First Regular Session Seventy-third General Assembly STATE OF COLORADO

INTRODUCED

LLS NO. 21-0497.02 Richard Sweetman x4333

SENATE BILL 21-175

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A BILL FOR AN ACT 101 CONCERNING THE COLORADO PRESCRIPTION DRUG AFFORDABILITY 102 REVIEW BOARD, AND, IN CONNECTION THEREWITH, DIRECTING 103 THE BOARD TO REVIEW THE AFFORDABILITY OF CERTAIN DRUGS 104 AND ESTABLISH UPPER PAYMENT LIMITS FOR CERTAIN DRUGS; 105 PROHIBITING CERTAIN ENTITIES FROM PURCHASING OR 106 REIMBURSING FOR ANY DRUG FOR DISTRIBUTION IN THE STATE 107 AT AN AMOUNT THAT EXCEEDS THE UPPER PAYMENT LIMIT 108 ESTABLISHED FOR THE PRESCRIPTION DRUG; AND ESTABLISHING 109 PENALTIES FOR VIOLATIONS.

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 creates the Colorado prescription drug affordability review board (board) as an independent unit of state government and requires the board to perform affordability reviews of prescription drugs and establish upper payment limits for prescription drugs the board determines are unaffordable for Colorado consumers. The board is also required to promulgate rules as necessary for its purposes.

The board shall determine by rule the methodology for establishing an upper payment limit for a prescription drug. An upper payment limit applies to all purchases of and payer reimbursements for the prescription drug dispensed or administered to individuals in the state in person, by mail, or by other means. Any savings generated for a health benefit plan as a result of an upper payment limit established by the board must be used by the carrier that issued the health benefit plan to reduce costs to consumers.

On and after January 1, 2022, the bill prohibits any purchase or payer reimbursement for a prescription drug from exceeding an upper payment limit established by the board for that prescription drug. A person who violates the prohibition may be subject to a fine of \$1,000 for each violation. Final board decisions are subject to judicial review.

A person aggrieved by a decision of the board may appeal the decision within 60 days. The board shall consider the appeal and issue a final decision concerning the appeal within 60 days after the board receives the appeal.

Any prescription drug manufacturer (manufacturer) that intends to withdraw a prescription drug for which the board has established an upper payment limit from sale or distribution within the state must notify, at least 180 days before the withdrawal:

- The commissioner;
- The attorney general; and
- Each entity in the state with which the manufacturer has contracted for the sale or distribution of the prescription drug.

A manufacturer who fails to comply with the notice requirement may be required to pay a penalty of up to \$500,000.

For all prescription drugs dispensed at a pharmacy and paid for by a carrier during the immediately preceding calendar year, the bill requires each carrier and each pharmacy benefit management firm acting on behalf of a carrier to report certain information.

The bill creates the Colorado prescription drug affordability advisory council to provide stakeholder input to the board.

The board must submit an annual report to the governor and to subject matter committees of the general assembly summarizing the

-2- SB21-175

1	Be it enacted by the General Assembly of the State of Colorado:
2	SECTION 1. Legislative declaration. (1) The general assembly
3	finds that:
4	(a) Excessive costs for prescription drugs:
5	(I) Negatively impact the ability of Coloradans to obtain
6	prescription drugs, and price increases that exceed reasonable levels
7	endanger the health and safety of Coloradans;
8	(II) Threaten the economic well-being of Coloradans and
9	endanger their ability to pay for other necessary and essential goods and
10	services, including housing, food, and utilities;
11	(III) Contribute significantly to a dramatic and unsustainable rise
12	in health-care costs and health insurance premiums that threatens the
13	financial health of Coloradans and their ability to maintain their physical
14	health;
15	(IV) Pose a threat to the health and safety of all Coloradans but
16	disproportionately harm people of color and Coloradans with low
17	incomes; and
18	(V) Contribute significantly to rising costs for health care that is
19	provided to public employees, including employees of state, county, and
20	local governments, school districts, and institutions of higher education,
21	and to public retirees whose health-care costs are funded by public
22	programs, thereby threatening the ability of state and local governments
23	to adequately fund those programs and other important services, such as
24	public education and public safety;
25	(b) Lack of transparency in health insurance costs and wholesaler

