

House Health & Human Services

03/31/2026 Upon Adjournment

HB26-1336 Increase Access to Pharmacy Services

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Ella Bannick For themselves	<p>Chair and Members of the Committee,</p> <p>My name is Ella Bannick, and I am a registered nurse specializing in pediatric care. I am writing to express my strong support for HB26-1336, legislation that seeks to increase access to pharmacy services.</p> <p>In my role as a pediatric RN, I work closely with children and families who rely on timely access to medications for both acute and chronic conditions. Delays in obtaining prescriptions—whether due to limited pharmacy hours, geographic barriers, or workforce shortages—can have serious consequences for children’s health. Unlike adults, children often cannot clearly articulate worsening symptoms, and even short interruptions in treatment can lead to rapid deterioration.</p> <p>I have cared for patients with asthma who were unable to access inhalers promptly, resulting in preventable emergency visits. I have seen families struggle to fill antibiotic prescriptions after hours, leading to prolonged infections and increased complications. For children with complex medical needs, such as diabetes or seizure disorders, consistent and immediate access to medications is not a convenience—it is a necessity.</p> <p>Expanding access to pharmacy services helps close these dangerous gaps in care. By increasing availability—whether</p>

through extended hours, expanded scopes of practice, or improved geographic coverage”this bill supports timely treatment, reduces avoidable hospitalizations, and promotes better health outcomes for children across our communities.

Additionally, pharmacists are highly trained and trusted healthcare professionals who play a vital role in patient education, medication safety, and chronic disease management. Strengthening their ability to serve patients enhances the entire healthcare system and provides much-needed support to overburdened clinics and emergency departments.

From a pediatric perspective, this bill is especially important for underserved and rural populations, where access barriers are often most severe. Families in these areas already face significant challenges, and improving pharmacy access is a practical, impactful step toward health equity.

As a nurse, my priority is always the safety and well-being of my patients. HB26-1336 aligns with that mission by ensuring children and families can obtain the medications they need, when they need them.

Thank you for your time and consideration. I respectfully urge you to support HB26-1336.

Sincerely,
Ella Bannick, RN
Pediatric Nurse



March 30, 2026

House Health and Human Services Committee
Colorado General Assembly
200 East Colfax Avenue
Denver, CO 80203

ASHP Supports Colorado HB26-1336 – Increase Access to Pharmacy Services

Chair Gilchrist, Vice Chair Lieder and Members of the Committee

The American Society of Health-System Pharmacists (ASHP) strongly supports HB26- 1336 – Increase Access to Pharmacy Services. This bill will broaden Coloradoans’ access to high quality essential healthcare services statewide, including in rural and underserved areas, by expanding access to clinical services from pharmacists. Specifically, the bill will:

1. Authorize pharmacists to provide test-and-treat services for minor non-chronic illnesses to pediatric patients.
2. Enhance the role of pharmacy technicians in the medication dispensing process, allowing pharmacists more flexibility to provide clinical services while maintaining patient safety.
3. Close loopholes to assure coverage for high-value cost-saving preventative services provided by pharmacists.

ASHP is the largest association of pharmacy professionals in the United States, representing over 65,000 pharmacists, student pharmacists, and pharmacy technicians in all patient care settings, including hospitals, ambulatory clinics, and health-system community pharmacies.

Pharmacists are highly capable clinicians and essential to overcoming barriers to accessing care.

Colorado pharmacists already triage symptoms, order and administer point-of-care testing and, where appropriate, prescribe medications to treat minor non-chronic illnesses for patients ages 12 and older. This bill extends those existing authorities to pediatric populations, providing kids and parents with additional options in seeking care for common respiratory illnesses.

Colorado Medicaid already recognizes pharmacists as eligible providers for these services but will only cover if the services are rendered pursuant to a collaborative practice agreement with a physician. This bill removes that administrative barrier and authorizes pharmacists to be reimbursed for providing services they are independently authorized to perform under existing state law, thereby making all 700 pharmacies in the state eligible service locations for patients to receive cost-saving preventive care and prompt care for minor non-chronic conditions.

Similarly, existing law only requires commercial health plans in Colorado to recognize pharmacists as providers in health professional shortage areas. This bill would instead require health plans to recognize pharmacists as eligible providers statewide. HB26-1336 does not require Medicaid or private health plans to cover any additional services that are not already included in the plan – it merely provides patients with more options when seeking care.

Pharmacy technician final product verification is safe and effective.

