



February 18, 2025

The Honorable Kyle Brown
Chair
Colorado House Health & Human Services Committee
200 E Colfax
RM 307
Denver, CO 80203

HB25-1094 Pharmacy benefit manager practices – SUPPORT

Dear Chair Brown, Vice Chair Lieder, and members of the Colorado House Health & Human Services Committee:

The American Pharmacists Association (APhA) supports [House Bill \(HB\) 25-1094](#) (Chair Brown), which will protect Colorado patients' access to their medications and their trusted healthcare professional, the pharmacist. By preserving pharmacists' crucial role in ensuring patients' access to their medications, Colorado can ensure that its communities receive the best possible health care.

As a result of the predatory practices of pharmacy benefit managers (PBMs), patients' access to medications from their local pharmacist across the country has declined¹, taxpayer dollars have been funneled into corporate profits², and generationally owned community pharmacies have been driven out of business.³ A study found that PBM tactics forced Oregon Medicaid to overpay \$1.9M on a single drug, where PBMs marked up the drug by 800 percent.⁴ Appropriate government oversight is necessary to address the misaligned incentives in the PBM industry that prioritize profits over patients. HB25-1094 would address many of the underlying issues that harm patients, Colorado taxpayers, and pharmacists by prohibiting PBMs from earning income based on the cost of prescriptions and addressing misaligned incentives by prohibiting a PBM from designing formularies that would benefit themselves and potentially hurt patients.

Another critical focus of HB25-1094 is maintaining patient access to their lifesaving medications and preserving the pharmacist-patient relationship. Increasing PBM transparency and ensuring sustainable reimbursement to pharmacies will help keep local community pharmacy doors open and protect access to care, particularly for populations in rural and underserved Coloradan communities.

¹ Rose J, Krishnamoorth R. Why your neighborhood community pharmacy may close. *The Hill*. Available at <https://thehill.com/blogs/congress-blog/healthcare/530477-why-your-neighborhood-community-pharmacy-may-close>

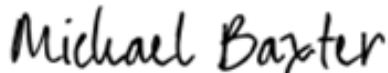
² 3 Axis Advisors. Analysis of PBM Spread Pricing in New York Medicaid Managed Care. Available at <http://www.ncpa.co/pdf/state-advoc/new-york-report.pdf>

³ Callahan C. Mom-and-pop pharmacies struggle to hang on. *Times Union*. Available at <https://www.timesunion.com/hudsonvalley/news/article/Mom-and-pop-pharmacies-struggle-to-hang-on-16187714.php>

⁴ <https://oregonpharmacy.org/2022/10/27/oregon-report/>

For these reasons, we support HB25-1094 and respectfully request your “AYE” vote. If you have any questions or require additional information, please do not hesitate to contact E. Michael Murphy, PharmD, MBA, APhA Senior Advisor for State Government Affairs, by email at mmurphy@aphanet.org.

Sincerely,



Michael Baxter
Vice President, Government Affairs

cc: Representative Sheila Lieder, Vice Chair
Representative Mary Bradfield
Representative Brandi Bradley
Representative Regina English
Representative Lisa Feret
Representative Lori Garcia Sander
Representative Lindsay Gilchrist
Representative Eliza Hamrick
Representative Dusty Johnson
Representative Karen McCormick
Representative Gretchen Rydin
Representative Katie Stewart
Emily Zadvorny, PharmD, BCPS, Executive Director, Colorado Pharmacists Society

About APhA: APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. **Our members strive to improve medication use, advance patient care and enhance public health. In Colorado, with 5,100 licensed pharmacists and 5,920 pharmacy technicians, APhA represents pharmacists, students, and pharmacy technicians that practice in numerous settings and provide care to many of your constituents.** As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.



February 17, 2025

The Honorable Lindsey Daugherty
Chairperson
House Committee on Health & Human Services
Colorado General Assembly

Re: Support for Colorado HB 1094

Dear Chairperson Daugherty, Vice Chairperson Young, and Members of the Colorado House Health and Human Services Committee:

On behalf of the Alliance for Transparent and Affordable Prescriptions (ATAP) Action Network, I am writing to express our support for **Colorado HB 1094** and ask that the committee advance this legislation. **Colorado HB 1094** seeks to ensure that patients do not pay inflated costs for their prescriptions by increasing transparency and accountability for Pharmacy Benefit Managers (PBMs).

