COLORADO
Department of Regulatory Agencies
Division of Insurance

Testimony of the Division of Insurance
House Health and Human Services
April 22, 2026

Regarding SB26-006, Parity for Non-Opioid Pain Management Drugs

On behalf of the Division of Insurance (Division), I am submitting this written testimony in respectful opposition to SB26-006, Parity for Non-Opioid Pain Management Drugs.

We appreciate the intent of this legislation to make alternative nonopioid treatment options available for Coloradans, particularly in light of the ongoing opioid crisis in this country. However, we are concerned about the potential premium impacts and costs to the state.

Our opposition arises primarily from the concern that there is no language in the bill to address the potential state costs should this legislation be considered a new coverage requirement. Under current federal rules, if a coverage requirement is considered a new benefit in addition to the essential health benefits, the state is responsible for those costs. The requirement to defray these costs, according to the Department of Health & Human Services, applies to the individual and small group markets.

This bill, which applies to all three markets (individual, small group, and large group), was the subject of an actuarial analysis pursuant to SB22-040. That analysis found that as of September 2025, as reported by carriers, the only FDA-approved clinically appropriate non-opioid drug for moderate to severe pain was available to approximately 51% of members in individual plans, 59% of members in small group plans, and 53% of members in large group plans. Based on this data, the Division remains concerned that the bill could be considered a new coverage requirement that would require state defrayal.

The total estimated one year premium impacts of this coverage requirement are $1,595,000 in the individual market and $1,241,000 in the small group market. Over 5 years, the report estimates total cumulative costs for the individual and small group market would be $15,784,000, and, over 10 years, $36,184,000.

In addition to the state cost concern, we have concerns about the premium impact in the large group market. The estimated total one year premium impact for the large group market is $2,417,000.

Debra Judy
Deputy Commissioner, Colorado Division of Insurance

The Chronic Care Collaborative (CCC) is a coalition of roughly 50 nonprofits that advocate for Coloradans living with chronic conditions and their caregivers. Our work is guided exclusively by the lived experiences of our community. We are writing to express our support for SB26-140 to exempt medications from being reviewed by PDAB. This position is in keeping with the recommendation of Colorado's Prescription Drug Advisory Council as well as PDAB policies in other states like Washington and Oregon.

With over 20,000 medications approved by the FDA in the U.S., this bill would exempt about 1,200 from being reviewed. It is a drop in the bucket. If PDAB would like to create a new list of medications for potential review, they have the ability to do so. Again, it is what PDAAC recommended in the first place.

To be clear, medication in this country is too expensive. There are many, many for profit players in our health care system and it is unaffordable for all of us. But for the ⅔ of Coloradans living with a chronic condition and the 1 in 10 living with a rare disease, access to their medications is essential for maintaining their health and quality of life. There are no assurances for access to medication if a PDAB review finds it unaffordable. For someone living with a rare disease, this is not a gamble they are willing to take when they have no other options for treatment.

The Chronic Care Collaborative and our members greatly respect PDAB staff, board members, and advisory board members. However, we think it is time for a change due to what the patient community has experienced during the affordability reviews to date. Unfortunately, PDAB is structured in a way that is a blunt instrument and the lived experiences, the nuances of different medications, and unique characteristics of different diseases are being missed.

From its inception, the CCC has worked closely with PDAB staff to provide feedback, make suggestions, recommend appointees and support those who are appointed. The chronic and rare disease community are the folks most impacted by its work so we made ourselves available as a resource as much as possible and have partnered with DOI staff to help with community outreach.

In 2022, at the invitation of PDAB, we joined our friends at CCHI to do a joint briefing to the board on affordability and as well as barriers to care for people living with chronic and rare conditions.

In 2023, we sent this letter along with a coalition of providers, consumer organizations and chronic disease organizations stressing the importance of keeping individual affordability and patient experience as the North Star before pursuing affordability reviews.

In addition we have attended many meetings and continue to serve as a resource and provide feedback for improving their process. We are often told that PDAB's hands are tied to make certain changes because of how the legislation was written. We appreciate everything PDAB, PDAAC and DOI staff have done to look for ways to improve their processes, but there is still a long way to go. We have done a lot of listening to our community to better understand this legislation and are guided by their experiences - not just their experiences with PDAB, but their lifelong struggles with the medical system.

