

HB 267, TELEMEDICINE AMENDMENTS, (Ballard, M.G.)

Anticipated Fiscal Impact on State:

\$ 212,440 per year (\$.29 PMPM)

HB 267 requires a health benefit plan to reimburse (1) telemedicine services for mental health care at the same rate as it does for in-person services and (2) all other telemedicine services at 90% of the in-person rate.

This would increase costs to the state health insurance pool in two ways. First, because PEHP pays 90% of the in-person rate for telemedicine services for mental health care, paying the same rate as in-person would increase costs by \$174,835. Second, because PEHP pays telemedicine urgent care visits at less than 90% of the in-person rate, paying at 90% of the in-person rate would increase costs by \$37,606. Together, this would be an annual increase of \$212,440 for the state health insurance pool.

ANTICIPATED FISCAL IMPACT ON EDUCATION AND LOCAL GOVERNMENT ENTITIES - \$.29 PMPM

We would expect a similar fiscal impact on education and local government entities.

Pursuant to Utah Code Ann. 31A-22-605.5(2)(b) and (3) – a health insurance mandate shall apply to health coverage offered in the state risk pool, public school districts, charter schools and institutions of higher education.

The same per member per month (PMPM) fiscal impact would be applicable to each of these entities covered by PEHP. PEHP does not cover every public school district, charter school or institution of higher education in the state. Some public entity employees are insured through private insurance carriers. The fiscal effect on the PEHP covered public entities would be:

- State risk pool, excluding state and including higher education (Weber St, USU Eastern, Snow, Utah Tech, and technical colleges) - \$.29 PMPM x 12,664 members = \$44,070.72 per year

- Public School districts and charter schools - \$.29 PMPM x 47,338 members = \$164,736.24 per year
- Local Governments – \$.29 PMPM x 42,155 members = \$146,699.40 per year