

**First Regular Session
Seventy-third General Assembly
STATE OF COLORADO**

INTRODUCED

LLS NO. 21-0317.01 Brita Darling x2241

HOUSE BILL 21-1275

HOUSE SPONSORSHIP

Lontine and Will,

SENATE SPONSORSHIP

Ginal and Kirkmeyer,

House Committees
Health & Insurance

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING REIMBURSEMENT FOR PHARMACISTS' SERVICES UNDER**
102 **THE MEDICAL ASSISTANCE ACT.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill requires that a pharmacist receive reimbursement under the medical assistance program for providing services authorized in statute, which reimbursement must be equivalent to the reimbursement provided to a physician or advanced practice nurse for the same services rendered, including services delivered by a pharmacist through telemedicine. The department of health care policy and financing is

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

directed to seek any federal authorization necessary to receive federal matching money for the reimbursements.

Further, the bill allows a pharmacist or pharmacy with authority to administer extended-release injectable medications for the treatment of mental health or substance use disorders to seek reimbursement for those medications under the medical assistance program as either a pharmacy benefit or as a medical benefit.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, **add** 25.5-5-511 and
3 25.5-5-512 as follows:

4 **25.5-5-511. Reimbursement for pharmacists' services -**
5 **legislative declaration.** (1) (a) THE GENERAL ASSEMBLY FINDS AND
6 DECLARES THAT:

7 (I) PHARMACISTS ARE HIGHLY TRAINED AND EDUCATED
8 DOCTORATE-LEVEL HEALTH-CARE PROFESSIONALS SPECIALIZING IN THE
9 EFFECTIVE USE OF MEDICATIONS AND THEIR OUTCOMES;

10 (II) PHARMACISTS PROVIDE HEALTH CARE THROUGHOUT THE
11 ENTIRE HEALTH-CARE SYSTEM, PRACTICING IN COMMUNITY PHARMACIES,
12 HOSPITALS, PROVIDER CLINIC OFFICES, AND SPECIALTY AREAS;

13 (III) WITH NINETY PERCENT OF AMERICANS LIVING WITHIN FIVE
14 MILES OF A PHARMACY, PHARMACISTS ARE ABLE TO PROVIDE VALUABLE
15 PUBLIC HEALTH SERVICES TO COMMUNITIES AND TO PROVIDE THOSE
16 SERVICES IN NOVEL WAYS, INCLUDING DURING NONTRADITIONAL HOURS
17 AND WITHOUT APPOINTMENTS;

18 (IV) AS PART OF AN INTEGRATED TEAM, PHARMACISTS HAVE BEEN
19 PROVEN TO LOWER THE OVERALL COST OF HEALTH CARE AND IMPROVE
20 LONG-TERM CHRONIC DISEASE OUTCOMES THROUGH MEDICATION
21 MANAGEMENT; HOWEVER, DESPITE THESE RECOGNIZED BENEFITS,
22 PHARMACISTS ARE NOT CONSIDERED MEDICAL PROVIDERS;

1 (V) FURTHER, PHARMACISTS IN INTEGRATED MEDICAL HOMES
2 UNDER THE MEDICAL ASSISTANCE PROGRAM ARE NOT SUPPORTED BY THE
3 SAME FUNDING MECHANISMS AS OTHER PROVIDERS, INCLUDING IN THE
4 COST REPORTS FOR FEDERALLY QUALIFIED HEALTH CENTERS OR THROUGH
5 FEE-FOR-SERVICE BILLING;

6 (VI) WITHOUT THE ABILITY TO GENERATE REVENUE THROUGH
7 DIRECT REIMBURSEMENT OR NEW VALUE-BASED MODELS, THE SERVICES
8 PHARMACISTS PROVIDE ARE NOT SUSTAINABLE;

9 (VII) COLORADO HAS RECOGNIZED THAT THERE IS A SHORTAGE IN
10 PRIMARY CARE PROVIDERS FOR INDIVIDUALS ENROLLED IN THE MEDICAL
11 ASSISTANCE PROGRAM; AND

12 (VIII) PHARMACISTS CAN HELP ADDRESS THIS SHORTAGE BY
13 PROVIDING CERTAIN PRIMARY CARE SERVICES AS A FOLLOW-UP TO
14 PHYSICIAN CARE THROUGH COLLABORATIVE PRACTICE MODELS,
15 INCLUDING HIGH BLOOD PRESSURE AND DIABETES FOLLOW-UP VISITS.

16 (b) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT THE
17 ABILITY OF PHARMACISTS TO GENERATE REVENUE FOR THE SAME SERVICES
18 PROVIDED BY OTHER HEALTH-CARE PROVIDERS WOULD BE EQUITABLE,
19 WOULD HELP FUND STAFF AND SERVICES IN MEDICAL HOMES, AND WOULD
20 ALLEVIATE BARRIERS TO ACCESS OF CARE IN COMMUNITY SETTINGS.

