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Fiscal Note

Drafting Number:	LLS 22-0487	Date:	March 23, 2022
Prime Sponsors:	Rep. Gonzales-Gutierrez; McCluskie Sen. Moreno	Bill Status:	House Health & Insurance
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Bill Topic: HEALTH BENEFITS FOR COLORADO CHILDREN & PREGNANT PERSONS

Summary of Fiscal Impact:	<input type="checkbox"/> State Revenue	<input type="checkbox"/> TABOR Refund
	<input checked="" type="checkbox"/> State Expenditure	<input checked="" type="checkbox"/> Local Government
	<input type="checkbox"/> State Transfer	<input checked="" type="checkbox"/> Statutory Public Entity

The bill expands Medicaid coverage to low-income pregnant people and children, regardless of immigration status; requires the Insurance Commissioner to improve the quality of health insurance coverage through the Health Insurance Affordability Enterprise; and extends a survey of birthing parents indefinitely, among other requirements. It will increase state, local, and statutory public entity expenditures on an ongoing basis beginning in FY 2022-23.

Appropriation Summary: For FY 2022-23, the bill requires an appropriation of \$6.9 million to the Departments of Health Care Policy and Financing, Public Health and Environment, and Human Services.

Fiscal Note Status: This fiscal note reflects the introduced bill. This analysis is preliminary, specifically regarding IT costs, and will be updated following further review and receipt of additional information.

**Table 1
State Fiscal Impacts Under HB 22-1289**

		Budget Year FY 2022-23	Out Year FY 2023-24	Out Year FY 2024-25	Out Year FY 2025-26
Revenue		-	-	-	-
Expenditures	General Fund	\$4,200,181	\$9,010,646	\$8,663,009	\$6,525,310
	Federal Funds	\$2,756,608	\$9,510,447	\$11,467,998	\$10,146,126
	Centrally Appropriated	\$175,327	\$219,440	\$235,596	\$227,518
	Total Expenditures	\$7,132,115	\$18,740,533	\$20,366,603	\$16,898,954
	Total FTE	9.9 FTE	12.2 FTE	13.2 FTE	12.7 FTE
Transfers		-	-		
Other Budget	General Fund Reserve	\$630,027	\$1,351,597	\$1,299,451	\$978,796

Summary of Legislation

The bill expands Medicaid coverage to low-income pregnant people and children, regardless of immigration status; requires the Insurance Commissioner to improve the quality of health insurance coverage through the Health Insurance Affordability Enterprise; and extends a survey of birthing parents indefinitely, among other requirements, as discussed below.

Health Care Policy and Financing. The Department of Health Care Policy and Financing (HCPF) is required to provide comprehensive health insurance coverage for low-income pregnant people and children (age 0 to 18) who would be eligible for Medicaid and/or the Children's Basic Health Plan (CHP+) if not for their immigration status. For pregnant persons, coverage continues for 12-months postpartum at the CHP+ federal matching rate. HCPF is required to report on the cost savings and health benefits associated with state medical assistance at its SMART Act hearing beginning January 2024.

HCPF is also required to:

- make comprehensive lactation support services, breastfeeding equipment (including a double electric breast pump, pump parts, and breast milk storage supplies), maintenance, and equipment a covered benefit for Medicaid and CHP+ recipients;
- draw down federal health services initiative funding to improve perinatal and postpartum support after completing a stakeholder process to determine funding priorities;
- establish an outreach program to address enrolling eligible groups into insurance options, including mandatory translation requirements, and to report on outreach and enrollment strategy outcomes by conducting a stakeholder process approximately one and two years after implementation; and
- pursue a demonstration waiver that authorizes the state to use federal medical assistance payments to enhance state subsidization of health insurance for low-income Coloradans and, if needed to maximize federal financial participation, for people living in Colorado that were victims of torture receiving state medical assistance pursuant to House Bill 22-1094, if passed.

Division of Insurance, Department of Regulatory Agencies. The bill requires the Insurance Commissioner to establish coverage requirements through rule for state-subsidized individual health plans to be equivalent to coverage provided in a qualified health plan and maximize affordability, along with other specified requirements to be addressed through rule by the Health Insurance Affordability Board. Additionally, beginning January 1, 2024, the bill establishes a special insurance enrollment period for eligible persons to receive insurance when they become pregnant.