We agree with the many CCC members and volunteers who are asking for a yes vote on SB26-140 to keep medications that treat rare diseases off the list until there is more confidence in the process, more protections for access, and a better understanding that savings from a UPL will go to lower medication costs for those on the medication.

We are happy to chat about our position if you have any questions or if we can be a resource to you and your staff on any health care legislation. We are always looking for ways to make health care more affordable, more accessible and more dependable for all Coloradans.

Thank you for all you do!

Sara Froelich (she/her)
Executive Director
Chronic Care Collaborative
303-817-8025

To: Representative Gilchrist, CO House Health & Human Services Committee Chair
Representative Lieder, CO House Health & Human Services Committee Vice Chair
Members, Colorado House Health & Human Services Committee

RE: Support for SB26-140 Exempting Rare Disease Drugs from Prescription Drug Affordability Board Reviews

Colorado Organizations & Individuals Responding to HIV/AIDS (CORA) appreciates the opportunity to submit testimony regarding SB26-140, which would exempt medications that treat rare diseases and those derived from whole blood or plasma from review by the state Prescription Drug Affordability Review Board (PDAB). CORA is a statewide coalition representing the more than 15,800 Coloradans living with HIV, the countless others with reasons for HIV prevention, and the organizations that serve them. Our organization supports SB 140 and we urge the committee to vote “yes” to protect access to care for vulnerable Coloradans.

HIV treatment and prevention has greatly improved since the early days of the epidemic. Today’s medications have fewer side effects and allow people living with HIV to enjoy long, healthy lives. In addition, individuals can take highly effective medications to help stay HIV-negative. We appreciate the stated intent of the PDAB to increase transparency around the high cost of prescription drugs and to address this barrier to essential medications for people living with HIV and other chronic or complex medical conditions. However, our previous experience with the PDAB’s review process revealed numerous barriers to meaningful stakeholder engagement or proper consideration of potential unintended consequences to vulnerable Coloradans that may arise from imposing an upper payment limit (UPL).

For Coloradans with a rare disease, Coloradans living with HIV, or other Coloradans with chronic or complex health conditions, the risk that an upper payment limit will jeopardize access to critical medications is especially great. Since these individuals account for a small proportion of Coloradans taking prescription medications, and Colorado represents a considerably smaller market than more populous states like California or Texas, there are less incentives to prevent drug manufacturers from responding to a UPL on these medications by refusing to sell them in Colorado entirely. In fact, when the PDAB was reviewing Genvoya (an HIV treatment medication), that medication’s manufacturer (Gilead) explicitly would not rule out taking this action when questioned by CORA or other community members about the company’s plans should a UPL be adopted.

Upper payment limits could also negatively impact safety net providers that act as vital lifelines for many Coloradans and make these medications more affordable. Through the federal 340B drug pricing program, for instance, safety net providers reinvest the difference between market and discounted prices to stretch scarce resources and serve more vulnerable individuals. UPL constraints on reimbursement rates could reduce these savings, resulting in reduced access to

specialty care in rural or under-resourced communities and additional strain on Colorado's health care system. Though the PDAB is statutorily required to weigh these impacts during the affordability review process, the board has consistently struggled to adequately capture the necessary data or consult with safety-net providers.

It is also unclear whether a UPL will truly result in lower out-of-pocket medication costs for individuals since it doesn't address other points within the drug supply chain. Health plan benefit designs often play a significant role in determining what someone pays for a medication at the counter. Yet there is no requirement for insurers or pharmacy benefit managers (PBMs) to pass on savings to enrollees and copays or deductibles are not subject to upper payment limits. A UPL could, thus, result in inflated profits for private insurers without translating to greater affordability for Coloradans.

Furthermore, the PDAB review process suffers from statutory constraints that prevent the board from effectively engaging with impacted Coloradans and from accounting for unique characteristics of different medications or health conditions. Some of these challenges include the lack of a transparent, data driven method of estimating the impact of UPLs, the inability to monitor patient access to medication with UPLs, and challenges with the public input process. CORA was very engaged in the stakeholder process for Genvoya PDAB review, finding the focus groups and opportunity for patients to provide comments rigid, difficult to share "real life" stories and inequitable. Several of these challenges are highlighted in the 2023 Affordability Review Summary Report: Genvoya published February of 2024, Genvoya ultimately was not deemed unaffordable and the 800 patients still have access to this medication. Division of Insurance staff have acknowledged these flaws but shared that they are limited in their ability to reform the process by the existing statutes governing the board. We have grave concerns that by definition, those living with rare disease will have significantly small patient groups limiting their access and advocacy.

