CHAMBER OF PROGRESS

May 5, 2026

The Honorable Lindsay Gilchrist, Chair
House Committee on Health and Human Services
Room 307, Colorado State Capitol
200 East Colfax Avenue
Denver, CO 80203-1784

The Honorable Sheila Lieder, Vice Chair
House Committee on Health and Human Services
Room 307, Colorado State Capitol
200 East Colfax Avenue
Denver, CO 80203-1784

**RE: Oppose SB26-066 – *Concerning the Regulation of Compounded Weight-Loss Medications***

Dear Chair Gilchrist, Vice Chair Lieder, and members of the Committee:

On behalf of Chamber of Progress, a tech industry association supporting public policies to build a society in which all people benefit from technological and innovative advances, **I respectfully urge you to oppose SB26-066.** We support easy access to compounded medications because they reflect the kind of innovation, customization, and problem-solving that are essential to improving outcomes for individuals and communities.

While the bill has evolved through the legislative process, it continues to raise serious concerns. As currently drafted, the reengrossed bill combines expansive regulatory standards on compounded medications with new restrictions on provider and pharmacy communications, creating significant legal uncertainty, reducing patient access to care, and failing to effectively target bad actors.

**SB26-066 chills legitimate patient education, informed consent, and shared decision-making**

The reengrossed bill makes it a "deceptive trade practice" under the Colorado Consumer Protection Act to make any "unsubstantiated" claim, or any "materially false, misleading, or unverified" claim, about a compounded weight-loss medication's "efficacy, safety, comparative performance, clinical outcomes, or other therapeutic benefits" when advertising or promoting the medication. **Neither "unsubstantiated" nor "unverified" is defined, and both terms sweep well beyond conventional false-advertising standards.**

Patients rely on transparent communication with their clinicians and pharmacists about the risks, benefits, and alternatives of any therapy they consider, and that exchange is the foundation of informed consent. By penalizing "unverified" claims that lack clinical or scientific definitions, **SB26-066 discourages providers from sharing emerging evidence, real-world outcomes, peer-reviewed studies, or individualized guidance on compounded GLP-1s.** The result is poor patient counseling and weakened shared decision-making at exactly the moment patients most need full information to make a considered choice.

Additionally, restrictions on truthful, non-misleading commercial speech about lawful products are subject to heightened constitutional scrutiny. In *Thompson v. Western States Medical Center*, 535 U.S. 357 (2002), the U.S. Supreme Court struck down federal restrictions on the advertising of compounded drugs on First Amendment grounds, holding that the government may not suppress truthful information about lawful products simply to discourage their use. *Sorrell v. IMS Health Inc.*, 564 U.S. 552 (2011), reinforced the principle that pharmaceutical speech receives meaningful First Amendment protection. SB26-066's open-ended advertising standards invite the same constitutional problems and will, predictably, deter speech the First Amendment protects.

**SB26-066 shifts oversight of clinical communication away from agencies with subject matter experts**

The reengrossed bill assigns exclusive enforcement authority to the Attorney General under the Colorado Consumer Protection Act, with no role for the State Board of Pharmacy, the Colorado Medical Board, or any other clinical regulator. These are precisely the bodies the General Assembly has charged with overseeing pharmacy practice and the practice of medicine, and precisely the bodies with the scientific and clinical expertise to evaluate whether a given communication about a compounded GLP-1 is or is not supported by evidence.

Routing enforcement of clinical communication standards through a legal enforcement office rather than the relevant health regulators poses a real risk of inconsistent, ad hoc, or politicized interpretation of what constitutes a "verified" claim about a medication. It also denies regulated parties the rulemaking, guidance, and adjudicatory channels that the clinical boards routinely provide. Pharmacy and medicine are technical fields, so compliance standards in those fields should be set by technical regulators.

**SB26-066 creates legal uncertainty that disproportionately harms small providers and independent pharmacies**

The bill provides no definitions of "misleading" or "unverified" tied to clinical or scientific evidence, no safe harbors for communications that rely on peer-reviewed literature or accepted pharmacy practice, and no clear “knowingly” requirement that would protect

good-faith, evidence-based discussions from enforcement. A clinician explaining expected outcomes from a published study, a pharmacist counseling a patient on side-effect profiles, or a clinic describing typical patient experience could all be second-guessed under standards no one can predict in advance.

