



Legislative Council Staff

Nonpartisan Services for Colorado's Legislature

Revised Fiscal Note

(replaces fiscal note dated April 18, 2024)

Table with 2 columns: Field (Drafting Number, Prime Sponsors, Date, Bill Status, Fiscal Analyst) and Value (LLS 24-1158, Rep. Marvin, Sen. Michaelson Jenet, April 19, 2024, House Health & Human Services, Kristine McLaughlin | 303-866-4776, kristine.mclaughlin@coleg.gov)

Bill Topic: INCREASE SYPHILIS TESTING DURING PREGNANCY

Table with 2 columns: Category (Summary of Fiscal Impact) and Options (State Revenue, State Expenditure, State Transfer, TABOR Refund, Local Government, Statutory Public Entity)

The bill requires additional syphilis testing during pregnancy. The bill increases state revenue and expenditure on an ongoing basis starting when Public Health Order 24-01 is rescinded.

Appropriation Summary: No appropriation is required.

Fiscal Note Status: The revised fiscal note reflects the introduced bill. It has been updated to reflect the recent Public Health Order issued by the Department of Public Health and Environment and updated data from the Department of Health Care Policy and Financing.

Table 1
State Fiscal Impacts Under HB 24-1456

Table with 2 columns: Budget Year FY 2024-25 and Post PHO 24-01. Rows include Revenue, Expenditures (General Fund, Cash Funds, Federal Funds, Total Expenditures), Transfers, and Other Budget Impacts (General Fund Reserve).

Summary of Legislation

Current law requires health care providers to test pregnant patients for syphilis at the first prenatal care visit, unless the patient refuses. The bill requires a second test during a third trimester prenatal care visit and a third test during delivery.

Background and Assumptions

On April 18, 2024 the Department of Public Health and Environment CDPHE issued [Public Health Order \(PHO\) 24-01](#), which mandates additional syphilis testing in line with the bill's requirements. As a result, the bill will not have an impact until the epidemic is resolved and the public health order is rescinded. The fiscal note makes no assumptions about when this will happen beyond assuming that it will not happen in FY 2024-25 and thus no appropriation is required.

The CDC recommends testing all pregnant patients for syphilis at their first prenatal care visit and testing high-risk patients at 28 weeks and at delivery. [Several states](#) have passed laws mandating this recommendation or mandating two or three tests for all patients. Nationally, there is an ongoing discussion about testing rates and why they are lower than 100 percent.^{1 2} Some studies have suggested that the discrepancy may be due in part to inadequacies in claim data.³ Lacking better information, the fiscal note assumes Medicaid claims data reflects the Medicaid testing rate. As a result, the note assumes that few Medicaid members are currently being tested after the first prenatal visit. The note further assumes that, under the bill, third trimester prenatal care and delivery testing rates will rise to first trimester prenatal care rates.

State Revenue

The State Laboratory operated by the Department of Public Health and Environment (CDPHE) currently processes about 150 syphilis tests annually for a fee of \$21. Under the bill, after PHO 24-01 is rescinded, tests and corresponding fee revenue to the Laboratory Cash Fund may increase by about \$5,000, which the fiscal note considers a minimal fee impact. This revenue is subject to TABOR.

¹ Ojo, O. C., Arno, J. N., Tao, G., Patel, C. G., & Dixon, B. E. (2021, October 30). Syphilis testing adherence among women with Livebirth Deliveries: Indianapolis 2014-2016 - BMC pregnancy and childbirth. BioMed Central. <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-021-04211-8>

² Kennedy, S., Otter, C., Talbert, J., & Hammerslag, L. (n.d.). Analyzing rates of congenital syphilis screening among pregnant Medicaid enrollees in three southern states. AcademyHealth. <https://academyhealth.org/about/programs/analyzing-rates-congenital-syphilis-screening-among-pregnant-medicaid-enrollees-three-southern-states>

³ Indiana University School of Medicine, D. of P. (2007, October 12). Prenatal syphilis screening rates measured using Medicaid...: Sexually transmitted diseases. https://journals.lww.com/stdjournal/fulltext/2008/04000/prenatal_syphilis_screening_rates_measured_using.15.aspx

State Expenditures

Once the PHO is rescinded, the bill will increase state expenditures in the Department of Health Care Policy and Financing (HCPF) by about \$455,000 annually, paid from the General Fund, the Healthcare Affordability and Sustainability Cash Fund, and federal funds. Workload may increase in CDPHE. Expenditures are shown in Table 2 and detailed below.

Table 2
Expenditures Under HB 24-1456

	FY 2024-25	Post PHO 24-01
Department of Health Care Policy and Financing		
Third Trimester Prenatal Visit Test	-	\$228,563
Delivery Test	-	\$224,976
Total Cost	-	\$453,539

Department of Health Care policy and Financing. Once the PHO is rescinded, costs will increase in HCPF as Medicaid and Children’s Health Plan Plus (CHP+) members receive more syphilis tests. Based on the current testing rate, it is estimated that the bill will increase testing claims by 33,000 tests annually at a cost of \$14 per test. This roughly represents about 16,000 members out of 27,000 receiving one additional test during a third trimester prenatal visit and one additional test during delivery.

Department of Public Health and Environment. Once the PHO is rescinded, costs will increase in CDPHE to process any additional syphilis tests. To the extent that increase in testing results in an increase in syphilis diagnoses, workload will increase for the STI/HIV and Viral Hepatitis program under CDPHE to follow-up with newly diagnosed people to ensure adequate treatment. Because it cannot be determined how many of the new tests will result in positive diagnoses, this impact will be accounted for through the normal budget process.

Other Budget Impacts

General Fund reserve. Under current law, an amount equal to 15 percent of General Fund appropriations must be set aside in the General Fund statutory reserve. Based on this fiscal note, the bill is expected to increase the amount of General Fund held in reserve by the amounts shown in Table 1, decreasing the amount of General Fund available for other purposes.

Effective Date

The bill takes effect upon signature of the Governor, or upon becoming law without his signature.

State and Local Government Contacts

Health Care Policy and Financing

Public Health and Environment

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](#).