

HB 1890 -- Actuarial Analysis of Insurance Mandate Costs

Sponsor: Molendorp

Beginning September 1, 2012, this bill requires the Oversight Division of the Joint Committee on Legislative Research to conduct an actuarial analysis of the cost impact to consumers, health insurers, and other private and public payers if state mandates were enacted to provide health benefit plan coverages for the following:

- (1) Orally administered anticancer medication as intravenously administered or injected cancer medication;
- (2) Diagnosis and treatment of eating disorders that includes residential treatment and access to psychiatric and medical treatments; and
- (3) Diagnosis and treatment of infertility that includes in vitro fertilization, uterine embryo lavage, embryo transfer, artificial insemination, intrafallopian tube transfer, and low tubal ovum transfer.

The division director must submit a report of the actuarial findings to the Speaker of the House of Representatives, President Pro Tem of the Senate, and the chair of the House Special Committee on Health Insurance and the Senate Small Business, Insurance and Industry Committee by December 31, 2012. The analysis must assume that the mandated coverage will not be subject to any greater deductible or copayment than other health care services provided under a health benefit plan and will not apply to a supplemental insurance policy. The cost for each actuarial analysis cannot exceed \$30,000.

The provisions of the bill expire December 31, 2012.