

**BILL SUMMARY**  
1<sup>st</sup> Session of the 60<sup>th</sup> Legislature

<b>Bill No.:</b>	<b>HB 1161</b>
<b>Version:</b>	<b>FULLPCS1-AMD1</b>
<b>Request Number:</b>	
<b>Author:</b>	<b>Rep. Tedford</b>
<b>Date:</b>	<b>2/26/2025</b>
<b>Impact:</b>	<b>Please see previous summary of this measure</b>

**Research Analysis**

The amendment to the proposed oversight committee substitute for HB 1161 increases the maximum number of referrals from five to six, which is equally divided between the House of Representatives and Senate.

HB 1161, as amended, requires the Insurance Department to conduct an impact analysis on any legislative bill proposing a mandate that will affect health benefit plans before the bill can be considered. When the Speaker of the House of Representatives or President Pro Tempore of the Senate decides a bill contains a mandate impacting health benefit plans, they must direct the Legislative Services Bureau to submit the bill to the department for analysis.

The analysis must address the mandate's social, medical, and financial impacts, including public health significance, effectiveness of the proposed treatment or service, and effects on premiums, providers, and market stability. The department has 60 days to complete the analysis and may consult external vendors or state agencies for expertise. The bureau may submit up to six referrals annually—equally divided between the House and Senate—unless additional referrals are approved by the Insurance Commissioner.

Prepared By: Autumn Mathews

**Fiscal Analysis**

The measure is currently under review and impact information will be completed.

Prepared By: House Fiscal Staff

**Other Considerations**

None.