

**Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO**

REVISED

*This Version Includes All Amendments Adopted
on Second Reading in the Second House*

LLS NO. 24-0129.01 Kristen Forrestal x4217

HOUSE BILL 24-1010

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A BILL FOR AN ACT

101 **CONCERNING LIMITATIONS ON DRUGS COVERED UNDER AN**
102 **INDIVIDUAL'S HEALTH INSURANCE POLICY THAT ARE**
103 **ADMINISTERED BY A PROVIDER IN A SETTING OTHER THAN A**
104 **HOSPITAL, AND, IN CONNECTION THEREWITH, MAKING AN**
105 **APPROPRIATION.**

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>.)

For a covered person with a chronic, complex, rare, or life-threatening medical condition, the bill prohibits a carrier from:

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

SENATE
Amended 2nd Reading
May 2, 2024

HOUSE
3rd Reading Unamended
March 25, 2024

HOUSE
Amended 2nd Reading
March 22, 2024

- Requiring a provider-administered drug to be dispensed only by certain pharmacies or only by a pharmacy participating in the carrier's network;
- If a provider-administered drug is otherwise covered by the carrier for the covered person, limiting or excluding coverage for the drug based on the covered person's choice of pharmacy or because the drug was not dispensed by a pharmacy that participates in the carrier's network;
- Requiring a participating provider to bill for or be reimbursed for the delivery and administration of a provider-administered drug under the pharmacy benefit instead of the medical benefit without informed, written consent of the covered person and written attestation by the covered person's participating provider that a delay in the drug's administration will not place the covered person at an increased health risk; or
- Requiring a covered person to pay additional fees, copayments, or coinsurance based on the covered person's choice of pharmacy or because the provider-administered drug was not dispensed by a pharmacy that participates in the carrier's network.

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

2 **SECTION 1.** In Colorado Revised Statutes, 10-16-102, **add**
 3 (56.5) as follows:

4 **10-16-102. Definitions.** As used in this article 16, unless the
 5 context otherwise requires:

6 (56.5) "PROVIDER-ADMINISTERED DRUG" MEANS AN OUTPATIENT
 7 DRUG, OTHER THAN A VACCINE, THAT:

8 (a) CANNOT REASONABLY BE SELF-ADMINISTERED BY A COVERED
 9 PERSON TO WHOM THE DRUG IS PRESCRIBED OR BY AN INDIVIDUAL
 10 ASSISTING THE COVERED PERSON WITH THE SELF-ADMINISTRATION; AND

11 (b) IS TYPICALLY ADMINISTERED BY A PROVIDER IN THE
 12 PROVIDER'S OFFICE.

13 **SECTION 2.** In Colorado Revised Statutes, **add** 10-16-122.8 as

1 follows:

2 **10-16-122.8. Health benefit plans - provider-administered**
3 **drugs - prohibit required dispensing by specific pharmacy -**
4 **definitions.** (1) AS USED IN THIS SECTION:

5 (a) "HEALTH BENEFIT PLAN" HAS THE SAME MEANING AS SET
6 FORTH IN SECTION 10-16-102 (32).

7 (b) "PROVIDER" HAS THE SAME MEANING AS SET FORTH IN SECTION
8 10-16-102 (56); EXCEPT THAT "PROVIDER" DOES NOT INCLUDE A
9 HOSPITAL, HOSPITAL FACILITY-BASED PRACTICE SETTING, HOSPITAL
10 OUTPATIENT DEPARTMENT, OR HOSPITAL OUTPATIENT INFUSION CENTER.

11 (2) FOR HEALTH BENEFIT PLANS ISSUED OR RENEWED ON OR AFTER
12 JANUARY 1, 2025, FOR A COVERED PERSON WITH A LIFE- OR
13 LIMB-THREATENING MEDICAL CONDITION OR FOR A COVERED PERSON
14 WHERE A DELAY IN RECEIVING MEDICATION COULD CAUSE A LIFE- OR
15 LIMB-THREATENING MEDICAL CONDITION, A CARRIER SHALL NOT:

16 (a) REQUIRE A PROVIDER-ADMINISTERED DRUG TO BE DISPENSED
17 ONLY BY SPECIFIC NETWORK PHARMACIES;