That uncertainty falls hardest on smaller actors. Large manufacturers can absorb compliance costs, whereas small clinics and individual prescribers cannot. The predictable result is that the smallest, most patient-facing providers, the ones whose business model depends on direct conversation with patients and prescribers, will simply stop communicating about compounded GLP-1s.

**SB26-066 reduces access to personalized medicine and steers patients toward fewer, more expensive alternatives**

The reengrossed bill targets compounded GLP-1 weight-loss medications specifically, but its prohibitions could reach any pharmacy, prescriber, or upstream supplier involved in producing, distributing, or describing these products in Colorado. The bill also prohibits distribution by any person "not legally authorized to distribute or transfer the bulk drug substances used in the compounded weight-loss medication," a standard that layers state liability on top of, and may extend beyond, existing federal sourcing rules. **Faced with legal risk and the prospect of enforcement by the Attorney General under the Colorado Consumer Protection Act, many suppliers and pharmacies will narrow or abandon compounding altogether, thereby shrinking access to a wide range of legitimate, individualized care.**

Clinicians rely on compounding to tailor doses, remove allergens or preservatives, combine medicines, or create formulations that commercial products do not offer, especially for children, older adults, immunocompromised patients, and patients with sensitivities.[1] When providers are reluctant to discuss compounded options, patients are not informed of all of their treatment alternatives. They are effectively steered toward branded, mass-produced products that are often substantially more expensive, less individualized, or simply unavailable in the dose or formulation the patient needs. **The bill thus narrows clinical judgment, undermines shared decision-making with patients, and channels them into a smaller and pricier set of choices.**

**SB26-066 threatens the health of Colorado patients, especially seniors, rural residents, and underserved communities**

The likely result of SB26-066 is longer wait times, disrupted continuity of care, and higher costs for Colorado patients. **Shrinking the legitimate supply can push patients toward illicit or counterfeit online sellers – the very problem the bill aims to solve.**

[1] Jeremy Goodie. "Why Some Patients Require Compounded Medications." *St. Hope Rx*, Feb. 19, 2026. https://www.myofferinghoperx.org/blog/why-some-patients-require-compounded-medications

Consider a patient stabilized on a compounded GLP-1 formulation tailored to their needs, but at a lower dose, with an omitted preservative, or with another modification, because they cannot tolerate the commercial product. Under SB26-066, the pharmacy and prescriber face Consumer Protection Act exposure for routine communications about that formulation's safety and effectiveness, on standards ("unsubstantiated," "unverified") that no provider can reliably predict. Unable to absorb the legal risk, the pharmacy stops offering the formulation. **The patient then either takes a product that causes harmful side effects, seeks illicit or counterfeit online sellers, travels and waits months for care, or stops treatment altogether.**

This dynamic falls hardest on patients who depend most on direct, individualized communication with local providers and pharmacists: seniors, rural residents, and underserved communities. These patients often rely on individualized, locally prepared medications,[2] have more complex chronic conditions,[3][4] limited mobility, live on fixed incomes,[5] and are less able to absorb higher costs or travel long distances to find alternative care. When a rural pharmacist hesitates to explain a compounded option for fear of triggering a "deceptive trade practice" claim, the patient on the other side of the counter loses a critical source of trusted, individualized health information.

**SB26-066 could disproportionately harm historically marginalized communities**

By driving legitimate compounding providers out of the market, SB26-066 would reduce competition and increase prices for compounded therapies and related prescription medicines. The legal and reputational exposure created by the bill's vague advertising and claim standards will raise operating costs for pharmacies and clinics. Those costs will be passed on to patients through higher prices, fewer participating providers, and less competition.

