

Second Regular Session
Seventy-fifth General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 26-0559.01 Renee Leone x2695

HOUSE BILL 26-1122

HOUSE SPONSORSHIP

Keltie,

SENATE SPONSORSHIP

(None),

House Committees
Health & Human Services

Senate Committees

A BILL FOR AN ACT

101 CONCERNING MANDATORY HEALTH-CARE COVERAGE FOR HORMONE
102 REPLACEMENT THERAPY FOR WOMEN.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill requires all health benefit plans in the state and the medicaid program to provide coverage for hormone replacement therapy, as prescribed by licensed physicians, for women who are experiencing menopause or perimenopause.

Coverage for hormone replacement therapy will be implemented for all large employer health benefit plans issued or renewed in this state

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words or numbers indicate deletions from existing law.

on or after January 1, 2027. Coverage for hormone replacement therapy will be implemented for all individual and small group health benefit plans issued or renewed in this state on or after January 1, 2028, as long as the state is not required to defray the cost of the coverage of the hormone replacement therapy.

The state medicaid program is required to provide hormone replacement therapy beginning on July 1, 2027.

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

2 **SECTION 1.** In Colorado Revised Statutes, 10-16-104, **add** (31)
3 as follows:

4 **10-16-104. Mandatory coverage provisions - applicability -**
5 **rules - definitions.**

6 (31) **Hormone replacement therapy - definition - rules.**

7 (a) AS USED IN THIS SUBSECTION (31), UNLESS THE CONTEXT
8 OTHERWISE REQUIRES, "HORMONE REPLACEMENT THERAPY":

9 (I) MEANS A MEDICAL TREATMENT THAT REPLACES A HORMONE
10 THAT AN INDIVIDUAL'S BODY IS NO LONGER MAKING OR NO LONGER
11 MAKING ENOUGH OF, AS DETERMINED BY A PHYSICIAN LICENSED
12 PURSUANT TO ARTICLE 240 OF TITLE 12; AND

13 (II) MAY INCLUDE PRESCRIBING A CREAM, AN ORAL MEDICATION,
14 A PELLET MEDICATION, A VAGINAL DEVICE, OR ANOTHER METHOD
15 APPROVED BY THE FDA.

16 (b) IN ACCORDANCE WITH SUBSECTION (31)(e) OF THIS SECTION,
17 ALL HEALTH BENEFIT PLANS MUST PROVIDE COVERAGE FOR HORMONE
18 REPLACEMENT THERAPY FOR A WOMAN WHO IS EXPERIENCING MENOPAUSE
19 OR PERIMENOPAUSE AS A RESULT OF NATURAL AGING OR ANY OTHER
20 CAUSE, TO BE ADMINISTERED IN THE METHOD, DOSE, AND FREQUENCY
21 PRESCRIBED BY A PHYSICIAN LICENSED PURSUANT TO ARTICLE 240 OF
22 TITLE 12.

1 (c) A HEALTH BENEFIT PLAN MUST NOT:

2 (I) DENY OR LIMIT HORMONE REPLACEMENT THERAPY THAT IS
3 PRESCRIBED IN ACCORDANCE WITH GENERALLY ACCEPTED STANDARDS OF
4 CARE FOR THE PRESCRIPTION OF HORMONE REPLACEMENT THERAPY; OR

5 (II) REQUIRE PRIOR AUTHORIZATION FOR HORMONE REPLACEMENT
6 THERAPY.

7 (d) THE COMMISSIONER SHALL ADOPT RULES CONSISTENT WITH
8 AND AS NECESSARY TO IMPLEMENT THIS SUBSECTION (31).

9 (e) (I) ALL LARGE EMPLOYER HEALTH BENEFIT PLANS ISSUED OR
10 RENEWED IN THIS STATE ON OR AFTER JANUARY 1, 2027, SHALL PROVIDE
11 COVERAGE FOR HORMONE REPLACEMENT THERAPY PURSUANT TO THIS
12 SUBSECTION (31).

13 (II) EXCEPT AS PROVIDED IN SUBSECTION (31)(e)(III) OF THIS
14 SECTION, AND TO THE EXTENT THAT SUCH COVERAGE IS NOT IN ADDITION
15 TO BENEFITS PROVIDED PURSUANT TO THE STATE BENCHMARK PLAN
16 REQUIRED PURSUANT TO 45 CFR 156.111, ALL INDIVIDUAL AND SMALL
17 GROUP HEALTH BENEFIT PLANS ISSUED OR RENEWED IN THIS STATE ON OR
18 AFTER JANUARY 1, 2028, SHALL PROVIDE COVERAGE FOR HORMONE
19 REPLACEMENT THERAPY PURSUANT TO THIS SUBSECTION (31).

20 (III) SUBSECTION (31)(e)(II) OF THIS SECTION IS INOPERATIVE, AND
21 THE STATE SHALL NOT ASSUME AN OBLIGATION FOR THE COVERAGE
22 REQUIRED PURSUANT TO SUBSECTION (31)(e)(II) OF THIS SECTION, IF:

23 (A) THE DIVISION DETERMINES THAT THE COVERAGE SPECIFIED IN
24 SUBSECTION (31)(e)(II) OF THIS SECTION REQUIRES STATE DEFRAYAL OF
25 THE COST OF COVERAGE PURSUANT TO A PROVISION OF THE FEDERAL ACT,
26 INCLUDING 42 U.S.C. SEC. 18031 (d)(3)(B) OR A SUCCESSOR PROVISION
27 AND THE IMPLEMENTING REGULATIONS; OR

1 (B) THE STATE IS OTHERWISE REQUIRED TO DEFRAY THE COST OF
2 COVERAGE REQUIRED PURSUANT TO SUBSECTION (31)(e)(II) OF THIS
3 SECTION.

4 **SECTION 2.** In Colorado Revised Statutes, **add** 25.5-5-332.5 as
5 follows:

6 **25.5-5-332.5. Hormone replacement therapy - federal**
7 **authorization - definition.**

8 (1) SUBJECT TO FEDERAL AUTHORIZATION AND FEDERAL
9 FINANCIAL PARTICIPATION, ON OR AFTER JULY 1, 2027, THE MEDICAL
10 ASSISTANCE PROGRAM SHALL INCLUDE HORMONE REPLACEMENT THERAPY
11 FOR A WOMAN WHO IS EXPERIENCING MENOPAUSE OR PERIMENOPAUSE AS
12 A RESULT OF NATURAL AGING OR ANY OTHER CAUSE, TO BE ADMINISTERED
13 IN THE METHOD, DOSE, AND FREQUENCY PRESCRIBED BY A PHYSICIAN
14 LICENSED PURSUANT TO ARTICLE 240 OF TITLE 12.

15 (2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
16 REQUIRES, "HORMONE REPLACEMENT THERAPY" HAS THE MEANING SET
17 FORTH IN SECTION 10-16-104 (31)(a).

18 **SECTION 3. Act subject to petition - effective date.** This act
19 takes effect at 12:01 a.m. on the day following the expiration of the
20 ninety-day period after final adjournment of the general assembly (August
21 12, 2026, if adjournment sine die is on May 13, 2026); except that, if a
22 referendum petition is filed pursuant to section 1 (3) of article V of the
23 state constitution against this act or an item, section, or part of this act
24 within such period, then the act, item, section, or part will not take effect
25 unless approved by the people at the general election to be held in
26 November 2026 and, in such case, will take effect on the date of the
27 official declaration of the vote thereon by the governor.