After prescription information is entered into a pharmacy’s electronic system or electronic health record and reviewed by a pharmacist for clinical appropriateness and accuracy, a final physical verification ensures that the drug and drug dosage, device or product selected from a pharmacy’s inventory pursuant to the electronic system entry is the correct drug and drug dosage, device, or product.

Colorado pharmacy technicians are currently prohibited from engaging in final product verification. This means that a pharmacist must personally perform a final physical inspection before any medication may be transferred out of the pharmacy and often results in pharmacists dedicating significant time to engaging in physical verification tasks that do not involve clinical judgment and reduce pharmacists’ overall ability to engage in clinical patient care activities. Technician product verification is safe and effective, with studies consistently demonstrating it does not produce higher error rates than pharmacist verification.¹

HB26-1336 will simultaneously improve patient outcomes and reduce costs.

Access to care remains a challenge across Colorado, particularly in rural and medically underserved communities. Patients often face long wait times or must travel significant distances for relatively minor conditions, especially during respiratory illness season. With approximately 700 pharmacies across the state, extended evening and weekend hours, and most Coloradoans living within five miles of a pharmacy, HB 26-1336 allows patients to receive care where they already are.

HB26-1336 will reduce strain on emergency departments and physician offices by shifting lower acuity conditions to a complementary, lower cost care setting. Evidence from other states shows pharmacist-provided services are effective, cost efficient, and associated with high patient satisfaction, while reducing indirect costs such as missed work, travel time, and delayed treatment.

HB26-1336 represents a practical, patient centered solution that expands access, reduces system strain, lowers costs, and bolsters public health. ASHP urges you to support passage of HB26-1336. Thank you for the opportunity to testify in support of this bill. If you have any additional questions or would like further information, please contact Kyle Robb (krobb@ashp.org).

Respectfully,



Kyle Robb, PharmD
ASHP Director of State Policy & Advocacy

¹ Alex J. Adams, Steven J. Martin, Samuel F. Stolpe, “Tech-check-tech”: A review of the evidence on its safety and benefits, *American Journal of Health-System Pharmacy*, Volume 68, Issue 19, 1 October 2011, Pages 1824–1833, <https://doi.org/10.2146/ajhp110022>

House Health & Human Services

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Ella Bannick For themselves	<p>Chair and Members of the Committee,</p> <p>My name is Ella Bannick, and I am a registered nurse specializing in pediatric care. I am writing to express my strong support for HB26-1336, legislation that seeks to increase access to pharmacy services.</p> <p>In my role as a pediatric RN, I work closely with children and families who rely on timely access to medications for both acute and chronic conditions. Delays in obtaining prescriptions—whether due to limited pharmacy hours, geographic barriers, or workforce shortages—can have serious consequences for children’s health. Unlike adults, children often cannot clearly articulate worsening symptoms, and even short interruptions in treatment can lead to rapid deterioration.</p> <p>I have cared for patients with asthma who were unable to access inhalers promptly, resulting in preventable emergency visits. I have seen families struggle to fill antibiotic prescriptions after hours, leading to prolonged infections and increased complications. For children with complex medical needs, such as diabetes or seizure disorders, consistent and immediate access to medications is not a convenience—it is a necessity.</p> <p>Expanding access to pharmacy services helps close these dangerous gaps in care. By increasing availability—whether through extended hours, expanded scopes of practice, or improved geographic coverage—this bill supports timely treatment, reduces avoidable hospitalizations, and promotes better health outcomes for children across our communities.</p> <p>Additionally, pharmacists are highly trained and trusted healthcare professionals who play a vital role in patient education, medication</p>

	<p>safety, and chronic disease management. Strengthening their ability to serve patients enhances the entire healthcare system and provides much-needed support to overburdened clinics and emergency departments.</p> <p>From a pediatric perspective, this bill is especially important for underserved and rural populations, where access barriers are often most severe. Families in these areas already face significant challenges, and improving pharmacy access is a practical, impactful step toward health equity.</p> <p>As a nurse, my priority is always the safety and well-being of my patients. HB26-1336 aligns with that mission by ensuring children and families can obtain the medications they need, when they need them.</p> <p>Thank you for your time and consideration. I respectfully urge you to support HB26-1336.</p> <p>Sincerely, Ella Bannick, RN Pediatric Nurse</p>
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March 5, 2026

To the House Health & Human Services Committee,

My name is Samit Shah, and I am writing on behalf of Regis School of Pharmacy in support of HB26-1336.

