# First Regular Session Seventy-fifth General Assembly STATE OF COLORADO

# **INTRODUCED**

LLS NO. 25-0095.03 Kristen Forrestal x4217

**HOUSE BILL 25-1094** 

## **HOUSE SPONSORSHIP**

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#### **Senate Committees**

Health & Human Services

101

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## A BILL FOR AN ACT

CONCERNING PHARMACY BENEFIT MANAGER PRACTICES THAT AFFECT PRESCRIPTION DRUG 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 <a href="http://leg.colorado.gov">http://leg.colorado.gov</a>.)

## The bill:

- Allows a pharmacy benefit manager (PBM) to earn income derived from the assessment of a flat-dollar service fee;
- Prohibits a PBM from earning income based on the cost of a prescription drug;
- Prohibits a PBM from designing a formulary to favor a

- certain branded pharmaceutical or biologic;
- Sets the amount that a PBM shall reimburse an unaffiliated pharmacy or a PBM-affiliated retail, mail order, or specialty pharmacy for a prescription drug;
- Requires a PBM to credit income derived from a source other than a flat-dollar service fee to a health insurance carrier (carrier) or a self-funded health benefit plan; and
- Requires a PBM to make certain documents and data available to a carrier, a self-funded plan, or the commissioner of insurance upon request.

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

**SECTION 1.** In Colorado Revised Statutes, **add** 10-16-122.8 as

3 follows:

agreements - fees - documentation - rules. (1) A PHARMACY BENEFIT MANAGER MAY EARN INCOME DERIVED FROM THE ASSESSMENT OF A SINGLE, FLAT-DOLLAR SERVICE FEE FOR THE PROVISION OF A PRESCRIPTION DRUG, WHICH SERVICE FEE IS TRANSPARENTLY EXPRESSED IN A WRITTEN AGREEMENT BETWEEN THE PBM AND A CARRIER OR A SELF-FUNDED HEALTH BENEFIT PLAN. THE SINGLE, FLAT-DOLLAR SERVICE FEE MAY VARY FROM CLIENT TO CLIENT BASED ON THE NUMBER OF PLAN PARTICIPANTS,

CLINICAL AND ADMINISTRATIVE SERVICES PROVIDED, VALUE-BASED

PAYMENT ARRANGEMENT, AND OTHER CONSIDERATIONS.

(2) (a) A PBM SHALL NOT:

(I) EARN ANY INCOME THAT IS DIRECTLY OR INDIRECTLY BASED ON THE NET ACQUISITION COST OF A PRESCRIPTION DRUG, INCLUDING INCOME FROM PRESCRIPTION DRUG MARK-UPS, COPAYMENTS THAT EXCEED THE COST OF PRESCRIPTION DRUGS, UP-CHARGING OR SPREAD-PRICING, GROUP PURCHASING ORGANIZATION REVENUES, MANUFACTURER-DERIVED REVENUES, OR ANY OTHER ARRANGEMENTS CONCERNING THE PRICING OF

-2- HB25-1094

PRESCRIPTION DRUGS:	$\Omega$ R
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- 2 (II) DESIGN A PRESCRIPTION DRUG FORMULARY TO FAVOR A
  3 CERTAIN BRANDED PHARMACEUTICAL OR BIOLOGIC OVER A
  4 THERAPEUTICALLY EQUIVALENT GENERIC OR BIOSIMILAR, UNLESS THE
  5 BRANDED PHARMACEUTICAL OR BIOLOGIC HAS A LOWER DISCOUNTED NET
  6 ACQUISITION COST AND THAT LOWER COST IS REFLECTED IN A LOWER
  7 OUT-OF-POCKET EXPENSE FOR CONSUMERS.
  - (b) This subsection (2) does not prevent a PBM from Negotiating a prescription drug rebate or other discount as a percentage of the prescription drug's list price.
  - (3) (a) A PBM shall reimburse an unaffiliated pharmacy or a PBM-affiliated retail, mail order, or specialty pharmacy for the fulfillment of a prescription drug in an amount equal to the national average drug acquisition cost for the dispensed prescription drug ingredients plus a two-dollar fee and a professional dispensing fee as determined in the pharmacy contract. If the national average drug acquisition cost is not available at the time a prescription drug is administered or dispensed, a PBM shall not reimburse in an amount that is less than the wholesale acquisition cost of the prescription drug.
  - (b) A PBM SHALL CREDIT ANY INCOME DERIVED FROM SOURCES OTHER THAN THE SINGLE, FLAT-DOLLAR SERVICE FEE DESCRIBED IN SUBSECTION (1) OF THIS SECTION TO THE CARRIER OR SELF-FUNDED HEALTH BENEFIT PLAN WITH WHICH THE PBM HAS CONTRACTED.
  - (4) UPON REQUEST OF A CARRIER, A SELF-FUNDED HEALTH BENEFIT PLAN, A FIDUCIARY OF THE CARRIER OR SELF-FUNDED HEALTH BENEFIT PLAN, OR THE COMMISSIONER, A PBM SHALL MAKE AVAILABLE, WITHIN

-3- HB25-1094

1	THIRTY DAYS AFTER THE DATE OF THE REQUEST AND WITHOUT CHARGE,
2	DOCUMENTATION AND DATA AS REQUESTED OR AS REQUIRED TO FULFILL
3	THE CARRIER'S OR SELF-FUNDED HEALTH BENEFIT PLAN'S FIDUCIARY
4	OBLIGATIONS TO COVERED PERSONS. THE DOCUMENTATION AND DATA
5	INCLUDE:
6	(a) The aggregate dollar and per unit amount of all $\ensuremath{PBM}$
7	INCOME DERIVED FROM THE FLAT-DOLLAR SERVICE FEE ASSESSED TO THE
8	CARRIER OR SELF-FUNDED HEALTH BENEFIT PLAN;
9	$(b) \ The \ PRESCRIPTION \ DRUG \ CLAIMS \ PROCESSED \ BY \ THE \ PBM \ FOR$
10	THE CARRIER'S HEALTH BENEFIT PLAN OR THE SELF-FUNDED HEALTH
11	BENEFIT PLAN; AND
12	(c) The PBM's reimbursements for all retail, mail order,
13	UNAFFILIATED, AND SPECIALTY PHARMACIES THAT FILL PRESCRIPTIONS
14	FOR COVERED PERSONS.
15	(5) THE COMMISSIONER MAY ADOPT RULES AS NECESSARY TO
16	ENFORCE THIS SECTION.
17	SECTION 2. Act subject to petition - effective date -
18	applicability. (1) This act takes effect January 1, 2026; except that, if a
19	referendum petition is filed pursuant to section 1 (3) of article V of the
20	state constitution against this act or an item, section, or part of this act
21	within the ninety-day period after final adjournment of the general
22	assembly, then the act, item, section, or part will not take effect unless
23	approved by the people at the general election to be held in November
24	2026 and, in such case, will take effect on the date of the official
25	declaration of the vote thereon by the governor.
26	(2) This act applies to conduct occurring on or after the applicable
27	effective date of this act.

-4- HB25-1094