

SENATE BILL 24: Govt Mandates Increase Healthcare Costs.

2025-2026 General Assembly

Committee: Senate Rules and Operations of the Senate
Introduced by: Sens. Burgin, Galey, Sawrey
Analysis of: First Edition

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OVERVIEW: Part I of Senate Bill 24 would require any legislation proposing a new health insurance coverage mandate to repeal an existing health insurance coverage mandate. It would also require a recurring appropriation in the amount of the cost of the mandate to the State Treasurer and State Health Plan.

Part II of Senate Bill 24 would require any health benefit mandate that becomes law on or after July 1, 2025, to also apply to the State Health Plan.

BILL ANALYSIS: Part I of Senate Bill 24 would require any legislation that proposes new "health benefit mandates" to contain a provision repealing an equal number of existing health benefit mandates. It would also require the legislation to appropriate the cost of the mandate in recurring funds to the State Treasurer and the State Health Plan, regardless of whether the mandatory repeal results in a net cost savings.

"Health benefit mandate" would be defined to mean:

- A requirement that any healthcare service, treatment, or drug be covered.
- A requirement that any healthcare service or treatment provided by someone other than a physician be covered.
- Any requirement for cost-sharing mechanisms.
- Any requirements for cost-control processes, including advance approval for treatment.
- Any requirement on a pharmacy benefits manager.
- Any regulation on the manner in which a healthcare service, treatment, or drug is covered.

Part II of Senate Bill 24 would require any provision in Chapter 58 (Insurance) that includes a health benefit mandate to apply to the State Health Plan as of the start of the first plan year following the effective date of the mandate.

EFFECTIVE DATE: This act would be effective 30 days after it becomes law and would apply to pieces of legislation considered on or after that date.

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