



**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.

**Fiscal Analyst:**  
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**Bill Outcome:** Signed into Law  
**Drafting number:** LLS 25-0060

**Version:** Final Fiscal Note  
**Date:** August 13, 2025

**Fiscal note status:** The final fiscal note reflects the enacted 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

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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

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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

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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 could increase costs in FY 2025-26.

## Effective Date

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The bill was signed into law by the Governor on May 29, 2025, and took effect on August 6, 2025.

## State and Local Government Contacts

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Health Care Policy and Financing  
Personnel

Regulatory Agencies

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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 [General Assembly website](#).