CONCERNING AN ANNUAL REPORT ON PHARMACEUTICAL COSTS.

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.)

By March 31, 2018, and by each March 31 thereafter through March 31, 2020, the bill requires health insurers to submit to the commissioner of insurance (commissioner) information regarding pharmaceuticals covered under individual and group health insurance plans in prior years. Carriers are to report the following information, separately stated with regard to individual and group market segments:

- The total pharmaceutical costs, including cost-sharing amounts paid by insured persons, and the net...
pharmaceuticals costs, after negotiated rebates and discounts; 
! The net cost of pharmaceuticals, expressed as a percentage of total medical costs; and 
! A list of the drug classes of the 10 pharmaceuticals that were most dispensed and had the highest aggregate cost.

The bill also requires carriers providing or administering state group benefit plans for state employees to report the pharmaceutical cost data.

The commissioner is directed to aggregate and analyze the data and submit an annual report to the governor and specified legislative committees on trends in pharmaceutical costs in the insurance market, including most-prescribed and highest-cost pharmaceuticals.

The commissioner is authorized to adopt rules as necessary to implement the requirements of the bill. The reporting requirements are repealed on January 31, 2021.

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

SECTION 1. Legislative declaration. (1) The general assembly finds and determines that:

(a) A principal purpose of health insurance is to protect individuals from the high costs of health care;

(b) Health care costs and health insurance premiums have increased significantly over the past decade;

(c) While increasing health care costs contribute to increases in health insurance premiums, the main focus of increasing costs has been directed at health insurers;

(d) A component of health care costs that drives health insurance premiums is the cost of prescription medications;

(e) Information reported by America's Health Insurance Plans indicates that the dramatic increases in prescription drug costs are contributing to higher insurance premiums, deductibles, and cost-sharing amounts;
Large price increases in frequently prescribed medications are having a significant impact on consumers, particularly on patients who have been taking certain brand or generic drugs for years and are now finding that their necessary medications are unaffordable; and

Health insurance plans cannot absorb the increasing prescription drug costs without making adjustments to premiums and cost-sharing requirements.

Therefore, the general assembly declares that the intent of this act is to provide:

(a) Pharmaceutical costs data collected by the division of insurance from health insurers to policymakers as a first step in helping identify policy solutions to address the rising costs of prescription drugs while still promoting and encouraging innovation and the development of new therapies in health care; and

(b) Health insurers and pharmaceutical companies with more transparency in order to achieve more sustainable pricing of prescription drugs for patients.

SECTION 2. In Colorado Revised Statutes, add 10-16-145 as follows:

10-16-145. Annual reports on pharmaceutical costs - rules - repeal. (1) (a) By March 31, 2018, and by each March 31 thereafter through March 31, 2020, a carrier subject to Part 2, 3, or 4 of this Article 16 that is offering health benefit plans in Colorado shall submit an annual report to the commissioner containing the information specified in Subsection (2) of this section regarding pharmaceutical costs incurred in the immediately preceding calendar year except as otherwise
provided in subsection (1)(c) of this section.

(b) A carrier shall report the data specified in subsection (2) of this section separately for the individual and group market segments.

(c) For the initial report submitted by a carrier in 2018, the carrier shall include the data specified in subsection (2) of this section for the 2015, 2016, and 2017 calendar years.

(d) A carrier that provides or administers a group benefit plan for state employees pursuant to part 6 of article 50 of title 24 shall report the information specified in subsection (2) of this section to the commissioner annually in the same manner and by the same dates specified in subsection (1)(a) of this section.

(2) A carrier subject to this section shall report the following information to the commissioner:

(a) The total pharmaceutical costs incurred, including consumer deductible, copayment, and coinsurance amounts, and the aggregate net pharmaceutical costs incurred after all negotiated discounts and rebates;

(b) The net cost of pharmaceuticals as a percentage of all medical costs;

(c) A list of the drug classes of the ten most-dispensed pharmaceuticals in each of the following categories, specifying for each category the total number of prescriptions, the aggregate gross spending, the aggregate net spending, and the number of unique covered persons receiving the pharmaceutical:

(I) Brand-name drugs;

(II) Generic drugs;
(III) Biological products, as defined in section 12-42.5-102 (3.7); and

(IV) interchangeable biological products, as described in section 12-42.5-102 (16.5); and

(d) a list of the drug classes of the ten pharmaceuticals that had the highest gross spending, specifying for each drug class the total number of prescriptions, the aggregate gross spending, the aggregate net spending, the number of unique covered persons who received a pharmaceutical on the list, and the medical condition each pharmaceutical was prescribed to treat.

(3) Except as provided in subsection (5) of this section, the commissioner shall maintain confidentiality of the information reported under this section, and the information is not subject to the "Colorado Open Records Act", part 2 of article 72 of title 24.

(4) The commissioner may adopt rules as necessary to implement this section.

(5) (a) (I) By December 1, 2018, and by each December 1 thereafter through December 1, 2020, the commissioner shall submit a report, in an aggregated format, to the governor, the Senate Health and Human Services Committee, and the Health, Insurance, and Environment and the Public Health Care and Human Services Committees of the House of Representatives, or their successor committees, that analyzes private insurance market trends in pharmaceutical drug costs, including the most-prescribed and the highest-cost pharmaceuticals.
(II) In the report, the commissioner shall:

(A) Aggregate cost information across all carriers and only disclose the aggregate gross spending per drug class, the aggregate net spending per drug class, and the range of aggregate gross and net spending across the drugs in a given class when there are more than two pharmaceuticals in the drug class and about which at least three carriers reported data under subsection (2) of this section;

(B) Not disclose product-specific net price information that is specific to an individual carrier, health benefit plan, or product manufacturer; and

(C) Not disclose the names of individual pharmaceutical products, but shall identify pharmaceuticals by their drug class.

(III) In developing the report, the commissioner shall consider the relative positive effects drug adherence has on the health of Coloradans.

(b) The commissioner shall not disclose any individual carrier or pharmaceutical company names in the report submitted under this subsection (5).

(c) Beginning in 2018, and every year thereafter through 2020, the commissioner shall present the report required by this subsection (5) as part of the Department of Regulatory Agencies' "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing required by section 2-7-203.

(6) This section is repealed, effective January 31, 2021.
SECTION 3. 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 (August 9, 2017, if adjournment sine die is on May 10, 2017); 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 2018 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.