This bill represents a meaningful and necessary evolution in how healthcare services are delivered. Pharmacists are highly trained, accessible healthcare professionals, but current reimbursement and regulatory structures don't always allow them to contribute fully to patient care. This legislation helps close that gap.

One of the most important aspects of the bill is recognizing and reimbursing pharmacists for services that are already within their scope of practice. When pharmacists are able to provide and be reimbursed for these services, it expands access, particularly for patients who may otherwise face delays getting care.

The non-discrimination language is also important. Pharmacists should not be excluded from provider networks or treated differently solely because of their license type when they are delivering covered services within their scope. Addressing that is a critical step toward building a more equitable, efficient, and patient-centered healthcare system.

The provisions related to final product verification are also important. When implemented with appropriate quality safeguards, these models allow pharmacists to spend less time on distributive tasks and more time directly interacting with patients, which ultimately improves care delivery.

Finally, the bill expands independent prescriptive authority for pharmacists in limited, well-defined circumstances involving minor, self-limiting conditions or those guided by testing. This approach is consistent with pharmacist training and helps improve timely access to care, particularly in underserved communities.

As both a pharmacy educator and a parent of a teenager, I see the value in making it easier for patients and families to access appropriate care when they need it. In many cases, pharmacists are the most accessible point of care, and enabling them to practice at the top of their training helps the system function more effectively overall.

From a workforce perspective, we are training pharmacists to take on these types of roles. This bill supports that evolution and better aligns policy with how care is actually being delivered today.

Thank you for your time and consideration.

Sincerely,

Samit Shah, PhD, RPh, MBA
Dean & Professor

Written Testimony from Upstream USA
Re: House Bill 26-1336, Access to Pharmacy Services in Colorado
House Health and Human Services Committee - March 31, 2026

Dear Chair Gilchrist and Members of the House Health and Human Services Committee,

Upstream USA welcomes the opportunity to submit comments regarding House Bill 26-1336, which would require health plans to reimburse pharmacists for services provided that are within their existing scope of practice. Upstream is a national nonprofit whose mission is to ensure that patient-centered contraceptive care is basic, primary healthcare. We provide free training and technical assistance to healthcare organizations across the country, supporting their ability to provide high-quality, accessible birth control counseling and care.

In 2023, Upstream launched a multi-year initiative in Colorado in partnership with the Caring for Colorado Foundation to expand access to the full range of contraceptives. We have since partnered with 20 clinics across 120 sites in the state who altogether serve over 90,000 patients of reproductive age each year.

Pharmacies serve as a critical access point for timely, affordable, and consistent access to birth control. Nearly [one in five](#) women of reproductive age report that it is difficult to get contraceptive care in their state. [33% of female hormonal contraceptive users](#) have missed taking their birth control because they were not able to get their next supply on time. Pharmacist prescribing of birth control, when implemented thoughtfully, has the potential to address these gaps in access.

Despite their potential to expand contraceptive access and improve downstream health outcomes, pharmacist prescribing policies are under-implemented. A primary barrier to implementation is the lack of reimbursement. A [2021 survey of community pharmacists](#) found that 65% were interested in prescribing contraception, but the lack of payment or reimbursement for their time was a top concern for implementation.

Currently, Colorado law requires health plans to cover services within pharmacists' scope of practice only in Health Professional Shortage Areas (HPSAs). House Bill 26-1336 would expand reimbursement to pharmacists regardless of geography, enabling pharmacists to be paid the same rate for the same service, including prescribing birth control, across the state.

In passing this bill, Colorado would expand timely, affordable, and equitable access to contraception for patients across the state. We urge you to pass House Bill 26-1336.

Thank you,

Sarah Legried
Senior Manager of Policy & Government Affairs
Upstream USA



NATIONAL ASSOCIATION OF
CHAIN DRUG STORES

Testimony

Colorado House Health & Human Services Committee

Tuesday, March 31, 2026

Support HB 26-1336 – Measures to Increase Access to Pharmacy Services

On behalf of our members operating over 600 chain pharmacies across Colorado, the National Association of Chain Drug Stores (NACDS) writes to express strong support for HB 26-1336. Importantly, this legislation will strengthen access to timely, high-quality healthcare services by supporting Medicaid and commercial health plan coverage of pharmacist-provided care within their scope of practice, extending allowances for families with younger children to access pharmacy-based testing and treatment for routine illnesses, and empowering the pharmacy technician workforce to better serve patients. We appreciate the Committee’s consideration and respectfully urge its passage.

