



## Fiscal Note

### Legislative Council Staff

Nonpartisan Services for Colorado's Legislature

## HB 26-1336: INCREASE ACCESS TO PHARMACY SERVICES

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**Prime Sponsors:**

Rep. Lindsay; Winter T.

Sen. Pelton R.; Cutter

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**Published for:** Senate Health & Human Services

**Drafting number:** LLS 26-0863

**Version:** First Revised Note

**Date:** April 27, 2026

**Fiscal note status:** This revised fiscal note reflects the reengrossed bill.

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### Summary Information

**Overview.** The bill modifies statutes related to pharmacy services, including insurance coverage requirements, Medicaid reimbursement, prescriptive authority, and final product verification.

**Types of impacts.** The bill is projected to affect the following areas on an ongoing basis:

- Minimal State Expenditures

**Appropriations.** No appropriation is required.

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**Table 1**  
**State Fiscal Impacts**

Type of Impact	Budget Year FY 2026-27	Out Year FY 2027-28
State Revenue	\$0	\$0
State Expenditures	\$0	\$0
Transferred Funds	\$0	\$0
Change in TABOR Refunds	\$0	\$0
Change in State FTE	0.0 FTE	0.0 FTE

## **Summary of Legislation**

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The bill modifies statutes related to pharmacy services by requiring insurance coverage of certain services, aligning Medicaid reimbursement with pharmacists' scope of practice, expanding prescriptive authority, and authorizing delegation of final product verification tasks.

### **Insurance Coverage Requirements**

The bill requires health benefit plans that provide hospital, surgical, or medical expense insurance to cover health care services provided by a pharmacist if the services are within the pharmacist's scope of practice. The bill specifies that:

- health benefit plans and carriers must not discriminate against pharmacists acting within their scope of practice based solely on licensure type; and
- health benefit plans must not prohibit pharmacists from participation in provider networks if they meet plan requirements.

### **Medicaid Reimbursement**

The bill authorizes reimbursement under the state's Medicaid program for pharmacist-provided services that are within the pharmacist's scope of practice and are not duplicative of other pharmacist services or programs reimbursed by Medicaid.

### **Prescriptive Authority**

The bill expands the definition of "practice of pharmacy" to include independent prescriptive authority for certain drugs, drug categories, or devices for patients between five and twelve years of age when certain conditions are met. This authority applies only to non-controlled substances prescribed in accordance with FDA-approved labeling and excludes medications requiring certified education programs or limited distribution networks.

### **Task Delegation to Sub-Pharmacists**

The bill authorizes supervising pharmacists to delegate certain tasks, including final product verification, to pharmacy technicians or interns under certain circumstances. The bill defines "final product verification" as the physical verification that a drug, device, or product matches the prescription or order after entry and review in a pharmacy system.

By December 31, 2026, the State Board of Pharmacy in the Department of Regulatory Agencies (DORA) must adopt rules related to final product verification, including training requirements and other standards.

## **State Expenditures**

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The bill minimally impacts workload and expenditures in DORA, the Department of Health Care Policy and Financing, and the Department of Personnel and Administration, as discussed below.

### **Department of Regulatory Agencies**

Workload will minimally increase in the Division of Professions and Occupations to conduct rulemaking related to final product verification and provide outreach to licensees. The Division of Insurance may also experience an increase in workload to review additional or revised rate filings associated with the bill. These impacts are expected to be minimal and absorbable within existing appropriations.

DORA may require legal services, provided by the Department of Law, which can be accomplished within existing legal services appropriations. Legal counsel is related to rulemaking and ongoing administration of the program, as well as a rise in complaints.

### **Department of Health Care Policy and Financing**

The bill may minimally impact expenditures in the Department of Health Care Policy and Financing for Medicaid. The bill does not add new Medicaid benefits, but instead expands access to services provided by pharmacists, which may potentially result in both costs and savings. On one hand, savings may result if Medicaid members choose to receive services from pharmacists that would otherwise occur in higher-cost settings, such as hospitals or urgent care. At the same time, to the extent pharmacists are more accessible than other types of health providers and Medicaid members access services when they otherwise would not have, overall utilization may increase. Any potential costs and savings are assumed to be minimal and offsetting, and any necessary changes to appropriations will be addressed through the annual budget process.

### **Department of Personnel and Administration**

Similar to the Medicaid impact above, the bill may impact costs for state employee health insurance. State employee insurance is offered through two carriers—Kaiser Permanente and Cigna. Kaiser Permanente offers fully insured plans subject to state regulation, while Cigna administers self-funded plans regulated under federal law that are also required to offer all mandatory benefits outlined in state law. To the extent expanded coverage for services provided by pharmacists results in costs or savings for both health plans, premiums paid by the state may minimally increase or decrease. Insurance premium costs are shared by state agencies and employees. Any change in premium costs will be handled through the annual budget process.

Workload may also minimally increase in the Office of Administrative Courts to the extent that expanded scope of practice for pharmacists results in additional disciplinary cases. This workload is expected to be minimal and no change in appropriations is required.

## Effective Date

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The bill takes effect 90 days following adjournment of the General Assembly sine die, assuming no referendum petition is filed.

## State and Local Government Contacts

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Health Care Policy and Financing

Personnel

Law

Regulatory Agencies