The Prescription Drug Affordability Advisory Council (PDAAC) has recognized these concerns and recommended that medications treating rare diseases be exempted from the PDAB review process, but the PDAB has yet to implement this change. SB 140 codifies this exemption and aligns Colorado with many other states (ex: Washington and Oregon) with similar boards. CORA shares the board's goal of improving access to medications for Coloradans, but upper payment limits are an overly broad policy tool and risk making it even more difficult for Coloradans living with a rare disease or other serious conditions to get the care they need. We join rare disease advocates in calling for a "Yes" vote on SB 140 to protect access to care for vulnerable Coloradans, and we look forward to working with the General Assembly in the future on additionally needed PDAB reforms. Thank you for your consideration and please don't hesitate to reach out with any questions

Barb Cardell, Co-Chair (barb@pwn-usa.org)

Matt Pagnotti, Co-Chair (matt.pagnotti@viventhealth.org)

To: Members of the **House Health & Human Services Committee**
From: Khoa Nguyen | Rocky Mountain Policy & Advocacy Fellow, Young Invincibles - CO
Re: SB26-140: Exempt Drugs from Prescription Drug Affordability Board Reviews

YOUNG YI INVINCIBLES

Good afternoon, Mr. Chair, and members of the committee,

My name is **Khoa Nguyen**. I currently represent Young Invincibles CO as their Rocky Mountain Policy & Advocacy Fellow. I am also an incoming resident physician at the University of Colorado this upcoming summer. I am here today to encourage you to **oppose SB26-140.**

In the United States, prescription drug affordability remains one of the most pressing healthcare challenges. A 2021 analysis by the RAND corporation has found that U.S. drug prices are 2.5-3x higher than those in other high-income countries. Brand-name medications are priced >3x higher.

This directly affects our patients. The Kaiser Family Foundation has documented that approximately 3 in 10 adults report not taking their medications as prescribed due to costs. 1 in 5 adults choose not to fill prescriptions because of costs. I have had patients tell me that they cannot afford the cost of prescriptions, without sacrificing their budget for food or for rent. Why then are we exempting 2/3rds of available medications classified by PDAB from being affordable?

I am especially concerned with this bill's exemptions to orphan drugs and biologics. The bill indicates that these medications would be exempt, as they only impact rare diseases. Rare diseases are defined as affecting fewer than 200,000 people per the Orphan Drug Act of 1983. However, these medications are often pivoted as workhorse medications towards more common conditions. For example, Rituximab was originally approved for Non-Hodgkin's Lymphoma, which is a relatively rare cancer. However, with time, the medication has been pivoted towards treating more common conditions such as rheumatoid arthritis or lupus. As noted by others today, Humira has been widely used for rheumatoid arthritis, Crohn's disease, or psoriasis. Even plasma/blood derived biologics are used critically to treat burn patients, immunodeficiencies, hemophilias, and sickle disease episodes.

I know during this committee session, you will hear from a plethora of patients who have had negative experiences with PDAB. Likewise, many patients will voice their fears, concerns, and experiences for having decreased access to vital medications because pharmaceutical manufacturers threatened to "pull out of the market". You will also hear from different chronic disease organizations that are directly funded by manufacturers who want to see this bill passed. As a soon-to-be physician, I empathize with these patients. I recognize that PDAB is not perfect, but the best approach to improving it is to make continuous quality improvement and patient access changes - not to start tearing it down or hindering its abilities as this bill is intending. Likewise, it is incredibly unethical for manufacturers to threaten to exit markets when

this directly affects patients and their lives. It is further egregious when these manufacturers point the blame at the government despite the high prices and discontent in pharmaceutical costs stemming from these manufacturers. All parties can and should do better, but soliciting a bill focused on restraining an avenue to improve pharmaceutical drug costs is not the best way to approach this.

Ultimately, a medication that exists but is not affordable is functionally inaccessible. There are better ways to reform and improve upon PDAB and its responsibilities - this bill is not it. I urge you to **vote no on SB26-140.** Thank you for your attention to this essential issue.