Department of Public Health and Environment. The bill makes permanent a Department of Public Health and Environment (CDPHE) health survey for birthing parents and requires the survey to oversample members of groups that comprise a small percentage of the population and that disproportionately experience health inequities.

State Expenditures

The bill increases state General Fund and federal funds expenditures beginning in FY 2022-23 in HCPF, the CDPHE, and the Department of Human Services (CDHS) as shown in Table 2. It will also increase workload and potential costs in the DOI. These impacts are detailed below.

**Table 2
 Expenditures Under HB 22-1289**

Cost Components	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
Department of Health Care Policy and Financing				
Personal Services	\$649,976	\$866,638	\$935,073	\$900,855
Operating Expenses	\$10,530	\$12,825	\$14,175	\$13,500
Capital Outlay Costs	\$62,000	-	-	-
Service Costs (see Table 3)	\$17,424	\$16,037,852	\$32,999,249	\$33,982,478
Service Savings (see Table 3)	-	(\$5,046,187)	(\$20,435,685)	(\$20,700,316)
MMIS Programming	\$3,825,742	\$4,350,070	\$4,371,552	\$915,748
CBMS Programming	\$676,490	\$687,303	\$698,337	-
Actuarial Contractor	\$250,000	-	-	-
Outreach Costs	\$750,000	\$750,000	\$750,000	\$750,000
County Support	\$125,000	\$263,659	\$189,022	\$189,022
Centrally Appropriated Costs ¹	\$132,467	\$172,955	\$189,111	\$181,033
FTE – Personal Services	7.4 FTE	9.5 FTE	10.5 FTE	10.0 FTE
HCPF Subtotal	\$6,499,629	\$18,095,115	\$19,710,835	\$16,232,320
<i>General Fund</i>	\$3,610,554	\$8,411,712	\$8,053,726	\$5,905,161
<i>Federal Funds</i>	\$2,756,608	\$9,510,447	\$11,467,998	\$10,146,126
<i>Centrally Appropriated</i>	\$132,467	\$172,955	\$189,111	\$181,033
Department of Public Health and Environment				
Personal Services	\$198,560	\$216,611	\$216,611	\$216,611
Operating Expenses	\$3,645	\$3,645	\$3,645	\$3,645
Capital Outlay Costs	\$18,600	-	-	-
Survey Materials and Postage	\$34,403	\$36,124	\$37,930	\$39,826
Software and Licenses	\$6,207	\$6,232	\$6,259	\$6,287
Participant Incentives	\$162,211	\$170,322	\$178,838	\$187,780
Centrally Appropriated Costs ¹	\$42,860	\$46,485	\$46,485	\$46,485
FTE – Personal Services	2.5 FTE	2.7 FTE	2.7 FTE	2.7 FTE
CDPHE Subtotal	\$466,486	\$479,419	\$489,768	\$500,634
Department of Human Services				
Computer Programming	\$166,000	\$166,000	\$166,000	\$166,000
DHS Subtotal	\$166,000	\$166,000	\$166,000	\$166,000
Total	\$7,132,115	\$18,740,533	\$20,366,603	\$16,898,954
Total FTE	9.9 FTE	12.2 FTE	13.2 FTE	12.7 FTE

¹ Centrally appropriated costs are not included in the bill's appropriation.

Department of Health Care Policy and Financing. Starting in FY 2022-23, HCPF will incur ongoing staffing, information technology, outreach, and county administration costs to implement the insurance program. New services for breastfeeding parents also begin in FY 2022-23. Starting in FY 2023-24, non-citizen pregnant people and children will be enrolled under the Medicaid and CHP+ lookalike programs, and non-citizens who currently qualify for Emergency Medical Services under Medicaid will instead be served by a new DOI-designed plan. These costs are discussed in more detail below and Table 3 details service costs and savings.

