

First Regular Session  
Seventy-third General Assembly  
STATE OF COLORADO

REVISED

*This Version Includes All Amendments Adopted  
on Second Reading in the Second House*

LLS NO. 21-0317.01 Brita Darling x2241

HOUSE BILL 21-1275

HOUSE SPONSORSHIP

**Lontine and Will**, Bernett, Bird, Duran, Gonzales-Gutierrez, Gray, Herod, Hooton, McCluskie, McCormick, Michaelson Jenet, Mullica, Ortiz, Snyder, Titone, Valdez A., Woodrow, Young

SENATE SPONSORSHIP

**Ginal and Kirkmeyer**,

House Committees

Health & Insurance  
Appropriations

Senate Committees

State, Veterans, & Military Affairs  
Appropriations

A BILL FOR AN ACT

101 CONCERNING REIMBURSEMENT FOR PHARMACISTS' SERVICES UNDER  
102 THE MEDICAL ASSISTANCE ACT, AND, IN CONNECTION  
103 THEREWITH, MAKING AN APPROPRIATION.

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 that a pharmacist receive reimbursement under the medical assistance program for providing services authorized in statute, which reimbursement must be equivalent to the reimbursement provided to a physician or advanced practice nurse for the same services rendered, including services delivered by a pharmacist through

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

SENATE  
2nd Reading Unamended  
June 3, 2021

HOUSE  
3rd Reading Unamended  
May 25, 2021

HOUSE  
Amended 2nd Reading  
May 24, 2021

telemedicine. The department of health care policy and financing is directed to seek any federal authorization necessary to receive federal matching money for the reimbursements.

Further, the bill allows a pharmacist or pharmacy with authority to administer extended-release injectable medications for the treatment of mental health or substance use disorders to seek reimbursement for those medications under the medical assistance program as either a pharmacy benefit or as a medical benefit.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** 25.5-5-511 and  
3 25.5-5-512 as follows:

4 **25.5-5-511. Reimbursement for pharmacists' services -**  
5 **legislative declaration.** (1) (a) THE GENERAL ASSEMBLY FINDS AND  
6 DECLARES THAT:

7 (I) PHARMACISTS ARE HIGHLY TRAINED AND EDUCATED  
8 DOCTORATE-LEVEL HEALTH-CARE PROFESSIONALS SPECIALIZING IN THE  
9 EFFECTIVE USE OF MEDICATIONS AND THEIR OUTCOMES;

10 (II) PHARMACISTS PROVIDE HEALTH CARE THROUGHOUT THE  
11 ENTIRE HEALTH-CARE SYSTEM, PRACTICING IN COMMUNITY PHARMACIES,  
12 HOSPITALS, PROVIDER CLINIC OFFICES, AND SPECIALTY AREAS;

13 (III) WITH NINETY PERCENT OF AMERICANS LIVING WITHIN FIVE  
14 MILES OF A PHARMACY, PHARMACISTS ARE ABLE TO PROVIDE VALUABLE  
15 PUBLIC HEALTH SERVICES TO COMMUNITIES AND TO PROVIDE THOSE  
16 SERVICES IN NOVEL WAYS, INCLUDING DURING NONTRADITIONAL HOURS  
17 AND WITHOUT APPOINTMENTS;

18 (IV) AS PART OF AN INTEGRATED TEAM, PHARMACISTS HAVE BEEN  
19 PROVEN TO LOWER THE OVERALL COST OF HEALTH CARE AND IMPROVE  
20 LONG-TERM CHRONIC DISEASE **OUTCOMES**; HOWEVER, DESPITE THESE  
21 RECOGNIZED BENEFITS, PHARMACISTS ARE NOT CONSIDERED

1 REIMBURSABLE MEDICAL PROVIDERS;

2 (V) FURTHER, PHARMACISTS IN INTEGRATED MEDICAL HOMES  
3 UNDER THE MEDICAL ASSISTANCE PROGRAM ARE NOT SUPPORTED BY THE  
4 SAME FUNDING MECHANISMS AS OTHER PROVIDERS, INCLUDING RATE  
5 SETTING FOR FEDERALLY QUALIFIED HEALTH CENTERS OR THROUGH  
6 FEE-FOR-SERVICE BILLING;

7 (VI) WITHOUT THE ABILITY TO GENERATE REVENUE THROUGH  
8 DIRECT REIMBURSEMENT OR NEW VALUE-BASED MODELS, THE SERVICES  
9 PHARMACISTS PROVIDE ARE NOT SUSTAINABLE;

10 (VII) COLORADO HAS RECOGNIZED THAT THERE IS A SHORTAGE IN  
11 PRIMARY CARE PROVIDERS FOR INDIVIDUALS ENROLLED IN THE MEDICAL  
12 ASSISTANCE PROGRAM; AND

13 (VIII) PHARMACISTS CAN HELP ADDRESS THIS SHORTAGE BY  
14 PROVIDING CERTAIN PRIMARY CARE SERVICES AS A FOLLOW-UP TO  
15 PHYSICIAN CARE THROUGH COLLABORATIVE PRACTICE MODELS,  
16 INCLUDING THE PROVISION OF CHRONIC DISEASE MANAGEMENT.

