

**NOTE: This bill has been prepared for the signatures of the appropriate legislative officers and the Governor. To determine whether the Governor has signed the bill or taken other action on it, please consult the legislative status sheet, the legislative history, or the Session Laws.**

# An Act

HOUSE BILL 21-1275

BY REPRESENTATIVE(S) Lontine and Will, Bernett, Bird, Duran, Gonzales-Gutierrez, Gray, Herod, Hooton, McCluskie, McCormick, Michaelson Jenet, Mullica, Ortiz, Snyder, Titone, Valdez A., Woodrow, Young;

also SENATOR(S) Ginal and Kirkmeyer, Buckner, Cooke, Coram, Donovan, Fields, Jaquez Lewis, Kolker, Moreno, Priola, Rankin, Simpson, Story, Zenzinger.

CONCERNING REIMBURSEMENT FOR PHARMACISTS' SERVICES UNDER THE MEDICAL ASSISTANCE ACT, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

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

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

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

(I) PHARMACISTS ARE HIGHLY TRAINED AND EDUCATED

*Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.*

DOCTORATE-LEVEL HEALTH-CARE PROFESSIONALS SPECIALIZING IN THE EFFECTIVE USE OF MEDICATIONS AND THEIR OUTCOMES;

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

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

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

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

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

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

(VIII) PHARMACISTS CAN HELP ADDRESS THIS SHORTAGE BY PROVIDING CERTAIN PRIMARY CARE SERVICES AS A FOLLOW-UP TO PHYSICIAN CARE THROUGH COLLABORATIVE PRACTICE MODELS, INCLUDING THE PROVISION OF CHRONIC DISEASE MANAGEMENT.

(b) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT THE ABILITY OF PHARMACISTS TO GENERATE REVENUE FOR THE SAME SERVICES

PROVIDED BY OTHER HEALTH-CARE PROVIDERS WOULD BE EQUITABLE, WOULD HELP FUND STAFF AND SERVICES IN MEDICAL HOMES, AND WOULD ALLEVIATE BARRIERS TO ACCESS OF CARE IN COMMUNITY SETTINGS.

(2) (a) A PHARMACIST IS ELIGIBLE TO RECEIVE REIMBURSEMENT UNDER THE MEDICAL ASSISTANCE PROGRAM FOR MEDICALLY NECESSARY SERVICES AUTHORIZED IN PART 6 OF ARTICLE 280 OF TITLE 12 THAT ARE NOT DUPLICATIVE OF OTHER PHARMACIST SERVICES OR PROGRAMS REIMBURSED UNDER THE MEDICAL ASSISTANCE PROGRAM.

(b) THE STATE DEPARTMENT SHALL INCLUDE THE SERVICES REIMBURSED PURSUANT TO SUBSECTION (2)(a) OF THIS SECTION IN THE REVIEW OF PROVIDER RATES REQUIRED PURSUANT TO SECTION 25.5-4-401.5.

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

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

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

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

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

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

(V) THE USE OF EXTENDED-RELEASE INJECTABLE MEDICATIONS FOR

SERIOUS MENTAL ILLNESS AND SUBSTANCE USE DISORDERS HAS RESEARCH-PROVEN CLINICAL BENEFITS COMPARED TO ORAL MEDICATIONS, INCLUDING MEDICATION ADHERENCE AND SIGNIFICANT DELAY AND REDUCTION IN RELAPSE, WHICH DECREASES CRIMINAL RECIDIVISM AND EMERGENCY ROOM VISITS FOR PATIENTS FROM VULNERABLE POPULATIONS, PARTICULARLY THOSE EXPERIENCING HOMELESSNESS.

(b) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT ACCESS TO THESE TREATMENTS THROUGH A PHARMACY BENEFIT UNDER THE MEDICAL ASSISTANCE PROGRAM WILL IMPROVE ACCESS TO MENTAL HEALTH PROVIDERS BY ALLOWING PHARMACISTS TO DISPENSE, ADMINISTER, AND BE REIMBURSED FOR THESE IMPORTANT AND EFFECTIVE MEDICATIONS.

