

**JBC STAFF FISCAL ANALYSIS  
SENATE APPROPRIATIONS COMMITTEE**

CONCERNING ELIMINATION OF THE WAITING PERIOD FOR CHILDREN'S ELIGIBILITY UNDER THE CHILDREN'S BASIC HEALTH PLAN.

Prime Sponsors: Senator Newell  
Representative McCann

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**Fiscal Impact of Bill as Amended to Date**

The most recent Legislative Council Staff Fiscal Note (attached) reflects the fiscal impact of the bill as of 02/22/13.

<b>XXX</b>	<b>No Change:</b> Attached LCS Fiscal Note accurately reflects the fiscal impact of the bill
	<b>Update:</b> Fiscal impact has changed due to <i>new information or technical issues</i>
	<b>Update:</b> Fiscal impact has changed due to <i>amendment adopted</i> after LCS Fiscal Note was prepared
	<b>Non-Concurrence:</b> JBC Staff and Legislative Council Staff disagree about the fiscal impact of the bill

The Senate Health and Human Services Committee Report (01/30/13) includes amendments to the bill, however, Legislative Council Staff and JBC Staff agree that the committee amendments do not change the fiscal impact of the bill.

**Amendments in This Packet for Consideration by Appropriations Committee**

Amendment	Description
None	

**Current Appropriations Clause in Bill**

The bill neither requires nor contains an appropriation clause for FY 2013-14.

**Points to Consider**

*Unquantifiable Fiscal Impacts*

There is a lack of data about both the number of people who would become eligible for the Children's Basic Health Plan (CHP+) and the number who might choose to change coverage as a result of this bill. The Legislative Council Staff Fiscal Note and this JBC Staff Fiscal Analysis assume that the impact will be minimal. For families where the difference in cost between employer-based coverage and CHP+ is significant, it is assumed that families already endure the waiting period to make the switch, and so the bill accelerates CHP+ coverage by three months. For families where the difference in cost between employer-based coverage and CHP+ is small to moderate, the financial incentive to switch to CHP+ may be offset by other factors such as

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differences in benefits, provider preferences, provider availability, and/or a social stigma attached to public assistance, such that the elimination of the three month waiting period will have minimal impact on the decision about which plan to use. It is assumed that the fiscal impact of the bill will be greater than zero, but the amount is unknown and assumed to be minimal.