-3- SB21-175

1	and pharmacy benefits manager discounts and margins prevents
2	policymakers and the public from gaining a true understanding of the
3	costs of prescription drugs; and
4	(c) Information relating to the cost of prescription drugs in
5	Colorado is necessary to provide accountability to the state and to all
6	Coloradans for prescription drug pricing.
7	(2) The general assembly therefore declares that in exercise of its
8	police powers and responsibility for the public health, safety, and general
9	welfare of Colorado residents, it is imperative that Colorado take
10	measures to reduce excessive prescription drug costs for Coloradans who
11	cannot afford prescription drugs and create a prescription drug
12	affordability board with the authority to review prescription drug costs
13	and protect state and local governments and Colorado residents from the
14	excessive costs of prescription drugs.
15	SECTION 2. In Colorado Revised Statutes, add part 13 to article
16	16 of title 10 as follows:
17	PART 13
18	COLORADO PRESCRIPTION DRUG
19	AFFORDABILITY REVIEW BOARD
20	10-16-1301. Definitions. As used in this part 13, unless the
21	CONTEXT OTHERWISE REQUIRES:
22	(1) "ADVISORY COUNCIL" MEANS THE COLORADO PRESCRIPTION
23	DRUG AFFORDABILITY ADVISORY COUNCIL CREATED IN SECTION
24	10-16-1309.
25	(2) "AFFORDABILITY REVIEW" MEANS AN AFFORDABILITY REVIEW
26	OF A PRESCRIPTION DRUG PERFORMED BY THE BOARD PURSUANT TO
27	SECTION 10-16-1306.

-4- SB21-175

1	(3) "ALL-PAYER HEALTH CLAIMS DATABASE" MEANS THE
2	ALL-PAYER HEALTH CLAIMS DATABASE DESCRIBED IN SECTION 25.5-1-204.
3	(4) "AUTHORIZED GENERIC DRUG" HAS THE MEANING SET FORTH
4	IN 42 CFR 447.502.
5	(5) "BIOLOGICAL PRODUCT" HAS THE MEANING SET FORTH IN 42
6	U.S.C. sec. 262 (i)(1).
7	(6) "BIOSIMILAR DRUG" MEANS A PRESCRIPTION DRUG THAT IS
8	PRODUCED OR DISTRIBUTED IN ACCORDANCE WITH A BIOLOGICAL PRODUCT
9	LICENSE ISSUED PURSUANT TO 42 U.S.C. SEC. 262 (k)(3).
10	(7) "BOARD" MEANS THE COLORADO PRESCRIPTION DRUG
11	AFFORDABILITY REVIEW BOARD CREATED IN SECTION 10-16-1302.
12	(8) "Brand-name drug" means a prescription drug that is
13	PRODUCED OR DISTRIBUTED IN ACCORDANCE WITH AN ORIGINAL NEW
14	DRUG APPLICATION APPROVED PURSUANT TO 21 U.S.C. SEC. 355.
15	"Brand-name drug" does not include an authorized generic drug.
16	(9) "CARRIER" HAS THE MEANING SET FORTH IN SECTION
17	10-16-102 (8).
18	(10) "CONFLICT OF INTEREST" MEANS AN ASSOCIATION, INCLUDING
19	A FINANCIAL OR PERSONAL ASSOCIATION, THAT HAS THE POTENTIAL TO
20	BIAS OR APPEAR TO BIAS AN INDIVIDUAL'S DECISIONS IN MATTERS RELATED
21	TO THE BOARD OR THE ADVISORY COUNCIL OR THE CONDUCT OF THE
22	ACTIVITIES OF THE BOARD OR THE ADVISORY COUNCIL. "CONFLICT OF
23	INTEREST" INCLUDES ANY INSTANCE IN WHICH A BOARD MEMBER, AN
24	ADVISORY COUNCIL MEMBER, A STAFF MEMBER, A CONTRACTOR OF THE
25	BOARD, OR AN IMMEDIATE FAMILY MEMBER OF A BOARD MEMBER, AN
26	ADVISORY COUNCIL MEMBER, A STAFF MEMBER, OR A CONTRACTOR OF THE
2.7	BOARD HAS RECEIVED OR COLL D RECEIVE:

-5- SB21-175

1	(a) A FINANCIAL BENEFIT OF ANY AMOUNT DERIVED FROM THE
2	RESULTS OR FINDINGS OF A STUDY OR DETERMINATION THAT IS REACHED
3	BY OR FOR THE BOARD; OR
4	(b) A FINANCIAL BENEFIT FROM AN INDIVIDUAL OR COMPANY THAT
5	OWNS OR MANUFACTURES A PRESCRIPTION DRUG, SERVICE, OR ITEM THAT
6	IS BEING OR WILL BE STUDIED BY THE BOARD.
7	(11) "FINANCIAL BENEFIT" MEANS HONORARIA, FEES, STOCK, OR
8	ANY OTHER FORM OF COMPENSATION, INCLUDING INCREASES TO THE
9	VALUE OF EXISTING STOCK HOLDINGS.
10	(12) "GENERIC DRUG" MEANS:
11	(a) A PRESCRIPTION DRUG THAT IS MARKETED OR DISTRIBUTED IN
12	ACCORDANCE WITH AN ABBREVIATED NEW DRUG APPLICATION APPROVED
13	PURSUANT TO 21 U.S.C. SEC. 355 (j);
14	(b) AN AUTHORIZED GENERIC DRUG; OR
15	(c) A PRESCRIPTION DRUG THAT WAS INTRODUCED FOR RETAIL
16	SALE BEFORE 1962 THAT WAS NOT ORIGINALLY MARKETED UNDER A NEW
17	DRUG APPLICATION.
18	(13) "HEALTH BENEFIT PLAN" HAS THE MEANING SET FORTH IN
19	SECTION 10-16-102 (32).
20	(14) "Inflation" means the annual percentage change in
21	THE UNITED STATES DEPARTMENT OF LABOR'S BUREAU OF LABOR
22	STATISTICS CONSUMER PRICE INDEX FOR DENVER-AURORA-LAKEWOOD
23	FOR ALL ITEMS PAID BY ALL URBAN CONSUMERS, OR ITS APPLICABLE
24	PREDECESSOR OR SUCCESSOR INDEX.
25	(15) (a) "LARGE EMPLOYER" MEANS ANY PERSON, FIRM,
26	CORPORATION, PARTNERSHIP, OR ASSOCIATION THAT:
77	(I) Is actively engaged in Business:

-6- SB21-175

1	(II) EMPLOYED AN AVERAGE OF MORE THAN ONE HUNDRED
2	ELIGIBLE EMPLOYEES ON BUSINESS DAYS DURING THE IMMEDIATELY
3	PRECEDING CALENDAR YEAR, EXCEPT AS PROVIDED IN SUBSECTION (15)(c)
4	OF THIS SECTION; AND
5	(III) Was not formed primarily for the purpose of
6	PURCHASING INSURANCE.
7	(b) FOR PURPOSES OF DETERMINING WHETHER AN EMPLOYER IS A
8	"LARGE EMPLOYER", THE NUMBER OF ELIGIBLE EMPLOYEES IS
9	CALCULATED USING THE METHOD SET FORTH IN 26 U.S.C. SEC. 4980H
10	(c)(2)(E).
11	(c) IN THE CASE OF AN EMPLOYER THAT WAS NOT IN EXISTENCE
12	THROUGHOUT THE PRECEDING CALENDAR QUARTER, THE DETERMINATION
13	OF WHETHER THE EMPLOYER IS A LARGE EMPLOYER IS BASED ON THE
14	AVERAGE NUMBER OF EMPLOYEES THAT THE EMPLOYER IS REASONABLY
15	EXPECTED TO EMPLOY ON BUSINESS DAYS IN THE CURRENT CALENDAR
16	YEAR.
17	(16) "MANUFACTURER" MEANS A PERSON THAT:
18	(a) ENGAGES IN THE MANUFACTURE OF A PRESCRIPTION DRUG
19	THAT IS SOLD TO PURCHASERS LOCATED IN THIS STATE; OR
20	(b) (I) Enters into a lease or other contractual
21	AGREEMENT WITH A MANUFACTURER TO MARKET AND DISTRIBUTE A
22	PRESCRIPTION DRUG IN THIS STATE UNDER THE PERSON'S OWN NAME; AND
23	(II) SETS OR CHANGES THE WHOLESALE ACQUISITION COST OF THE
24	PRESCRIPTION DRUG IN THIS STATE.
25	(17) "OPTIONAL PARTICIPATING PLAN" MEANS A SELF-FUNDED
26	HEALTH BENEFIT PLAN OFFERED IN COLORADO THAT ELECTS TO SUBJECT
27	ITS PURCHASES OF OR PAYER REIMBURSEMENTS FOR PRESCRIPTION DRUGS