**As a result, patients may divert or forgo care, ration medications, or discontinue treatment, and these outcomes will disproportionately harm historically marginalized groups: communities of color, LGBTQ+ Coloradans, seniors, low-income Coloradans, and rural residents.[6]**

Nearly one-third of Americans say they cannot afford prescription drugs, and Black and Latino seniors are up to twice as likely as white seniors to struggle to pay for

[2] Whitney Zahnd. "Rural Pharmacies Provide Multi-Faceted Value to Rural Communities." *The Rural Monitor*, Jul. 12, 2023. https://www.ruralhealthinfo.org/rural-monitor/rural-pharmacies
[3] Rural Health Information Hub. *Chronic Disease in Rural America Overview*. Feb. 2, 2026. https://www.ruralhealthinfo.org/topics/chronic-disease
[4] M Steverson. *Ageing and Health*. World Health Organization, Oct. 1, 2025. https://www.who.int/news-room/fact-sheets/detail/ageing-and-health
[5] National Council on Aging. "What Does Living on a Fixed Income Mean?" Apr. 18, 2024. https://www.ncoa.org/article/what-does-living-on-a-fixed-income-mean/
[6] Colorado Health Institute. *Colorado Health Access Survey 2025*. Nov., 2025. https://www.coloradohealthinstitute.org/research/colorado-health-access-survey-2025

medications.[7] Those communities also have higher rates of chronic conditions such as diabetes, high blood pressure, and chronic pain, so missed doses can cause serious complications and even premature death. LGBTQ+ individuals also report higher rates of delaying or going without needed prescriptions.[8]

In Colorado, roughly one in three residents struggles to afford essentials like health care, food, or housing.[9] More than 25% have skipped needed care because of cost, over 10% couldn't afford food, and about 10% had trouble paying rent or a mortgage.[10] By eliminating care options and driving up prices, SB26-066 would worsen these problems, reducing competition, raising out-of-pocket costs, and hitting the most vulnerable communities hardest.

**Existing law already prohibits false and misleading claims about pharmaceuticals**

The Colorado Consumer Protection Act, the Federal Trade Commission Act, and the federal Food, Drug, and Cosmetic Act already prohibit false and misleading advertising of pharmaceuticals, including compounded medications. The Attorney General already has authority to pursue genuinely deceptive promotion of any drug product under existing CCPA provisions, and the FDA and FTC actively police misleading drug advertising at the federal level. SB26-066 layers a new, vaguer, GLP-1-specific liability standard on top of these existing authorities, applied inconsistently to one category of compounded drug rather than uniformly across pharmaceuticals. Current law already addresses bad actors who make false claims about compounded GLP-1s, and this bill primarily harms compliant providers by discouraging legitimate communication.

**A better path: clarify standards through clinical regulators, do not criminalize communication**

The reengrossed bill also includes targeted exemptions for specific licensed facilities, but it does not address the legitimate retail and outsourcing-facility pharmacies that serve the bulk of Colorado patients, which are precisely the providers the bill's vague standards are most likely to chill, and who will simply stop serving Colorado patients as a result  Extensive federal law already governs compounding,[11] and it is this regime that will be most effective at regulating an increasingly nation-wide distribution market.

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[7] Claretta Bellamy. "New Prescription Drug Price Hikes Hit Black Patients Hard." *NBC News*, Sept. 26, 2024. https://www.nbcnews.com/news/nbcblk/new-prescription-drug-price-hikes-hit-black-patients-hard-rcna171648
[8] Brad Sears and Kerith J. Conron. *LGBT People & Access to Prescription Medications*. The Williams Institute, Dec., 2018. https://williamsinstitute.law.ucla.edu/publications/lgbt-access-prescription-meds/
[9] Colorado Health Institute. *Colorado Health Access Survey 2025*. Nov., 2025. https://www.coloradohealthinstitute.org/research/colorado-health-access-survey-2025
[10] *Ibid*.
[11] U.S. Food and Drug Administration. *Section 503A of the Federal Food, Drug, and Cosmetic Act*. June 21, 2018. https://www.fda.gov/drugs/human-drug-compounding/section-503a-federal-food-drug-and-cosmetic-act

SB26-066 is well-intentioned, but as engrossed, it would reduce access to clinician-supervised compounded medications, raise costs, and create regulatory and legal uncertainty, all without meaningfully deterring illicit sellers. Instead of broadly restricting lawful compounding, the Legislature should pursue targeted, evidence-based reforms that focus enforcement on illegal sellers while preserving patient access to safe, individualized therapies.