Colorado continues to face significant healthcare access challenges, particularly in rural and underserved communities. Notably, 54 of Colorado’s 64 counties are designated health professional shortage areas, underscoring the urgent need to expand access points for care. In this context, pharmacies are uniquely positioned to help address gaps. Nearly 90 percent of Americans live within five miles of a pharmacy, and patients routinely rely on pharmacies for care during evenings and weekends when other healthcare settings may be unavailable. As demand for healthcare services continues to grow, it is essential to adopt policies that enable pharmacies to meet patients where they are.

Ensuring Coverage of Pharmacist-Provided Healthcare Services: Pharmacist-provided healthcare services can only be scaled and sustained if effective payment policies are in place to compensate pharmacists for the care they deliver. Pharmacists complete doctoral-level education and are equipped to deliver a wide range of clinical services, including testing and treatment for common conditions. However, current reimbursement policies often fail to support the full range of care provided by pharmacists. Encouragingly, the public strongly supports addressing this gap, with more than 73 percent of adults in Colorado supporting adequate reimbursement from private and government insurers for pharmacist-provided services. Strengthening coverage requirements will help remove unnecessary barriers for patients to more readily access care from their local pharmacist.

Expanding Pharmacist Authority to Provide Test-and-Treat Services to Children:

Expanding access also means ensuring that patients, especially families with young children, can receive care in convenient settings. By extending pharmacist-provided test-and-treat services to children ages 12 and under, HB 26-1336 allows parents to quickly

address common, minor conditions without delays or missed work and school. With pharmacies open during evenings and weekends, working families have a practical option when pediatrician offices are closed. This helps avoid unnecessary and costly emergency room visits for non-urgent needs while still receiving timely, appropriate care. It also reduces avoidable healthcare spending, which totals billions of dollars annually. Research consistently shows that pharmacist-led testing and treatment is safe, clinically effective, and cost-efficient, improving patient satisfaction and access to care, particularly in communities with limited access to other healthcare providers.

Authorizing Pharmacy Technicians to Perform Final Product Verification: Meeting growing patient demands also requires making full use of the pharmacy team. HB 26-1336 appropriately authorizes pharmacy technicians to perform final product verification under pharmacist supervision, a technical and nondiscretionary function that can be safely delegated within a structured quality assurance framework. Research funded by NACDS across Iowa, Wisconsin, and Tennessee has demonstrated through evidence-based pilot studies that technicians can safely, consistently, and accurately verify medications prepared by other technicians. These findings build on decades of experience in hospital settings and show that technician product verification can be safely implemented in community pharmacies as well. Allowing technicians to perform this function enables pharmacists to focus more of their time on direct patient care, further expanding the capacity of pharmacies to effectively serve patients.

Taken together, these provisions will improve access to care across Colorado by strengthening insurance coverage for convenient care at pharmacies, expanding routine care options for children and their families, and bolstering the efficiency of the state's pharmacy workforce.

NACDS respectfully urges the Committee to support HB 26-1336 and advance policies that empower pharmacies to meet the needs of Colorado communities as accessible, trusted healthcare destinations across the state.

Respectfully submitted by:

Mary Staples, Senior Director, Advocacy, State Government Affairs

National Association of Chain Drug Stores (NACDS)

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National Alliance of State Pharmacy Associations

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March 24, 2026

Members of the House Health & Human Services Committee
Colorado State Capitol
Denver, CO 80203

Dear Chair and Members of the Committee,

On behalf of the National Alliance of State Pharmacy Associations (NASPA), we write to express our strong support for Colorado House Bill 26-1336. This important legislation will expand access to essential healthcare services by enhancing pharmacists' ability to provide timely testing and treatment for patients across the state.

Specifically, NASPA supports the provision of HB26-1336 that would expand pharmacists' authority to allow them to test and prescribe treatment for patients younger than age 12 for conditions that (a) do not require a new diagnosis, (b) are minor and generally self-limiting, or (c) can be identified using a CLIA-waived test. These are conditions that pharmacists are well trained to manage safely and effectively using established protocols and evidence-based guidelines and are better treated when access to care is accelerated.

HB26-1336 would eliminate the existing statutory bar to pharmacists treating patients under 12. This change would bring Colorado in line with the majority of other states that have already granted pharmacists test-and-treat authority without imposing a statutory age limit. Currently, 20 states do not impose any age restriction, and among the small number of states that do, most allow pharmacists to treat children as young as 3 to 6 years old. Colorado remains an outlier, with only one state, Virginia, maintaining a higher age threshold for pharmacist-prescribed care tied to CLIA-waived testing.