(2) A PHARMACIST OR PHARMACY THAT DISPENSES OR ADMINISTERS EXTENDED-RELEASE INJECTABLE MEDICATIONS FOR THE TREATMENT OF MENTAL HEALTH OR SUBSTANCE USE DISORDERS MAY SEEK REIMBURSEMENT FOR THOSE MEDICATIONS UNDER THE MEDICAL ASSISTANCE PROGRAM EITHER AS A PHARMACY BENEFIT OR AS A MEDICAL BENEFIT.

**SECTION 2.** In Colorado Revised Statutes, **add** 25.5-5-331 as follows:

**25.5-5-331. Federally qualified health center - clinical pharmacy services - reimbursement - rules.** (1) COSTS ASSOCIATED WITH SERVICES PROVIDED BY CLINICAL PHARMACISTS THROUGH A FEDERALLY QUALIFIED HEALTH CENTER, AS DEFINED IN THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395x (aa)(4), ARE CONSIDERED ALLOWABLE COSTS FOR THE PURPOSE OF A FEDERALLY QUALIFIED HEALTH CENTER'S COST REPORT AND MUST BE INCLUDED IN THE CALCULATION OF THE REIMBURSEMENT RATE FOR A PATIENT VISIT AT A FEDERALLY QUALIFIED HEALTH CENTER.

(2) THE STATE DEPARTMENT SHALL PROMULGATE RULES TO IMPLEMENT THE PROVISIONS OF THIS SECTION.

**SECTION 3. Appropriation.** (1) For the 2021-22 state fiscal year, \$372,554 is appropriated to the department of health care policy and financing. This appropriation consists of \$336,097 from the general fund and \$36,457 cash funds from the healthcare affordability and sustainability fee cash fund created in section 25.5-4-402.4 (5)(a), C.R.S. To implement this act, the department may use this appropriation as follows:

(a) \$74,847 from the general fund for use by the executive director's office for personal services, which amount is based on an assumption that the office will require an additional 1.6 FTE;

(b) \$7,415 from the general fund for use by the executive director's office for operating expenses;

(c) \$95,796 from the general fund for use by the executive director's office for Medicaid management information system maintenance and projects; and

(d) \$194,496, consisting of \$158,039 from the general fund, which amount is subject to the "(M)" notation as defined in the annual general appropriation act for the same fiscal year, and \$36,457 from the healthcare affordability and sustainability fee cash fund, for medical and long-term care services for Medicaid eligible individuals.

(2) For the 2021-22 state fiscal year, the general assembly anticipates that the department of health care policy and financing will receive \$1,348,502 in federal funds to implement this act. The appropriation in subsection (1) of this section is based on the assumption that the department will receive this amount of federal funds to be used as follows:

(a) \$74,847, which amount is subject to the "(I)" notation as defined in the annual general appropriation act for the same fiscal year, for personal services;

(b) \$7,415, which amount is subject to the "(I)" notation as defined in the annual general appropriation act for the same fiscal year, for operating expenses;

(c) \$862,164, which amount is subject to the "(I)" notation as defined in the annual general appropriation act for the same fiscal year, for Medicaid management information system maintenance and projects; and

(d) \$404,076 for medical and long-term care services for Medicaid eligible individuals.

**SECTION 4. Act subject to petition - effective date.** This act takes effect at 12:01 a.m. on the day following the expiration of the

ninety-day period after final adjournment of the general assembly; except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2022 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.

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Alec Garnett  
SPEAKER OF THE HOUSE  
OF REPRESENTATIVES

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Leroy M. Garcia  
PRESIDENT OF  
THE SENATE

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Robin Jones  
CHIEF CLERK OF THE HOUSE  
OF REPRESENTATIVES

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Cindi L. Markwell  
SECRETARY OF  
THE SENATE

APPROVED \_\_\_\_\_  
(Date and Time)

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Jared S. Polis  
GOVERNOR OF THE STATE OF COLORADO