

An Act

HOUSE BILL 24-1010

BY REPRESENTATIVE(S) Jodeh and Soper, Hartsook, Amabile, Bacon, Bird, Boesenecker, Brown, Clifford, deGruy Kennedy, Duran, Epps, Froelich, Hernandez, Herod, Joseph, Kipp, Lieder, Lindsay, Mabrey, McCormick, McLachlan, Ortiz, Parenti, Rutinel, Sirota, Snyder, Titone, Weissman, Woodrow, Young, McCluskie, English, Hamrick, Story, Valdez;

also SENATOR(S) Michaelson Jenet and Will, Buckner, Cutter, Exum, Ginal, Hinrichsen, Jaquez Lewis, Kirkmeyer, Kolker, Liston, Smallwood, Winter F.

CONCERNING LIMITATIONS ON DRUGS COVERED UNDER AN INDIVIDUAL'S HEALTH INSURANCE POLICY THAT ARE ADMINISTERED BY A PROVIDER IN A SETTING OTHER THAN A HOSPITAL, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

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

SECTION 1. In Colorado Revised Statutes, 10-16-102, **add** (56.5) as follows:

10-16-102. Definitions. As used in this article 16, unless the context otherwise requires:

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

(56.5) "PROVIDER-ADMINISTERED DRUG" MEANS AN OUTPATIENT DRUG, OTHER THAN A VACCINE, THAT:

(a) CANNOT REASONABLY BE SELF-ADMINISTERED BY A COVERED PERSON TO WHOM THE DRUG IS PRESCRIBED OR BY AN INDIVIDUAL ASSISTING THE COVERED PERSON WITH THE SELF-ADMINISTRATION; AND

(b) IS TYPICALLY ADMINISTERED BY A PROVIDER IN THE PROVIDER'S OFFICE.

SECTION 2. In Colorado Revised Statutes, **add** 10-16-122.8 as follows:

10-16-122.8. Health benefit plans - provider-administered drugs - prohibit required dispensing by specific pharmacy - definitions.

(1) AS USED IN THIS SECTION:

(a) "HEALTH BENEFIT PLAN" HAS THE SAME MEANING AS SET FORTH IN SECTION 10-16-102 (32).

(b) "PROVIDER" HAS THE SAME MEANING AS SET FORTH IN SECTION 10-16-102 (56); EXCEPT THAT "PROVIDER" DOES NOT INCLUDE A HOSPITAL, HOSPITAL FACILITY-BASED PRACTICE SETTING, HOSPITAL OUTPATIENT DEPARTMENT, OR HOSPITAL OUTPATIENT INFUSION CENTER.

(2) FOR THE TREATMENT OF CANCER OR A LIFE-THREATENING DISEASE OR FOR THE TREATMENT OF A SYMPTOM, COMPLICATION, OR CONSEQUENCE OF CANCER OR A LIFE-THREATENING DISEASE, FOR HEALTH BENEFIT PLANS ISSUED ON OR AFTER JANUARY 1, 2025, A CARRIER SHALL NOT:

(a) REQUIRE A PROVIDER-ADMINISTERED DRUG TO BE DISPENSED ONLY BY SPECIFIC NETWORK PHARMACIES;

(b) IF A PROVIDER-ADMINISTERED DRUG IS OTHERWISE COVERED BY THE CARRIER FOR THE COVERED PERSON, LIMIT OR EXCLUDE COVERAGE FOR THE DRUG BASED ON THE COVERED PERSON'S CHOICE OF PARTICIPATING PROVIDER;

(c) REQUIRE A PARTICIPATING PROVIDER TO BILL FOR OR BE REIMBURSED FOR THE DELIVERY AND ADMINISTRATION OF A PROVIDER-ADMINISTERED DRUG UNDER THE PHARMACY BENEFIT INSTEAD OF THE MEDICAL BENEFIT WITHOUT:

(I) INFORMED, WRITTEN CONSENT OF THE COVERED PERSON; AND

(II) WRITTEN ATTESTATION BY THE COVERED PERSON'S PARTICIPATING PROVIDER THAT A DELAY IN THE DRUG'S ADMINISTRATION WILL NOT PLACE THE COVERED PERSON AT AN INCREASED HEALTH RISK; OR

(d) REQUIRE A COVERED PERSON TO PAY AN ADDITIONAL FEE, COPAYMENT, OR COINSURANCE; A HIGHER COPAYMENT; OR ANY OTHER PRICE INCREASE FOR A PROVIDER-ADMINISTERED DRUG BASED ON THE COVERED PERSON'S CHOICE OF PARTICIPATING PROVIDER.