Founded in 2017, ATAP works to address prescription drug costs and patient access to affordable treatment by regulating PBM practices and reforming the drug industry through educational outreach and grassroots advocacy initiatives at both the state and federal levels. ATAP is concerned about the role PBMs play regarding the alarming price increases in the total cost and out-of-pocket costs of prescription drugs for patients, resulting in the loss of patient access to affordable and life-saving medications. As you may be aware, PBMs are third-party entities that are hired by insurers and health plan sponsors to manage and administer prescription drug benefit plans. Using their intermediary position, PBMs:

- Negotiate rebates and discounts with pharmaceutical manufactures in exchange for including the manufacturer's drug on the PBMs tiered formulary.
- Determine which medication the PBM will cover and how much the patient will pay for their medication per the tiered formularies.
- Negotiate rebates and discounts for medications, meant to drive down the cost of medications for patients, which are pocketed by the PBMs within opaque contracts.
- Prohibit pharmacists from informing patients that the copayment amount for their medications may be higher than paying the retail ("cash") price for their medication.

Colorado HB 1094 seeks to remedy these practices by regulating PBMs, including by: allowing PBMs to earn income derived from the assessment of a flat-dollar service fee; prohibiting a PBM from earning income based on the cost of a prescription drug; and prohibiting a PBM from designing a formulary to favor a certain branded pharmaceutical or biologic. ATAP strongly supports this legislation as it would prohibit PBMs from deriving any income based on the list price of a medication. As such, PBMs would only be able to retain flat dollar amounts, consistent with fair market value, for their services and PBM service fees would be unassociated with coverage or formulary placement decisions. These reforms would address a major market distortion in our current drug pricing system, remove the incentive for PBMs to prefer drugs with high list prices, and ensure Colorado patients are better able to afford their prescription medications at the pharmacy counter.



ATAP is happy to be a resource as the committee considers **Colorado HB 1094**. If you have any questions about our position, or if you would simply like to learn more about how PBMs operate in the marketplace, please contact: Eleni Valanos at evalanos@hhs.com.

Sincerely,

Michael Schweitz, MD

President, Alliance for Transparent and Affordable Prescriptions (ATAP) Action Network

February 11, 2025

The Honorable Lindsey Daugherty
Chairperson
House Committee on Health & Human Services
Colorado General Assembly

Re: Support for Colorado HB 1094

Dear Chairperson Daugherty, Vice Chairperson Young, and Members of the Colorado House Health and Human Services Committee:

On behalf of the Association of Women in Rheumatology (AWIR), our rheumatology members across the country, including members from our local Colorado chapter, I am writing in full support of **Colorado HB1094**, which would increase access and affordability for patients struggling to afford expensive medications.

AWIR is dedicated to promoting the science and practice of Rheumatology, fostering the advancement and education of women in Rheumatology, and advocating access to the highest quality health care, and management of patients with Rheumatic diseases.

Our members treat patients that often require specialty medications that can be hard to access and financially afford. One of the main reasons for this struggle is that patients are paying an inflated price for their specialty medications. Pharmacy benefit managers (PBMs) negotiate with manufacturers to provide rebates or discounts from the list price of a medication in exchange for placement on a PBM or health plan's formulary.

The list price of the drug is what the patient is paying for their medication, not the rebated price that the PBM or health plan paid for the drug. What is hidden from public view is higher price drugs bringing in higher profits for PBMs through the accumulation of rebates.

According to UnitedHealth Group's 2022 second quarter earnings report, "revenues of \$80.3 billion grew 13% Year-Over-Year, with double-digit growth at both Optum (UH PBM) and UnitedHealthcare (UH insurance)."¹ This increase is staggeringly high compared to majority of pharmaceutical manufacturers.

There is a reason why the Federal Trade Commission (FTC) commissioned an investigation into PBM practices in 2022 and has since release two reports highlighting how PBMs have blocked patient's access to competing lower-cost drugs.

¹ <https://www.sec.gov/Archives/edgar/data/731766/000073176622000033/a2022q2exhibit991.htm#:~:text=UnitedHealth%20Group's%20second%20quarter%202022,at%20both%20Optum%20and%20UnitedHealthcare.&text=econd%20quarter%202022%20earnings%20from,contributions%20from%20across%20the%20enterprise.>

HB1094 would reform how PBMs operate by allowing PBMs to earn income derived from the assessment of a flat-dollar service fee; prohibiting a PBM from earning income based on the cost of a prescription drug; and prohibiting a PBM from designing a formulary to favor a certain branded pharmaceutical or biologic. These reforms would effectively curtail the exploitative practice of spread pricing and ensure that PBMs' financial incentives are "de-linked" from coverage or formulary placement decisions, aligning their compensation with the provision of actual value to patients. As advocates for improved healthcare access and affordability, AWIR believes that these legislative efforts will make a meaningful impact on the lives of patients, particularly those with chronic rheumatologist conditions.

