



Fiscal Note

Legislative Council Staff

Nonpartisan Services for Colorado's Legislature

HB 26-1122: MANDATORY COVERAGE HORMONE REPLACEMENT THERAPY

Prime Sponsors:

Rep. Keltie

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Fiscal note status: This fiscal note is provided pursuant to Joint Rule 22 (b) (2) and reflects strike-below Amendment L.001.

Summary Information

Overview. The bill requires certain health benefit plans to provide coverage for hormone replacement therapy for women experiencing peri-menopause or menopause.

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

- State Expenditures
- Local Government
- Statutory Public Entity
- School Districts

Appropriations. No appropriation is required.

Table 1
State Fiscal Impacts

Type of Impact	Budget Year FY 2026-27	Out Year FY 2027-28
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 state-regulated private health insurance plans to provide coverage for hormone replacement therapy for women experiencing peri-menopause or menopause (see Background and Assumptions section). This requirement applies to large employer health benefit plans issued or renewed in Colorado on or after January 1, 2027, and all individual and small group health benefit plans issued or renewed on or after January 1, 2028, unless it is determined that the benefit requires state defrayal of the cost of coverage under the federal Patient Protection and Affordable Care Act. The commissioner of insurance is required to adopt rules as necessary to implement the requirement.

Background and Assumptions

Private Health Insurance Applicability

Colorado's mandated health insurance benefit laws apply to fully insured plans regulated by the DOI. This does not include self-funded plans, union plans, federal employee benefit plans, other government plans, such as Medicaid, Medicare, or TRICARE, or plans issued in other states. It does apply to health plans provided to state employees and will be effective for plans issued or renewed on or after July 1, 2027.

State Expenditures

Division of Insurance

Beginning in FY 2026-27, the DOI will review insurer rate and form filings to ensure that insurers are complying with the coverage of hormone replacement therapy requirements of the bill. These reviews will minimally increase workload for the DOI and can be accomplished within existing appropriations.

State Employee Health Insurance

State employee insurance is offered through two insurers—Kaiser Permanente and Cigna. Kaiser Permanente offers fully insured plans subject to state regulation, while Cigna administers self-funded plans regulated under federal law that are also required to offer all mandatory benefits outlined in state law. Requiring total costs to be covered by the insurer rather than shared with the policyholder contributes to higher costs paid by both health plans. Costs are estimated by the insurers to be up to \$70,000 per year beginning in FY2027-28 from a variety of fund sources, which reflects a 0.02 percent increase in total premiums.

These costs will minimally contribute to higher insurance premium costs across all state agencies, with any costs shared by state agencies and employees. While the current partnership agreement with Colorado WINS specifies that any increased premium costs will be paid by the state through FY 2027-28, the exact share paid by the state and by employees will ultimately be adjusted and set by the General Assembly through the annual budget process.

Local Government, School District, and Statutory Public Entity

Like state government insurers, local governments, school districts, and statutory public entities may also see an increase in premiums from their insurers from the requirement to cover hormone replacement therapy. This amount has not been estimated.

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