- **Staffing.** Beginning in FY 2022-23, HCPF requires 9.5 FTE as follows: 1.0 FTE to manage changes to the Medicaid Management Information System (MMIS); 1.0 FTE to manage system changes to the Colorado Benefits Management System (CBMS); 1.0 FTE to provide eligibility systems policy analysis; 1.0 FTE to develop and implement eligibility system training; 1.0 FTE policy advisor to coordinate system requirements for Emergency Medical Services; 1.0 FTE to coordinate the state-only CHP+ benefit plan and the health services initiative application process; 1.0 FTE for compliance and stakeholder engagement; 1.0 FTE for outreach; 0.5 FTE for rate-setting and accounting; and 1.0 FTE for centralized financial support. In addition, HCPF requires 1.0 FTE business analyst for 18 months starting July 1, 2024, to provide pharmacy system change management and operational monitoring. Operating and capital outlay expenses for this staff are shown in Table 2 above. First-year costs are prorated for the General Fund pay date shift and a September 1 start date.
- **MMIS and CBMS programming.** Systems programming costs represent vendor estimates and staffing costs to modify both the MMIS and the CBMS. These costs are primarily driven by systems modifications required for non-citizen children, and preliminary.
- **Actuarial contractor.** HCPF's actuary will perform a one-time rate assessment in FY 2022-23.
- **Outreach costs.** Outreach costs assume \$25,000 in funding will be provided to ten community-based organizations at a cost of \$250,000 per year, as well as 2,500 hours of contractor services for outreach and translation at an hourly rate of \$200, at a cost of \$500,000 per year.
- **County support.** County support costs assume county staff will provide application support for an estimated 1,240 individuals, and process 155 appeals per year. Costs also include funding for policy and procedural development support.
- **Service costs—newly eligible populations.** The bill requires and the fiscal note reflects HCPF enrolling newly eligible pregnant adults and children starting January 1, 2024; however, HCPF is unable to meet this timeline due to the systems requirements involved—see Technical Note. Costs assume that the newly eligible population will receive identical care and services received by existing Medicaid and CHP+ members, including access to waiver services, and exclude current EMS spending. Adult service costs assume the enhanced federal match rate of 65 percent, and child service costs assume no federal match. Cost estimates use either pre-pandemic utilization data with a three-year average growth rate applied or Senate Bill 21-194 per capita costs where applicable. Utilization estimates begin with 2,138 pregnant and postpartum adults; 137 non-pregnant adults; 546 children on Medicaid; and 765 children on CHP+; however, the actual population will likely vary from these assumptions, particularly for children for which little utilization data is available, resulting in what is likely a conservative estimate. Unlike the state's

Medicaid and CHP+ plans, these state-only plans have no over-expenditure authority and will be required to stop providing coverage if funding is insufficient. Therefore, the fiscal note assumes this population will be carefully tracked and accounted for through the annual budget process.

- **Service costs—breast pumps and lactation consulting.** Since breast pumps are covered by the Special Supplemental Nutrition Program for Women, Infants, and Children for people on Medicaid, breast pump costs include only those eligible for CHP+, which is estimated at 551 individuals initially at the current breast pump rate of \$43.79. Of these individuals, it is assumed that about 75 percent will seek lactation support at an estimated consultation cost of \$30.41, once these services receive federal approval, which is assumed to be a two-year process.
- **Service savings.** Service savings assume that, beginning in FY 2023-24, 468 adults will receive a half-year of coverage under the DOI's Health Insurance Affordability Enterprise plan at a per person EMS savings of \$21,563, up to 960 adults by FY 2025-26. Because the DOI performs rate-setting and plan approval every June preceding the calendar year plans, the fiscal note assumes that these processes could not occur until June 2023, for calendar year 2024 plans.

Table 3
Estimated Service Costs and Savings Under HB 22-1289

Service Costs	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
Non-Citizen Pregnant Adult Medicaid	-	\$9,085,336	\$18,826,021	\$19,514,304
Non-Citizen Pregnant Adult CHP+	-	\$791,502	\$1,608,627	\$1,635,438
Non-Citizen Postpartum Adult Medicaid	-	\$3,861,195	\$7,818,395	\$7,919,640
Non-Citizen Postpartum Adult CHP+	-	\$246,988	\$499,881	\$506,095
Non-Citizen Children State-only Medicaid	-	\$943,675	\$1,952,469	\$2,020,865
Non-Citizen Children State-only CHP+	-	\$1,085,042	\$2,252,860	\$2,339,998
Breast Pumps CHP+	\$17,424	\$24,114	\$27,080	\$30,476
Lactation Support Services CHP+	-	-	\$13,916	\$15,661
<u>Total Service Costs</u>	<u>\$17,424</u>	<u>\$16,037,852</u>	<u>\$32,999,249</u>	<u>\$33,982,478</u>
<i>General Fund</i>	\$6,098	\$6,931,914	\$14,283,201	\$14,728,428
<i>Federal Funds</i>	\$11,326	\$9,105,938	\$18,716,048	\$19,254,050
<u>Service Savings</u>				
EMS Savings from Non-Pregnant Adults	-	(\$5,046,187)	(\$20,435,685)	(\$20,700,316)
<u>Total Service Savings</u>	<u>\$0</u>	<u>(\$5,046,187)</u>	<u>(\$20,435,685)</u>	<u>(\$20,700,316)</u>
<i>General Fund</i>	-	(\$2,523,094)	(\$10,217,843)	(\$10,350,158)
<i>Federal Funds</i>	-	(\$2,523,094)	(\$10,217,843)	(\$10,350,158)