21 (2) A PHARMACIST MUST RECEIVE REIMBURSEMENT UNDER THE
22 MEDICAL ASSISTANCE PROGRAM FOR PROVIDING SERVICES AUTHORIZED IN
23 ARTICLE 280 OF TITLE 12, WHICH REIMBURSEMENT MUST BE EQUIVALENT
24 TO THE REIMBURSEMENT PROVIDED TO A PHYSICIAN OR ADVANCED
25 PRACTICE NURSE FOR THE SAME SERVICES RENDERED, INCLUDING
26 SERVICES DELIVERED BY A PHARMACIST THROUGH TELEMEDICINE, AS
27 DESCRIBED IN SECTION 25.5-5-320.

1 (3) THE STATE DEPARTMENT SHALL REQUEST ANY FEDERAL
2 AUTHORIZATION NECESSARY TO RECEIVE FEDERAL FINANCIAL
3 PARTICIPATION UNDER THE MEDICAL ASSISTANCE PROGRAM.

4 **25.5-5-512. Pharmacy benefit - mental health and substance**
5 **use disorders - legislative declaration.** (1) (a) THE GENERAL ASSEMBLY
6 FINDS AND DECLARES THAT:

7 (I) IT IS ESTIMATED THAT OVER ONE MILLION COLORADANS
8 EXPERIENCE A MENTAL HEALTH OR SUBSTANCE USE DISORDER EACH YEAR,
9 YET LESS THAN HALF OF THE ADULT POPULATION IN THIS STATE RECEIVES
10 THE CARE IT NEEDS;

11 (II) IT IS WELL DOCUMENTED THAT ACCESS TO APPROPRIATE
12 TREATMENTS, INCLUDING MEDICATION, CAN LEAD TO BETTER OUTCOMES
13 FOR INDIVIDUALS DEALING WITH THESE DIAGNOSES;

14 (III) FOR THIS REASON, POLICIES THAT RESTRICT ACCESS TO
15 MEDICATIONS LEAD TO POORER OUTCOMES AND INCREASED HEALTH-CARE
16 COSTS;

17 (IV) PHARMACISTS ALSO PLAY AN IMPORTANT ROLE IN IMPROVING
18 ACCESS TO TREATMENTS FOR SERIOUS MENTAL ILLNESS AND SUBSTANCE
19 USE DISORDERS; AND

20 (V) THE USE OF EXTENDED-RELEASE INJECTABLE MEDICATIONS
21 FOR SERIOUS MENTAL ILLNESS AND SUBSTANCE USE DISORDERS HAS
22 RESEARCH-PROVEN CLINICAL BENEFITS COMPARED TO ORAL MEDICATIONS,
23 INCLUDING MEDICATION ADHERENCE AND SIGNIFICANT DELAY AND
24 REDUCTION IN RELAPSE, WHICH DECREASES CRIMINAL RECIDIVISM AND
25 EMERGENCY ROOM VISITS FOR PATIENTS FROM VULNERABLE
26 POPULATIONS, PARTICULARLY THOSE EXPERIENCING HOMELESSNESS.

27 (b) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT ACCESS

1 TO THESE TREATMENTS THROUGH A PHARMACY BENEFIT UNDER THE
2 MEDICAL ASSISTANCE PROGRAM WILL IMPROVE ACCESS TO MENTAL
3 HEALTH PROVIDERS BY ALLOWING PHARMACISTS TO DISPENSE,
4 ADMINISTER, AND BE REIMBURSED FOR THESE IMPORTANT AND EFFECTIVE
5 MEDICATIONS.

6 (2) A PHARMACIST OR PHARMACY WITH AUTHORITY TO
7 ADMINISTER EXTENDED-RELEASE INJECTABLE MEDICATIONS FOR THE
8 TREATMENT OF MENTAL HEALTH OR SUBSTANCE USE DISORDERS MAY SEEK
9 REIMBURSEMENT FOR THOSE MEDICATIONS UNDER THE MEDICAL
10 ASSISTANCE PROGRAM EITHER AS A PHARMACY BENEFIT OR AS A MEDICAL
11 BENEFIT.

12 **SECTION 2. Act subject to petition - effective date.** This act
13 takes effect at 12:01 a.m. on the day following the expiration of the
14 ninety-day period after final adjournment of the general assembly; except
15 that, if a referendum petition is filed pursuant to section 1 (3) of article V
16 of the state constitution against this act or an item, section, or part of this
17 act within such period, then the act, item, section, or part will not take
18 effect unless approved by the people at the general election to be held in
19 November 2022 and, in such case, will take effect on the date of the
20 official declaration of the vote thereon by the governor.