Again, we request full support for **HB1094** and thank you for your willingness to consider this critical legislation for Colorado patients struggling to pay for their medications.

Respectfully,

Gwenesta Melton, MD
Vice President
AWIR

Stephanie Ott, MD
Advocacy Co-Chair
AWIR

Liudmila Kastsianok, MD
Colorado Chapter
AWIR

Heather Finlayson, PA-C
Colorado Chapter
AWIR

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Colorado Chapter
AWIR

Heather Finlayson, PA-C
Colorado Chapter
AWIR

Aaron Broadwell, MD
President

February 17, 2025

Gary Feldman, MD
Immediate Past President

House Health & Human Services Committee
200 E Colfax Avenue, HCR 0112

Madelaine Feldman, MD
VP, Advocacy & Government Affairs

Denver, CO 80203
elijah.chadioun@coleg.gov

Michael Saitta, MD, MBA
Treasurer

Re: Support HB 1094 – Delink PBM Compensation and Drug Prices

Firas Kassab, MD
Secretary

Chair Brown, Vice Chair Lieder and members of the House Health & Human Services Committee:

Erin Arnold, MD
Director

The Coalition of State Rheumatology Organizations (CSRO) supports HB 1094, which would sever the connection between pharmacy benefit manager compensation and prescription drug prices. CSRO serves the practicing rheumatologist and is comprised of over 40 state rheumatology societies nationwide with a mission of advocating for excellence in the field of rheumatology and ensuring access to the highest quality of care for the management of rheumatologic and musculoskeletal disease.

Leyka Barbosa, MD
Director

Kostas Botsoglou, MD
Director

Mark Box, MD
Director

Rheumatologic diseases, such as rheumatoid arthritis, psoriatic arthritis and lupus, are systemic and incurable, but innovations in medicine over the last several decades have enabled rheumatologists to better manage these conditions. With access to the right treatment early in the disease, patients can generally delay or even avoid damage to their bones and joints, as well as reduce reliance on pain medications and other ancillary services, thus improving their quality of life.

Michael Brooks, MD
Director

Amish Dave, MD, MPH
Director

Harry Gewanter, MD, MACR
Director

PBM Practices Harm Patients

Rheumatology patients were among the first to experience the harmful repercussions of pharmacy benefit manager (PBM) business practices because rheumatologic conditions regularly require complex, and often expensive, specialty medications. These PBM business practices were built on a system of perverse incentives, where the higher a drug's list price, the greater the income potential for the PBM. As a result, prescription drug formularies are designed to maximize PBM revenues.

Adrienne Hollander, MD
Director

Robert Levin, MD
Director

Amar Majjhoo, MD
Director

The three largest PBMs —Caremark Rx, Express Scripts (ESI), and OptumRx— control 80% of the prescriptions filled in the United States, according to the Federal Trade Commission.ⁱ This vertical integration allows the PBMs to control which medication patients can take (through formulary construction), when they can take these medications (through utilization management), where they can purchase their medications (through pharmacy networks), and how much they must pay for their drugs (through cost-sharing). Currently, all of these decision points are leveraged to maximize PBM profits rather than provide the patient with the best care at the greatest savings. This consolidated healthcare system is not good for patients, and it ultimately decreases competition and increases government costs.

Gregory Niemer, MD
Director

Joshua Stalow, MD
Director

EXECUTIVE OFFICE

Leslie Del Ponte
Executive Director

Formulary design decisions are disastrous for patients who pay coinsurance because their out-of-pocket cost is based on list price of the medication – not what the PBM actually pays. An analysis by Drug Channels estimates that the spread between list and net price for insurers was over \$200 billion in 2021.ⁱⁱ A 2021 report by the Texas

Department of Insurance demonstrated that patients see marginal benefit from the supposed PBM “savings.” Of \$5,709,118,113 in rebates generated by PBMs for Texas insurers, only 21% made it back to patients in the form of direct savings. Astoundingly, PBMs also retained 1,317% of these dollars towards their revenue.ⁱⁱⁱ

Break the Connection between PBM Compensation and Drug Prices

CSRO supports HB 1094 as it would break the connection between the PBM’s compensation and the list price of the drug. This legislation would disincentivize PBMs from preferring higher priced medications because they would no longer benefit from the size of the rebate. Instead, PBMs would be reimbursed on a flat compensation fee – a model currently used by several more transparent PBMs. This approach would improve program stewardship and beneficiary access to affordable, clinically driven coverage. In the employer market, innovative PBMs are successfully using this model and provide fully transparent compensation models that offer savings to employers and patients. We support legislation at the state and federal level that applies this model to all PBMs.