-7- SB21-175

1	FOR ITS MEMBERS IN COLORADO TO THE REQUIREMENTS OF THIS PART 13,
2	AS DESCRIBED IN SECTION 10-16-1307 (5).
3	(18) "PRACTITIONER" HAS THE MEANING SET FORTH IN SECTION
4	12-280-103 (40).
5	(19) "Prescription drug" has the meaning set forth in
6	SECTION 12-280-103 (42); EXCEPT THAT THE TERM INCLUDES ONLY
7	PRESCRIPTION DRUGS THAT ARE INTENDED FOR HUMAN USE.
8	(20) "PRICING INFORMATION" MEANS INFORMATION ABOUT THE
9	PRICE OF A PRESCRIPTION DRUG, INCLUDING INFORMATION THAT EXPLAINS
10	OR HELPS EXPLAIN HOW THE PRICE WAS DETERMINED.
11	(21) "SMALL EMPLOYER" HAS THE MEANING SET FORTH IN SECTION
12	10-16-102 (61).
13	(22) "STATE ENTITY" MEANS ANY AGENCY OF STATE GOVERNMENT
14	THAT PURCHASES OR REIMBURSES PAYERS FOR PRESCRIPTION DRUGS ON
15	BEHALF OF THE STATE FOR A PERSON WHOSE HEATH CARE IS PAID FOR BY
16	THE STATE, INCLUDING ANY AGENT, VENDOR, CONTRACTOR, OR OTHER
17	PARTY ACTING ON BEHALF OF THE STATE.
18	(23) "Upper payment limit" means the maximum amount
19	THAT MAY BE PAID OR BILLED FOR A PRESCRIPTION DRUG THAT IS
20	DISPENSED OR DISTRIBUTED IN COLORADO IN ANY FINANCIAL
21	TRANSACTION CONCERNING THE PURCHASE OF OR REIMBURSEMENT FOR
22	THE PRESCRIPTION DRUG.
23	(24) "Wholesale acquisition cost" has the meaning set
24	FORTH IN 42 U.S.C. 1395w-3a (c)(6)(B).
25	10-16-1302. Colorado prescription drug affordability review
26	board - created - membership - terms - conflicts of interest. (1) The
2.7	COLORADO PRESCRIPTION DRUG AFFORDABILITY REVIEW BOARD IS

-8- SB21-175

1	Created in the division as a $ ext{type 1}$ entity. The board is a body
2	POLITIC AND CORPORATE AND IS AN INSTRUMENTALITY OF THE STATE. THE
3	BOARD IS AN INDEPENDENT UNIT OF STATE GOVERNMENT, AND THE
4	EXERCISE BY THE BOARD OF ITS AUTHORITY UNDER THIS PART 13 IS AN
5	ESSENTIAL PUBLIC FUNCTION.
6	(2) (a) The board consists of five members, who must
7	COLLECTIVELY HAVE EXPERIENCE AND EXPERTISE IN HEALTH-CARE
8	ECONOMICS AND CLINICAL MEDICINE.
9	(b) THE GOVERNOR SHALL APPOINT EACH BOARD MEMBER,
10	SUBJECT TO CONFIRMATION BY THE SENATE. ALL OF THE INITIAL MEMBERS
11	OF THE BOARD MUST BE APPOINTED BY OCTOBER 1, 2021.
12	(c) THE TERM OF OFFICE OF EACH BOARD MEMBER IS THREE YEARS;
13	EXCEPT THAT, AS TO THE TERMS OF THE MEMBERS WHO ARE FIRST
14	APPOINTED TO THE BOARD, TWO SUCH MEMBERS SHALL SERVE
15	THREE-YEAR INITIAL TERMS, TWO SUCH MEMBERS SHALL SERVE TWO-YEAR
16	INITIAL TERMS, AND ONE SUCH MEMBER SHALL SERVE A ONE-YEAR INITIAL
17	TERM, TO BE DETERMINED BY THE GOVERNOR. EACH MEMBER SERVES AT
18	THE PLEASURE OF THE GOVERNOR AND MAY BE REMOVED FROM THE
19	BOARD BY THE GOVERNOR.
20	$(d)\ The\ governor\ shall\ designate\ one\ member\ of\ the\ board$
21	TO SERVE AS THE CHAIR. A MAJORITY OF THE BOARD CONSTITUTES A
22	QUORUM.
23	(3) (a) AN INDIVIDUAL WHO IS BEING CONSIDERED FOR
24	APPOINTMENT TO THE BOARD SHALL DISCLOSE ANY CONFLICT OF INTEREST
25	TO THE INDIVIDUAL'S POTENTIAL APPOINTING AUTHORITY. WHEN
26	APPOINTING A MEMBER OF THE BOARD, AN APPOINTING AUTHORITY SHALL
27	CONSIDER ANY CONFLICT OF INTEREST DISCLOSED BY THE PROSPECTIVE