Sincerely,
Khoa Ngoc Nguyen
Rocky Mountain Policy & Advocacy Fellow | Young Invincibles - CO
Incoming Resident Physician, General Surgery | University of Colorado
MD Candidate | University of Colorado School of Medicine
MBA Candidate | University of Colorado Denver Business School

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House Health & Human Services

04/22/2026

SB26-140 Exempt Drugs from Rx Drug Affordability Bd Reviews

Typed Text of Testimony Submitted

Name, Position, Representing	**Typed Text of Testimony**
Perry Jowsey For Colorado Chapter National Bleeding Disorders Foundation	I represent approximately 2,000 diagnosed patients in our state. We are here in support of SB26-140 because it reflects a more thoughtful, patient-centered approach. In particular, we strongly support the billâ€™s exemption for rare diseases. For patients with rare and complex conditions, treatments are often highly specialized, not interchangeable, and sometimes the only option available. Policies that do not account for this reality can unintentionally limit access to life-saving medications. We have seen other states begin to recognize this balance. Oregon and Washington have both incorporated rare disease exemptions into their affordability frameworks. SB26-140 positions Colorado to take a similarly pragmatic and patient-informed approachâ€”one that addresses cost concerns without putting the most vulnerable patients at risk. Patient organizations like ours bring lived experienceâ€”real stories of delayed diagnoses, limited treatment options, and the daily consequences of disrupted access. A policy approach that incorporates those voices is not only more compassionate, it is more effective. When policies are too rigid, they can miss the nuance required to serve diverse patient populations. SB26-140 moves in a better direction by acknowledging that one-size-fits-all solutions do not work in healthcare. From the bleeding disorders perspective, the stakes of getting this right are especially clear. Over the past 15 years, advances in treatment have transformed what it means to live with conditions like hemophiliaâ€”reducing bleeding episodes, preventing joint damage, and dramatically improving both quality of life and life expectancy. These therapies are not easily substituted, and continuity matters. The loss of access to an effective therapyâ€”whether due to market withdrawal, restricted availability, or delaysâ€”would not simply be an inconvenience; it would mean a return to preventable hospitalizations, disability, and shortened lives for patients who depend on these medications every day.

	Colorado has an opportunity here to demonstrate leadershipâ€”not just in addressing costs, but in doing so in a way that is balanced, forward-looking, and grounded in patient reality. This bill has bipartisan support and is endorsed by such backbone organizations as the Chronic Care Collaborative. We urge your support for SB26-140. Thank you for your time and your commitment to improving the lives of patients across our state.

House Health & Human Services

04/22/2026 01:30 PM

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Chair and members of the committee—

Thank you for the opportunity to speak today. My name is Kim Johnson, and I am here to oppose Senate Bill 26-140. I'm speaking to you both as a healthcare professional and as someone living with a rare disease.

On a personal level, I rely on specialized medications every day to manage my condition. Without them, my health doesn't just decline, it can unravel quickly. Missing doses or delaying treatment isn't a small thing for me. It can mean losing the ability to function normally, facing serious complications, or ending up in the hospital. That's the reality I live with.

I was a caregiver for my sister who battled cancer and succumbed to the disease, and that experience has stayed with me. I know what it feels like to look at treatment options and costs, and the stress of wondering how you're going to make it work and the fear of what happens if you can't. Those experiences are why this issue is so personal to me.

Professionally, I've seen how often patients face these same situations. When medications are too expensive, people don't just absorb the cost, they skip doses, delay care, or go without. And the consequences can be serious.

That's why the Prescription Drug Affordability Review Board matters. It's the only tool Colorado has to step in when drug prices put care out of reach. It helps ensure that medications are not just available, but truly accessible to the people who need them. Senate Bill 26-140 would take us in the opposite direction.

By excluding drugs for rare diseases and certain plasma-derived therapies, this bill would remove a large share of high-cost medications from review. For patients like me, that means fewer protections at the very moment we need them most.

Patients with rare conditions already have limited options. When costs rise, we don't have alternatives—we have consequences.

And just last year, this legislature created a process to give patients like me more input into which drugs the board reviews. That was meaningful progress. That process deserves the chance to work. I respectfully ask you to vote no on SB26-140 and protect the tools that help keep people like me—and the families we care for—healthy and safe.

Because at the end of the day, this isn't just about policy, it's about whether people like me can afford to stay alive.

Thank you for your time.