We appreciate your consideration and request that you support HB 1094. We thank you for your consideration and are happy to further detail our comments to the Committee upon request.

Respectfully,



Aaron Broadwell, MD, FACR
President
Board of Directors



Madelaine A. Feldman, MD, FACR
VP, Advocacy & Government Affairs
Board of Directors

ⁱ Federal Trade Commission. [FTC Sues Prescription Drug Middlemen for Artificially Inflating Insulin Drug Prices](#). September 2024.

ⁱⁱ Drug Channels. [Warped Incentives Update: The Gross-to-Net Bubble Exceeded \\$200 Billion in 2021 \(rerun\)](#). July 2022.

ⁱⁱⁱ Texas Department of Insurance. [Prescription Drug Cost Transparency-Pharmacy Benefit Managers](#). 2021.



Colorado General Assembly
House Health & Human Services Committee
200 E Colfax Avenue
Denver, CO 80203

February 19, 2025

Re: Support for HB1094

Dear Committee Members,

On behalf of infusion patients across Colorado, we urge your support for HB 1094 during the House Health and Human Services Committee on Wednesday, February 19. This bill is a critical step toward ensuring affordable and uninterrupted access to life-saving infusion therapies for those who depend on them.

The Infusion Access Foundation is a nonprofit advocacy organization dedicated to protecting access to infusions and injections. We support patients across all disease states and advocate for expanding access to the therapies that help patients live their best, healthiest lives. In conjunction with our grassroots advocacy work, we advocate for individual patients who face significant barriers to care.

Pharmacy Benefit Managers (PBMs) continue to drive up prescription drug costs through hidden mark-ups, spread pricing, and restrictive formulary practices that prioritize profits over patient care. These tactics put critical medications out of reach for many, threatening health outcomes and increasing financial burdens on patients.

HB 1094 will:

- Require PBMs to charge only a transparent, flat-dollar service fee—eliminating hidden price manipulations.
- Prohibit PBMs from profiting off medication costs, ensuring fair pricing for patients.
- Stop PBMs from favoring expensive brand-name drugs over more affordable generics when generics are available.
- Ensure pharmacies receive fair reimbursements based on the national average drug acquisition cost.



- Mandate that any PBM income beyond the flat-dollar fee be returned to health plans, ultimately lowering patient costs.

For infusion patients, timely and affordable access to medication is not optional. HB 1094 is a necessary reform to rein in harmful PBM practices and put patients first.

We strongly urge your YES vote on HB 1094 to ensure fair, transparent, and affordable prescription drug pricing for Coloradans.

Thank you for your time and support.

Sincerely,

A handwritten signature in grey ink, appearing to read "Alicia B.", is positioned below the word "Sincerely,".

Alicia Barron, LGSW
Executive Director
Infusion Access Foundation

Khoa Nguyen
In-Person Testimony on HB25-1094: Pharmacy Benefit Manager
February 19, 2025

Mr. Chair, and members of the committee,

Thank you for the opportunity to share my testimony with you. I am representing Young Invincibles as a Youth Advocate. My name is Khoa Nguyen. For my background, I am currently completing my MD at the University of Colorado School of Medicine and my MBA at the University of Colorado Denver Business School. Short of applying to residency and obtaining my MD, I have fulfilled all curricular and licensure requirements expected thus far for the MD. My journey in practicing medicine and becoming a future physician has demonstrated the importance of reducing prescription drug costs to increase drug affordability and access for patients who require vital medicine. I am here today to encourage you to **vote yes on HB25-1094, Pharmacy Benefit Manager Practices.**

Prescription drug costs in 2025 remain a significant concern in Colorado and the United States. At the start of 2025, pharmaceutical companies raised the list prices of over 800 prescription medications by a median of 4% [1]. In addition to these prescription price hikes, pharmacy benefit managers have been scrutinized for their unethical practices. In September 2024, the Federal Trade Commission (FTC) filed a lawsuit against the three largest PBMs—OptumRx, Caremark Rx, and Express Scripts—alleging they contributed to high insulin costs. The lawsuit claims these PBMs favored expensive insulin products to secure substantial rebates from manufacturers, excluding more affordable options and inflating list prices, thereby limiting patient access to cost-effective treatments [2].