18 (b) IF A PROVIDER-ADMINISTERED DRUG IS OTHERWISE COVERED
19 BY THE CARRIER FOR THE COVERED PERSON, LIMIT OR EXCLUDE COVERAGE
20 FOR THE DRUG BASED ON THE COVERED PERSON'S CHOICE OF
21 PARTICIPATING PROVIDER;

22 (c) REQUIRE A PARTICIPATING PROVIDER TO BILL FOR OR BE
23 REIMBURSED FOR THE DELIVERY AND ADMINISTRATION OF A
24 PROVIDER-ADMINISTERED DRUG UNDER THE PHARMACY BENEFIT INSTEAD
25 OF THE MEDICAL BENEFIT WITHOUT:

26 (I) INFORMED, WRITTEN CONSENT OF THE COVERED PERSON; AND

27 (II) WRITTEN ATTESTATION BY THE COVERED PERSON'S

1 PARTICIPATING PROVIDER THAT A DELAY IN THE DRUG'S ADMINISTRATION
2 WILL NOT PLACE THE COVERED PERSON AT AN INCREASED HEALTH RISK;
3 OR

4 (d) REQUIRE A COVERED PERSON TO PAY AN ADDITIONAL FEE,
5 COPAYMENT, OR COINSURANCE; A HIGHER COPAYMENT; OR ANY OTHER
6 PRICE INCREASE FOR A PROVIDER-ADMINISTERED DRUG BASED ON THE
7 COVERED PERSON'S CHOICE OF PARTICIPATING PROVIDER.

8 (3) THE REIMBURSEMENT RATE FOR COVERED
9 PROVIDER-ADMINISTERED DRUGS MUST BE AT THE CARRIER'S IN-NETWORK
10 NEGOTIATED RATE FOR PARTICIPATING PROVIDERS.

11 (4) THIS SECTION APPLIES ONLY IF THE COVERED PERSON'S
12 PROVIDER DETERMINES THAT:

13 (a) A DELAY IN THE PROVISION OF SERVICES OR CARE WOULD MAKE
14 THE COVERED PERSON'S CONDITION PROGRESSION MORE PROBABLE; OR

15 (b) THE USE OF A PHARMACY WITHIN THE NETWORK OF THE
16 COVERED PERSON'S HEALTH BENEFIT PLAN WOULD:

17 (I) INCREASE THE PROBABILITY OF HARM OR DEATH TO THE
18 PATIENT;

19 (II) POTENTIALLY CAUSE A BARRIER TO THE COVERED PERSON'S
20 ADHERENCE TO OR COMPLIANCE WITH THE COVERED PERSON'S PLAN OF
21 CARE; OR

22 (III) DELIVERY BY AN ALTERNATIVE PHARMACY OR PROVIDER IS
23 NECESSARY IN ORDER FOR THE COVERED PERSON TO RECEIVE THE
24 PROVIDER-ADMINISTERED DRUG IN A TIMELY MANNER.

25 (5) THIS SECTION DOES NOT:

26 (a) AUTHORIZE A PERSON TO ADMINISTER A DRUG WHEN
27 OTHERWISE PROHIBITED BY STATE OR FEDERAL LAW; OR

1 (b) MODIFY DRUG ADMINISTRATION REQUIREMENTS UNDER STATE
2 LAW, INCLUDING ANY REQUIREMENTS RELATED TO THE DELEGATION AND
3 SUPERVISION OF DRUG ADMINISTRATION.

4 **SECTION 3. Appropriation.** For the 2024-25 state fiscal year,
5 \$7,333 is appropriated to the department of regulatory agencies for use by
6 the division of insurance. This appropriation is from the division of
7 insurance cash fund created in section 10-1-103 (3)(a)(I), C.R.S., and is
8 based on an assumption that the division will require an additional 0.1
9 FTE. To implement this act, the division may use this appropriation for
10 personal services.

11 **SECTION 4. Act subject to petition - effective date -**
12 **applicability.** (1) This act takes effect at 12:01 a.m. on the day following
13 the expiration of the ninety-day period after final adjournment of the
14 general assembly; except that, if a referendum petition is filed pursuant
15 to section 1 (3) of article V of the state constitution against this act or an
16 item, section, or part of this act within such period, then the act, item,
17 section, or part will not take effect unless approved by the people at the
18 general election to be held in November 2024 and, in such case, will take
19 effect on the date of the official declaration of the vote thereon by the
20 governor.

21 (2) This act applies to health benefit plans issued or renewed on
22 or after January 1, 2025.