Department of Public Health and Environment. Based on the costs of the pilot program, the CDPHE requires 2.7 FTE to continue the Health eMoms survey, as well as costs for survey materials, postage, software, and participant incentives.

Department of Human Services. Because foster youth under 19 years of age will now be eligible for health benefits regardless of immigration status, the bill creates a need for a claims processing link between the MMIS and CDHS' Trails system. The DHS requires a full-time developer to create and maintain an interface between Trails and MMIS, at a cost of \$80 per hour. This cost is preliminary.

Division of Insurance, Department of Regulatory Agencies. In FY 2022-23, the Health Insurance Affordability Board will perform rulemaking and related stakeholder outreach regarding state-subsidized individual health plans, which can be accomplished within existing appropriations.

- **Federal financial participation and savings utilization.** The bill requires HCPF to apply for a 1903(v) waiver to enhance the state's subsidization of health insurance for low-income Coloradans and maximize federal financial participation. The fiscal note assumes that this waiver will not be approved, without which the bill has no explicit mechanism for the Health Insurance Affordability Enterprise to utilize HCPF's EMS savings. TABOR limits the amount of state revenue that may be provided to an enterprise, which may also limit the ability to direct HCPF savings to the enterprise.
- **Current state-subsidized plan rollout.** The Health Insurance Affordability Board is currently in the process of developing a state-subsidized insurance plan for qualified individuals—defined as Colorado residents, regardless of immigration status, with a household income of less than 300 percent of the federal poverty level who are not eligible for other state or federal health benefits. For CY 2023, the enterprise board voted to offer that plan with \$0 premium and a 94 percent actuarial value to undocumented persons with incomes less than 138 percent of the federal poverty level. Assuming 9,100 enrollees, this plan is estimated to cost \$51.9 million per year. This plan may reduce the savings to HCPF reflected in the bill.

Centrally appropriated costs. Pursuant to a Joint Budget Committee policy, certain costs associated with this bill are addressed through the annual budget process and centrally appropriated in the Long Bill or supplemental appropriations bills, rather than in this bill. These costs, which include employee insurance and supplemental employee retirement payments, are shown in Table 2.

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 beginning in FY 2022-23. 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, which decreases the amount of General Fund available for other purposes.

Local Government

Counties will have additional workload and costs to enroll newly eligible persons into Medicaid and CHP+ under bill, which will be paid for by the state, as discussed in the State Expenditures section.

Statutory Public Entity

Connect for Health Colorado, Colorado's insurance marketplace, will spend an estimated \$104,500 in FY 2022-23 on computer programming to create the special enrollment period for pregnant persons with retroactive start date capability and a noticing requirement. Costs for Connect for Health Colorado are paid using fees assessed on health plans sold in the state, among other sources, and it is assumed that existing revenue streams can be used to cover these costs.

Technical Note

HCPF is unable to meet the January 1, 2024, deadline. Based on current projects the department is implementing and the re-procurement timeline for the MMIS, the department anticipates completing the necessary rule and system changes for the new populations by January 1, 2025, at the earliest. The fiscal note currently shows costs aligning with the bill's deadlines.

Effective Date

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

State Appropriations

The bill requires the following appropriations:

- \$3,610,554 General Fund and \$2,756,608 federal funds to the Department of Health Care Policy and Financing and 7.4 FTE;
- \$423,626 General Fund to the Department of Public Health and Environment and 2.5 FTE; and
- \$166,000 General Fund to the Department of Human Services.

State and Local Government Contacts

Connect for Health Colorado
Human Services
Law
Regulatory Agencies

Health Care Policy and Financing
Information Technology
Public Health and Environment