By modernizing this policy, HB26-1336 will significantly improve access to care, particularly in rural and underserved areas where primary care providers may be difficult to reach. It will also expand access during evenings and weekends, when families often struggle to secure timely appointments. For parents and caregivers, this means faster relief for children with minor illnesses and fewer unnecessary delays in care.

In addition, the bill promotes efficiency and continuity of care. Under current law, families with multiple children may face the impractical situation of being able to obtain treatment for the parents and an older child at a pharmacy while being required to seek separate care for a younger sibling. HB26-1336 eliminates this inconsistency and supports a more streamlined, family-centered approach to care.

Importantly, this legislation does not expand the scope of pharmacists' practice beyond what they are already trained and authorized to do, safely and effectively, in many states

across the country. Pharmacists in Colorado currently have authority to prescribe to patients aged 12 and older, and similar authority has been previously granted by the federal government under the PREP Act. HB26-1336 simply ensures that pharmacists can apply the same clinical judgment, diagnostic tools, and safety protocols to younger patients. When cases are more complex or fall outside the parameters of CLIA-waived testing, pharmacists will continue to provide appropriate counseling and refer patients to a higher level of care, as they do today.

Pharmacists are among the most accessible healthcare providers, and this legislation leverages their expertise to improve patient outcomes, reduce system strain, and increase healthcare access for Colorado families.

NASPA respectfully urges your support for HB26-1336.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Weaver', written in a cursive style.

Krystalyn K. Weaver, PharmD, JD
Executive Vice President & CEO
National Alliance of State Pharmacy Associations



March 31, 2026

Colorado House Health & Human Services Committee
Colorado General Assembly
Denver, CO

RE: Support for House Bill 26-1336 – Technician Product Verification

Dear Chair and Members of the Committee:

On behalf of the Pharmacy Technician Certification Board (PTCB), I write in support of House Bill 26-1336, specifically the provisions authorizing pharmacy technicians to perform product verification (TPV).

PTCB is the nation's leading pharmacy technician credentialing organization, advancing medication safety by certifying qualified technicians across the country. More than 6,500 PTCB Certified Pharmacy Technicians (CPhTs) currently live and work in Colorado, supporting patient care in community pharmacies, hospitals, and other healthcare settings.

TPV is a well-established, evidence-based practice that strengthens pharmacy operations while maintaining a high standard of patient safety. It allows qualified pharmacy technicians, under appropriate training, protocols, and oversight, to perform the final accuracy check of a prepared medication, while pharmacists retain full responsibility for clinical review and patient care.

The safety of technician product verification is supported by a substantial body of peer-reviewed research across both hospital and community pharmacy settings:

- A systematic review in the *American Journal of Health-System Pharmacy* (Adams et al., 2011) found that technician verification programs can be implemented safely and effectively, with error rates comparable to traditional models.
- A meta-analysis in *Research in Social and Administrative Pharmacy* evaluating more than 560,000 pharmacy technician verification checks (Snoswell, 2020) found consistently high accuracy rates of 99.72% across diverse practice settings.
- In community pharmacy, a study in the *Journal of the American Pharmacists Association* (Miller et al., 2018) found that trained technicians performing product verification achieved accuracy rates approaching 99.95%, with no evidence of increased risk to patients.

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Suite 101
Washington, DC 20037
ptcb.org

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Additional program evaluations confirm that, when supported by standardized training, workflow controls, and quality assurance processes, TPV can be safely integrated into pharmacy practice.

Technician product verification (TPV) is a technical function that can be safely performed by qualified technicians within structured systems of training, standardized procedures, and pharmacist oversight, as reflected in HB26-1336.

Pharmacists retain full responsibility for clinical decision-making and patient care. TPV allows them to focus more on services that directly improve patient outcomes, such as medication therapy management, chronic disease support, and preventive care, enabling them to practice at the top of their education and training. States and health systems that have implemented TPV have done so while maintaining strong safety outcomes and improving workflow efficiency. This is especially important as Colorado works to expand access to care and address ongoing workforce challenges.

TPV is a carefully studied, responsibly implemented practice that maintains patient safety while strengthening the pharmacy care model. HB26-1336 appropriately incorporates this approach and positions Colorado to better meet the needs of patients and communities.

PTCB respectfully urges the Committee to support House Bill 26-1336.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Ryan M. Burke". The signature is written in a cursive style with a large, stylized "R" and "B".

Ryan Burke, PharmD
Senior Director, Professional Affairs