17 (b) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT THE  
18 ABILITY OF PHARMACISTS TO GENERATE REVENUE FOR THE SAME SERVICES  
19 PROVIDED BY OTHER HEALTH-CARE PROVIDERS WOULD BE EQUITABLE,  
20 WOULD HELP FUND STAFF AND SERVICES IN MEDICAL HOMES, AND WOULD  
21 ALLEVIATE BARRIERS TO ACCESS OF CARE IN COMMUNITY SETTINGS.

22 (2) (a) A PHARMACIST IS ELIGIBLE TO RECEIVE REIMBURSEMENT  
23 UNDER THE MEDICAL ASSISTANCE PROGRAM FOR MEDICALLY NECESSARY  
24 SERVICES AUTHORIZED IN PART 6 OF ARTICLE 280 OF TITLE 12 THAT ARE  
25 NOT DUPLICATIVE OF OTHER PHARMACIST SERVICES OR PROGRAMS  
26 REIMBURSED UNDER THE MEDICAL ASSISTANCE PROGRAM.

27 (b) THE STATE DEPARTMENT SHALL INCLUDE THE SERVICES

1 REIMBURSED PURSUANT TO SUBSECTION (2)(a) OF THIS SECTION IN THE  
2 REVIEW OF PROVIDER RATES REQUIRED PURSUANT TO SECTION  
3 25.5-4-401.5.

4 (3) THE STATE DEPARTMENT SHALL REQUEST ANY FEDERAL  
5 AUTHORIZATION NECESSARY TO RECEIVE FEDERAL FINANCIAL  
6 PARTICIPATION UNDER THE MEDICAL ASSISTANCE PROGRAM.

7 **25.5-5-512. Pharmacy benefit - mental health and substance**  
8 **use disorders - legislative declaration.** (1) (a) THE GENERAL ASSEMBLY  
9 FINDS AND DECLARES THAT:

10 (I) IT IS ESTIMATED THAT OVER ONE MILLION COLORADANS  
11 EXPERIENCE A MENTAL HEALTH OR SUBSTANCE USE DISORDER EACH YEAR,  
12 YET LESS THAN HALF OF THE ADULT POPULATION IN THIS STATE RECEIVES  
13 THE CARE IT NEEDS;

14 (II) IT IS WELL DOCUMENTED THAT ACCESS TO APPROPRIATE  
15 TREATMENTS, INCLUDING MEDICATION, CAN LEAD TO BETTER OUTCOMES  
16 FOR INDIVIDUALS DEALING WITH THESE DIAGNOSES;

17 (III) FOR THIS REASON, POLICIES THAT RESTRICT ACCESS TO  
18 MEDICATIONS LEAD TO POORER OUTCOMES AND INCREASED HEALTH-CARE  
19 COSTS;

20 (IV) PHARMACISTS ALSO PLAY AN IMPORTANT ROLE IN IMPROVING  
21 ACCESS TO TREATMENTS FOR SERIOUS MENTAL ILLNESS AND SUBSTANCE  
22 USE DISORDERS; AND

23 (V) THE USE OF EXTENDED-RELEASE INJECTABLE MEDICATIONS  
24 FOR SERIOUS MENTAL ILLNESS AND SUBSTANCE USE DISORDERS HAS  
25 RESEARCH-PROVEN CLINICAL BENEFITS COMPARED TO ORAL MEDICATIONS,  
26 INCLUDING MEDICATION ADHERENCE AND SIGNIFICANT DELAY AND  
27 REDUCTION IN RELAPSE, WHICH DECREASES CRIMINAL RECIDIVISM AND

1 EMERGENCY ROOM VISITS FOR PATIENTS FROM VULNERABLE  
2 POPULATIONS, PARTICULARLY THOSE EXPERIENCING HOMELESSNESS.

3 (b) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT ACCESS  
4 TO THESE TREATMENTS THROUGH A PHARMACY BENEFIT UNDER THE  
5 MEDICAL ASSISTANCE PROGRAM WILL IMPROVE ACCESS TO MENTAL  
6 HEALTH PROVIDERS BY ALLOWING PHARMACISTS TO DISPENSE,  
7 ADMINISTER, AND BE REIMBURSED FOR THESE IMPORTANT AND EFFECTIVE  
8 MEDICATIONS.

