



FACT SHEET

Colorado Healthcare Policy

How Legislation Increases Your Health Insurance Premiums

Your health insurance premium is based on the prices for medical, hospital, and pharmaceutical services. For the fully insured market (individual, small group and large group), federal and state rules govern the benefits that must be covered for every health plan sold in Colorado. When the government mandates new coverages, those benefits have costs that increase your insurance premium. Below are estimates of how recently passed coverage mandates are increasing premiums in Colorado.¹

BILL	WHAT IT DOES	WHAT IT COSTS
Insurance Cover Infertility Diagnosis Treatment Preserve	Requires health plans to cover diagnosis of infertility, treatment for infertility (beyond artificial insemination), and fertility preservation services, including IVF and egg preservation/storage. Coverage to start January 2022.	+0.6%-1.0% of fully insured premiums or approximately \$36,600,000 - \$61,000,000 annually *This estimate does not include preservation services.
Human Immunodeficiency Virus Infection Prevention Medications	Prevents a health insurance carrier from requiring a covered person to undergo step therapy or to receive prior authorization before receiving HIV infection prevention drugs, including brand name drugs; Requires carriers to cover HIV infection prevention drugs prescribed or dispensed by a pharmacist and to provide an adequate consultative fee to those pharmacists. Coverage started January 2021.	+0.2% of fully insured premiums or approximately \$12,200,000 annually
Reduce Insulin Prices	Caps the cost sharing a covered person is required to pay for prescription insulin drugs to \$100 per one-month supply of insulin (does not apply to the actual price of insulin from the manufacturer). Coverage applied starting January 2020.	+0.1% of fully insured premiums or approximately \$6,100,000 annually
Investments In Primary Care To Reduce Health Costs	Created the Primary Care Reform Collaborative to provide recommendations to the Commissioner of Insurance and gives the Commissioner authority to determine increased investments in primary care. The recommendation from the group in 2019: All commercial payers should be required to increase the percentage of total medical expenditures (excluding pharmacy) spent on primary care by at least 1 percentage point annually through 2022.	10% - 16.7% increase in primary care spend for each of two years. +1.0% of fully insured premiums, then another +1.0% to premiums the following year (cumulative) or approximately \$61,000,000 in year one, \$61,000,000 in year two.
Health Insurance For Breast Imaging	Expands the current coverage requirements for breast cancer screening studies and subsequent breast imaging to cover additional screenings at no cost share, using the noninvasive imaging modality appropriate for each individual, as determined by the individual's health care provider, and within the appropriate use guidelines as determined by the American College of Radiology or the National Comprehensive Cancer Network. Coverage applied starting January 2020.	+0.2% of fully insured premiums or approximately \$12,200,000 annually
TOTAL COST ESTIMATE BASED ON 2019 PREMIUMS WITH ONLY THOSE MANDATES PASSED IN 2019 & 2020 (not including costs of egg preservation services where rules are yet to be determined).		\$128 MILLION to \$153 MILLION IN PREMIUM INCREASES ANNUALLY in 2021, PLUS AN ADDITIONAL \$61 MILLION in 2022. Approximately 2.1% to 2.5% of total fully insured premiums in Colorado.

In 2021, the Legislature is expected to consider coverage mandates such as the Mental Health Wellness Exam, Substance Use Disorder Prevention, Protecting Preventive Health Coverage, and Proton Beam Therapy potentially raising premiums another 1.2% to 2.5% annually. Making laws that add increase costs for health insurance does not save people money on health care.

1. Calculations based on 2019 [Division of Insurance Health Cost Report](#) estimating \$6.1 billion was spent on premiums for Coloradans in the fully insured market. NOTE: The ACA allows states to require QHPs to cover benefits in addition to essential health benefits (EHB) but requires that states defray the cost of those additional state mandated benefits—either through payments to the individual enrollee or to the issuer on behalf of the enrollee. None of the mandates passed by the state of Colorado since 2011 have been defrayed, nor have any of the mandates proposed in 2020 included a fiscal note reflecting this CMS provision.