

DIAGNOSTIC AND SUPPLEMENTAL BREAST IMAGING FISCAL NOTE – PREMIUM INCREASES

			States with no fiscal notes or reports show no premium increase.	
			Alaska, Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Maine, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Mexico, New York, Pennsylvania, Texas, Vermont	19 States with no Fiscal Impact
			States with a fiscal note or reports show a premium increase.	
State	Year	Bill Status	Fiscal Analysis Premium Increase	Link
CA	2022	Not passed	Among DMHC-regulated plans, CHBRP estimates that post mandate, premiums will increase by \$0.5343 per member per month (PMPM) for large-group plans. Among small-group and individual DMHC plans, premiums will increase by an estimated \$0.6719 PMPM and \$1.0437 PMPM , respectively. Among CDI regulated policies, CHBRP estimates that post mandate, premiums will increase by \$0.6114 PMPM for large-group policies . Among small-group and individual CDI policies, premiums will increase by an estimated \$0.9243 PMPM and \$0.9364 PMPM, respectively.	CHBRP Fiscal Analysis
KS	2024	Passed	The Department of Administration estimates enactment of the bill would increase expenditures to the State Employee Health Benefits Program by \$75,477 in FY 2025 (\$150,954 annually X 50.0 percent of the calendar year). For FY 2026, the agency assumes the growth in medical costs will be approximately 5.5 percent, resulting in increased expenditures totaling approximately \$159,257.	KS Division of the Budget
KY	2024	Passed	Our estimated increase in premiums for health benefit plans, not including state employee plans, is approximately \$0.00 to \$0.57 per member per month (PMPM) . This represents an increase of approximately 0.0% to 0.1%	Fiscal Note
LA	2019	Passed	PMPM totaling \$0.04-\$0.06 ; Based upon the aforementioned assumptions, the estimated annual cost increases for insurance providers associated with claims are as follows: FY 21 - \$138,600 (550K members * \$0.04 PMPM * 6 months * 1.05) - \$207,900 (550K members * \$0.06 PMPM * 6 months * 1.05)	Fiscal Note

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MA	2022	Passed	Requiring coverage for diagnostic examinations for breast cancer would result in an average annual increase, over five years, to the typical member’s monthly health insurance premium of between \$0.19 and \$0.33 per member per month (PMPM) , or between 0.03% and 0.06% of premium.	CHIA Fiscal Report
MD	2022	Passed	The total cost PMPM is \$0.33 on a cost basis. Assuming an 85% loss ratio, this translates to a \$0.39 premium increase or 0.06% of the total. *This effect is small in comparison to the increased utilization of diagnostic screening because only one to two in 1,000 screening mammograms will result in a diagnosis of breast cancer at an estimated savings of \$15,000 per detected cancer. The net savings is \$0.02 on a cost basis.	MHCC Study
NC	2023	In progress	The projection assumes a 6.5% annual claims growth trend for medical claims, a 10.0% trend for pharmacy claims, a 7.0% trend for pharmacy rebates, benefit provisions and member-paid premiums as adopted by the Board for 2023, and 4% employer premium increases in FY 2023-24.	Actuarial Note
OK	2023	Passed	Aon, estimates the annual cost impact to be \$1.3 million, which is less than 0.25% increase in total premium cost.	Fiscal Analysis
OR	2023	Passed	Based on input provided by PEBB’s and OEBB’s actuaries, OHA estimates that premiums for plans offered by both Boards will increase by an average of 0.9% under the measure. For PEBB, this increase would result in additional costs of \$862,793 in 2023-25, and \$1,150,391 in 2025-27. For OEBB, the premium increase would result in additional costs of \$582,469 in 2023-25, and \$1,553,251 in 2025-27.	Fiscal Note
TN	2023	Passed	Such legislation will result in an increase in the cost of health insurance premiums to cover the patient's share of the cost of procedures and treatments covered by plans. It is estimated that the increase to each individual’s total premium will be less than one percent.	TN General Assembly
WA	2023	Passed	No fiscal impact, changes that require inclusion of this health care benefit in qualified health plans offered in the Exchange marketplace are not expected to require significant operational or Healthplanfinder system changes. There is an administrative fee.	Fiscal Note Summary