9 (2) A PHARMACIST OR PHARMACY THAT DISPENSES OR  
10 ADMINISTERS EXTENDED-RELEASE INJECTABLE MEDICATIONS FOR THE  
11 TREATMENT OF MENTAL HEALTH OR SUBSTANCE USE DISORDERS MAY SEEK  
12 REIMBURSEMENT FOR THOSE MEDICATIONS UNDER THE MEDICAL  
13 ASSISTANCE PROGRAM EITHER AS A PHARMACY BENEFIT OR AS A MEDICAL  
14 BENEFIT.

15 **SECTION 2.** In Colorado Revised Statutes, **add 25.5-5-327** as  
16 follows:

17 **25.5-5-327. Federally qualified health center - clinical**  
18 **pharmacy services - reimbursement - rules.** (1) COSTS ASSOCIATED  
19 WITH SERVICES PROVIDED BY CLINICAL PHARMACISTS THROUGH A  
20 FEDERALLY QUALIFIED HEALTH CENTER, AS DEFINED IN THE FEDERAL  
21 "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395x (aa)(4), ARE CONSIDERED  
22 ALLOWABLE COSTS FOR THE PURPOSE OF A FEDERALLY QUALIFIED HEALTH  
23 CENTER'S COST REPORT AND MUST BE INCLUDED IN THE CALCULATION OF  
24 THE REIMBURSEMENT RATE FOR A PATIENT VISIT AT A FEDERALLY  
25 QUALIFIED HEALTH CENTER.

26 (2) THE STATE DEPARTMENT SHALL PROMULGATE RULES TO  
27 IMPLEMENT THE PROVISIONS OF THIS SECTION.

1           **SECTION 3. Appropriation.** (1) For the 2021-22 state fiscal  
2 year, \$372,554 is appropriated to the department of health care policy and  
3 financing. This appropriation consists of \$336,097 from the general fund  
4 and \$36,457 cash funds from the healthcare affordability and  
5 sustainability fee cash fund created in section 25.5-4-402.4 (5)(a), C.R.S.  
6 To implement this act, the department may use this appropriation as  
7 follows:

8           (a) \$74,847 from the general fund for use by the executive  
9 director's office for personal services, which amount is based on an  
10 assumption that the office will require an additional 1.6 FTE;

11           (b) \$7,415 from the general fund for use by the executive  
12 director's office for operating expenses;

13           (c) \$95,796 from the general fund for use by the executive  
14 director's office for Medicaid management information system  
15 maintenance and projects; and

16           (d) \$194,496, consisting of \$158,039 from the general fund,  
17 which amount is subject to the "(M)" notation as defined in the annual  
18 general appropriation act for the same fiscal year, and \$36,457 from the  
19 healthcare affordability and sustainability fee cash fund, for medical and  
20 long-term care services for Medicaid eligible individuals.

21           (2) For the 2021-22 state fiscal year, the general assembly  
22 anticipates that the department of health care policy and financing will  
23 receive \$1,348,502 in federal funds to implement this act. The  
24 appropriation in subsection (1) of this section is based on the assumption  
25 that the department will receive this amount of federal funds to be used  
26 as follows:

27           (a) \$74,847, which amount is subject to the "(I)" notation as

1 defined in the annual general appropriation act for the same fiscal year,  
2 for personal services;

3 (b) \$7,415, which amount is subject to the "(I)" notation as  
4 defined in the annual general appropriation act for the same fiscal year,  
5 for operating expenses;

6 (c) \$862,164, which amount is subject to the "(I)" notation as  
7 defined in the annual general appropriation act for the same fiscal year,  
8 for Medicaid management information system maintenance and projects;  
9 and

10 (d) \$404,076 for medical and long-term care services for  
11 Medicaid eligible individuals.

12 **SECTION 4. Act subject to petition - effective date.** This act  
13 takes effect at 12:01 a.m. on the day following the expiration of the  
14 ninety-day period after final adjournment of the general assembly; except  
15 that, if a referendum petition is filed pursuant to section 1 (3) of article V  
16 of the state constitution against this act or an item, section, or part of this  
17 act within such period, then the act, item, section, or part will not take  
18 effect unless approved by the people at the general election to be held in  
19 November 2022 and, in such case, will take effect on the date of the  
20 official declaration of the vote thereon by the governor.