Enacting this bill would primarily benefit large drug manufacturers by reducing competition under the guise of safety, while forcing Coloradans to bear higher costs and worse health outcomes, and could even be driven toward unregulated, illicit markets, directly contradicting the bill's objectives.

For the sake of Colorado patients, we respectfully urge you to **oppose SB26-066**.

Sincerely,

Hope Ledford
Director of Civic Innovation Policy

April 30, 2026

Colorado State Capitol
200 E. Colfax Ave
Denver, Colorado
80203

**RE: Support for Senate Bill 26-066--Compounded Medications**

Dear House Health and Human Services Committee Members,

On behalf of the American Diabetes Association, I am writing to share our support for Senate Bill 26-066, Regulation of Compounded Weight-Loss Medication.

The ADA, the largest non-governmental organization that deals with the treatment and impact of diabetes, represents 136 million individuals living with diabetes and prediabetes.

The ADA also reviews and authors the most authoritative and widely followed clinical practice recommendations, guidelines, and standards for the treatment of diabetes and publishes the most influential professional journals concerning diabetes research and treatment.

The American Diabetes Association released a guidance statement against the use of compounded GLP-1RA and dual GIP/GLP-1RA medication classes due the uncertainty about their content, safety, quality, and effectiveness. "While compounded medications—medication formulations locally produced and customized to meet individualized clinical needs—play an import role within the health care system, specific concerns have emerged surrounding the recent widespread availability and use of non-FDA-approved incretin-based products."

- As of September 9, 2025, the FDA has received 1,424 reports of adverse events associated with compounded GLP-1 drugs, including reports of 329 hospitalizations, and 23 deaths.[i]
- A southern-based medical spa and weight loss clinic offered and sold their own weight loss medication, which was compounded in Georgia. The compounded mixture had an "animal grade" semaglutide with vitamin B12, which is non-compliant with FDA regulations.[ii]
- A Southeastern state issued an Order of Summary Suspension to an identified pharmacy due to alleged patient safety concerns. In the first seven months of 2023, the pharmacy generated millions of dollars by selling fraudulently compounded and generic versions of high dosages of semaglutide combined with vitamin B6 to healthcare providers.[iii]

The FDA has additionally reported that some compounded pharmacies have used different salt forms of semaglutide, which are different from the active ingredient found in FDA approved semaglutide products.[iv]

Senate bill 66 signifies an improvement in the safety standards of compounded medications to protect patients. The ADA appreciates the following safety standards when compounded medication:

- Is made from bulk drug substances and drugs that are approved by the FDA when such approval is required.
- Was manufactured in compliance with FDA processes.
- Contains bulk drug substances that are pharmaceutical grade and are accompanied by a certificate of analysis containing information that is material to the safety and efficacy of the bulk drug substances.
- Was manufactured at a facility that is registered with the FDA and passed an FDA inspection within the previous 2 years; and
- Is verified for purity and accurate dosage.

The American Diabetes Association appreciates these steps to ensure safety for patients and we are proud to support Senate Bill 66.

Please do let me know if you have any questions.

Sincerely,

Christine Fallabel, MPH

Director, State Government Affairs and Advocacy
cfallabel@diabetes.org

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[i] Food and Drug Administration. FDA Adverse Events Reporting System Public Dashboard, data on compounded September 9, 2025

[ii] Food and Drug Administration. FDA Adverse Events Reporting System Public Dashboard, data on compounded September 9, 2025

[iii] Federal Bureau of Investigation (FBI), Safety Concerns Related to Fraudulent Compounding Practices Associated with Weight Loss Drugs, February 28, 2025

[iv] FDA's Concerns with Unapproved GLP-1 Drugs Used for Weight Loss; https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/fdas-concerns-unapproved-glp-1-drugs-used-weight-loss; accessed February 2nd, 2026