds	\$0	\$0	\$0
Change in State FTE	0.0 FTE	0.0 FTE	0.0 FTE

Summary of Legislation

The bill prohibits state-regulated insurance plans, except for individual and small group plans offered through Colorado Option, from imposing cost sharing requirements on the first three prenatal office visits.

State Expenditures

The bill minimally increases workload for the Department of Regulatory Agencies (DORA) and potentially affects costs for state-regulated insurance plans offered through the state. These impacts are discussed below.

Insurance Regulation

Workload will minimally increase in DORA to review rate and form filing for private insurance companies to ensure that no cost sharing is applied to coverage for prenatal care. DORA already reviews these rates for compliance with other maternity coverage requirements, so this workload increase will be minimal.

State Employee Health Insurance

State employee insurance is offered through two carriers, one of which is subject to state regulation and would be required to comply with the requirements in the bill. It is assumed that the other carrier would also conform to these changes. Reduced cost sharing from patients contributes to higher costs paid by health plans and potentially higher insurance premiums starting in FY 2027-28, which would be shared by state agencies and employees. Because insurance premiums are influenced by a number of variables and the premium costs shared between the state and employees has not been determined for future fiscal years, the exact cost to the state is not estimated.

Children's Health Plan Plus

While the bill does not apply to Medicaid, it does apply to Children's Health Plan Plus (CHP+), which is operated by the Department of Health Care Policy and Financing (HCPF). There is no impact to HCPF because CHP+ does not currently impose cost sharing requirements on prenatal visits or other maternity care coverage.

Technical Note

As drafted, the bill may conflict with federal law regarding high-deductible health plans and eligibility for health savings accounts. In order to qualify as a high-deductible plan, the policyholder is required to meet the required deductible before the insurer begins covering costs, with limited exceptions for preventative care. It is assumed that the bill will be amended to not apply to high-deductible plans, including those offered to state employees.

Local Government

Similar to the state, local governments that provide health insurance coverage to their employees may have increased costs under the bill to the extent they lead to higher premiums paid by these employers. The exact increase will depend on the share of premiums or costs paid by local governments.

Effective Date

The bill takes effect on January 1, 2027, assuming no referendum petition is filed. It applies to health insurance plans issued on or after this date.

State and Local Government Contacts

Personnel

Personnel

Regulatory Agencies