As a future physician, I am entering a concerning pharmacy pricing landscape. One distinctive experience that I recall is a patient with Type II Diabetes, who I participated in the care team with early on in medical school. He had returned to our primary care clinic for continued diabetes management. His A1c level, a measure of average monthly blood glucose, was strikingly high at 11.6%, when normal for diabetic patients ranged from 6.5-7.5%. He communicated the affordability challenges of obtaining his insulin to my mentor at the time, remarking, “I can only choose to cover my insulin or my rent. I can’t afford both. How do I choose, doc?” This experience was a stark reminder of the inaccessibility of drug prices and demonstrated the need for pharmacy benefit managers to curtail unethical practices. While pharmacy benefit managers deserve appropriate compensation for their services, this should NEVER come at the price of harming patients.

I support HB25-1094 to safeguard ethical standards within the practice of medicine and protect my future patients against unaffordable prescription costs. I am encouraged by the bill’s measurement of the following:

1. Prohibiting a PBM from earning income based on the cost of a prescription drug.
2. Prohibiting a PBM from designing a formulary to favor a certain branded pharmaceutical or biologic.
3. Allowing a PBM to earn income derived from assessing a flat-dollar service fee.
4. Setting the amount that a PBM shall reimburse an unaffiliated pharmacy or a PBM-affiliated retail, mail order, or specialty pharmacy for a prescription drug.

Khoa Nguyen

In-Person Testimony on HB25-1094: Pharmacy Benefit Manager

February 19, 2025

We can and should make prescription medications more affordable for every Coloradan. I implore every committee member here today to **pass** HB25-1094. Thank you for your consideration. I am happy to answer any questions.

References

1. <https://www.wsj.com/health/pharma/drug-prices-raised-2025-5a1cec3f>
2. <https://www.politico.com/news/2024/09/20/feds-sue-pharmacy-insulin-costs-00180240>



The Nation's Advocacy Voice for In-Office Infusion

3307 Northland Dr, Ste 160 ▪ Austin, TX 78731
www.infusioncenter.org ▪ info@infusioncenter.org

Colorado General Assembly
House Health & Human Services Committee
200 E Colfax Avenue
Denver, CO 80203

February 19, 2025

Re: Support for HB 1094

Dear Committee Members:

On behalf of Colorado's infusion centers and the patients we serve, we urge your support for HB 1094 during the House Health and Human Services Committee hearing on Wednesday, February 19. This bill is essential to ensuring affordable, uninterrupted access to critical infusion therapies while promoting fairness and transparency in prescription drug pricing.

NICA is a nonprofit organization formed to support non-hospital, community-based infusion centers caring for patients in need of infused and injectable medications. To improve access to medical benefit drugs that treat complex, rare, and chronic diseases, we work to ensure that patients can access these drugs in high-quality, non-hospital care settings. NICA supports policies that improve drug affordability for beneficiaries, increase price transparency, reduce disparities in quality of care and safety across care settings, and enable care delivery in the highest-quality, lowest-cost setting.

Pharmacy Benefit Managers (PBMs) continue to inflate drug costs through hidden mark-ups, spread pricing, and restrictive formulary practices—jeopardizing access to treatment and burdening both patients and providers. Without reform, infusion centers risk financial instability, which in turn threatens patient care availability.

HB 1094 will:

- Require PBMs to charge only a transparent, flat-dollar service fee, eliminating hidden price manipulations.
- Prohibit PBMs from profiting off medication costs, ensuring fair pricing for patients.



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- Prevent PBMs from steering patients toward expensive brand-name drugs when lower-cost generics are available.
- Ensure pharmacies and infusion providers receive fair reimbursements based on national drug acquisition cost standards.
- Mandate that any PBM income beyond the flat-dollar fee be returned to health plans, ultimately reducing costs for patients.

For infusion centers, the ability to provide essential therapies depends on fair and sustainable reimbursement practices. HB 1094 is a much-needed step toward reining in harmful PBM practices and ensuring that patients continue to have access to high-quality infusion care across Colorado.

We strongly urge a YES vote on HB 1094 to promote fairness, transparency, and affordability in the infusion therapy space.

Thank you for your time and consideration. Please do not hesitate to reach out if you have any questions or would like to discuss this issue further.

Sincerely,

A handwritten signature in black ink that reads "Brian Nyquist". The signature is written in a cursive, flowing style.

Brian Nyquist, MPH
President & CEO
National Infusion Center Association