



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

SB 25-296: INSURANCE COVERAGE FOR BREAST CANCER EXAMINATIONS

Prime Sponsors:

Sen. Michaelson Jenet
Rep. Bird; Stewart K.

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

Summary Information

Overview. The bill expands the current prohibition on cost sharing to additional types of breast cancer screenings and examinations.

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

Summary of Legislation

Current law mandates that insurance companies cover certain breast cancer screenings, namely noninvasive imaging, as recommended by the American College of Radiology, the National Comprehensive Cancer Network, or their successors without cost sharing. This bill mandates that additional types of imaging, including contrast-enhanced mammography for diagnostic and supplemental examinations, be covered without cost sharing. The bill exempts high-deductible health plans from the prohibition on cost sharing if federal law requires policyholders to meet a required deductible before the insurer begins covering costs.

Additionally, the bill defines select coverage parameters in statute directly rather than referencing certain third-party recommendations and reorganizes statute.

State Expenditures

The bill minimally increases workload for the Department of Regulatory Agencies and potentially affects costs for state-regulated insurance plans offered through the state.

Insurance Regulation

Workload will minimally increase in the Department of Regulatory Agencies (DORA) to review rate and form filing for private insurance companies to ensure that no cost-sharing is applied to select invasive breast cancer screening coverage. DORA already reviews these rates for compliance with other coverage requirements, so this workload increase will be minimal.

State Employee 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, 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. See Technical Note Section about applicability of the bill to employee health plans during FY 2025-26.

Children's Health Plan Plus

The bill applies to Children's Health Plan Plus (CHP+), which is operated by the Department of Health Care Policy and Financing (HCPF) and services children and pregnant women. There is no impact to HCPF because CHP+ does not currently impose cost sharing requirements on pregnant women and children are low utilizers of breast cancer screenings.

Technical Note

The fiscal note assumes that the bill applies to health plans issued or renewed after the bill's effective date. For state employee health plans, this is assumed to begin with the FY 2026-27 plan year. However, as drafted, the bill may be interpreted as applying immediately upon its effective date (in August 2025) to health plans currently in effect, including state employee health insurance plans. For state employee health plans, this will increase costs for the state health plans before they can be allocated through premiums, which would increase costs in FY 2025-26 by up to \$300,000. This would likely result in the need for a General Fund appropriation through this bill or through the supplemental appropriation process.

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
Personnel

Regulatory Agencies