(3) THE REIMBURSEMENT RATE FOR COVERED PROVIDER-ADMINISTERED DRUGS MUST BE AT THE CARRIER'S IN-NETWORK NEGOTIATED RATE FOR PARTICIPATING PROVIDERS.

(4) THIS SECTION APPLIES ONLY IF THE COVERED PERSON'S PROVIDER DETERMINES THAT:

(a) A DELAY IN THE PROVISION OF SERVICES OR CARE WOULD MAKE THE COVERED PERSON'S CONDITION PROGRESSION MORE PROBABLE;

(b) THE USE OF A PHARMACY WITHIN THE NETWORK OF THE COVERED PERSON'S HEALTH BENEFIT PLAN WOULD:

(I) INCREASE THE PROBABILITY OF HARM OR DEATH TO THE PATIENT;
OR

(II) POTENTIALLY CAUSE A BARRIER TO THE COVERED PERSON'S ADHERENCE TO OR COMPLIANCE WITH THE COVERED PERSON'S PLAN OF CARE; OR

(c) DELIVERY BY AN ALTERNATIVE PHARMACY OR PROVIDER IS NECESSARY IN ORDER FOR THE COVERED PERSON TO RECEIVE THE PROVIDER-ADMINISTERED DRUG IN A TIMELY MANNER.

(5) THIS SECTION DOES NOT:

(a) AUTHORIZE A PERSON TO ADMINISTER A DRUG WHEN OTHERWISE PROHIBITED BY STATE OR FEDERAL LAW; OR

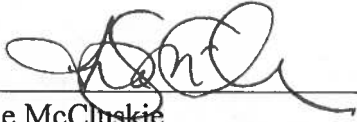
(b) MODIFY DRUG ADMINISTRATION REQUIREMENTS UNDER STATE LAW, INCLUDING ANY REQUIREMENTS RELATED TO THE DELEGATION AND SUPERVISION OF DRUG ADMINISTRATION.

SECTION 3. Appropriation. For the 2024-25 state fiscal year, \$7,333 is appropriated to the department of regulatory agencies for use by the division of insurance. This appropriation is from the division of insurance cash fund created in section 10-1-103 (3)(a)(I), C.R.S., and is based on an assumption that the division will require an additional 0.1 FTE. To implement this act, the division may use this appropriation for personal services.

SECTION 4. Act subject to petition - effective date - applicability. (1) This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly; except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2024 and, in such case, will take effect on

the date of the official declaration of the vote thereon by the governor.

(2) This act applies to health benefit plans issued or renewed on or after January 1, 2025.

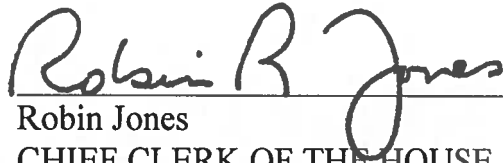


Julie McCluskie
SPEAKER OF THE HOUSE
OF REPRESENTATIVES



Steve Fenberg
PRESIDENT OF
THE SENATE

VETO



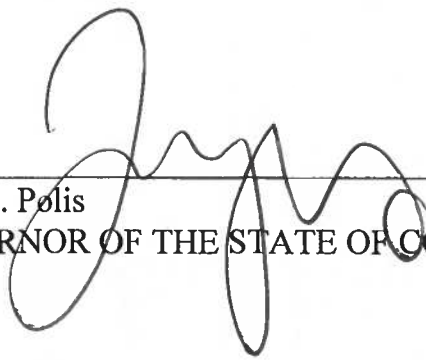
Robin Jones
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES



Cindi L. Markwell
SECRETARY OF
THE SENATE

Veto

DISAPPROVED AND VETOED on Friday May 17th 2024 at 4:24 PM
(Date and Time)



Jared S. Polis
GOVERNOR OF THE STATE OF COLORADO