-9- SB21-175

1	MEMBER.
2	(b) A BOARD MEMBER MUST NOT BE AN EMPLOYEE, BOARD
3	MEMBER, OR CONSULTANT OF:
4	(I) A MANUFACTURER OR A TRADE ASSOCIATION OF
5	MANUFACTURERS;
6	(II) A CARRIER OR A TRADE ASSOCIATION OF CARRIERS; OR
7	(III) A PHARMACY BENEFIT MANAGER OR A TRADE ASSOCIATION
8	OF PHARMACY BENEFIT MANAGERS.
9	(c) BOARD MEMBERS, STAFF MEMBERS, AND CONTRACTORS OF THE
10	BOARD SHALL RECUSE THEMSELVES FROM ANY BOARD ACTIVITY IN ANY
11	CASE IN WHICH THEY HAVE A CONFLICT OF INTEREST.
12	(d) On and after January 1, 2022, the division shall
13	MAINTAIN A PAGE ON ITS PUBLIC WEBSITE FOR THE BOARD TO USE FOR ITS
14	PURPOSES. THE BOARD SHALL DISCLOSE ON THE PAGE EACH CONFLICT OF
15	INTEREST THAT IS DISCLOSED TO THE BOARD PURSUANT TO SUBSECTION
16	(3)(c) OF THIS SECTION AND SECTION 10-16-1309 (5)(b).
17	(e) Board members, staff members, contractors of the
18	BOARD, AND IMMEDIATE FAMILY MEMBERS OF BOARD MEMBERS, STAFF
19	MEMBERS, OR CONTRACTORS OF THE BOARD SHALL NOT ACCEPT A
20	FINANCIAL BENEFIT OR GIFTS, BEQUESTS, OR DONATIONS OF SERVICES OR
21	PROPERTY THAT SUGGEST A CONFLICT OF INTEREST OR HAVE THE
22	APPEARANCE OF CREATING BIAS IN THE WORK OF THE BOARD.
23	(4) The board may hire staff as necessary, including an
24	EXECUTIVE DIRECTOR, TO ASSIST THE BOARD IN PERFORMING ITS DUTIES
25	UNDER THIS PART 13. HIRING AND COMPENSATION OF ANY STAFF MUST
26	COMPORT WITH PART 1 OF ARTICLE 50 OF TITLE 24 AND ANY APPLICABLE
27	RULES OF THE STATE PERSONNEL BOARD.

-10- SB21-175

I	(5) THE ATTORNEY GENERAL SHALL ASSIGN AN ASSISTANT
2	ATTORNEY GENERAL TO PROVIDE LEGAL COUNSEL TO THE BOARD. ANY
3	ASSISTANT ATTORNEY GENERAL ASSIGNED TO THE BOARD PURSUANT TO
4	THIS SUBSECTION (5) SHALL DISCLOSE ANY CONFLICT OF INTEREST TO THE
5	BOARD.
6	10-16-1303. Colorado prescription drug affordability review
7	board - powers and duties - rules. (1) TO PROTECT COLORADO
8	CONSUMERS FROM EXCESSIVE PRESCRIPTION DRUG COSTS, THE BOARD
9	SHALL:
10	(a) COLLECT AND EVALUATE INFORMATION CONCERNING THE COST
11	OF PRESCRIPTION DRUGS SOLD TO COLORADO CONSUMERS, AS DESCRIBED
12	IN SECTION 10-16-1305;
13	(b) PERFORM AFFORDABILITY REVIEWS OF PRESCRIPTION DRUGS,
14	AS DESCRIBED IN SECTION 10-16-1306;
15	(c) ESTABLISH UPPER PAYMENT LIMITS FOR PRESCRIPTION DRUGS,
16	AS DESCRIBED IN SECTION 10-16-1307; AND
17	(d) Make policy recommendations to the general assembly
18	TO IMPROVE THE AFFORDABILITY OF PRESCRIPTION DRUGS FOR COLORADO
19	CONSUMERS, AS DESCRIBED IN SECTION $10-16-1314$ (1)(g).
20	(2) The board may establish ad hoc work groups to
21	CONSIDER MATTERS RELATED TO THE WORK OF THE BOARD PURSUANT TO
22	THIS PART 13. AD HOC WORK GROUPS MAY INCLUDE MEMBERS OF THE
23	PUBLIC.
24	(3) THE BOARD MAY ENTER INTO A CONTRACT WITH A QUALIFIED,
25	INDEPENDENT THIRD PARTY FOR ANY SERVICE NECESSARY TO CARRY OUT
26	THE POWERS AND DUTIES OF THE BOARD. A THIRD PARTY WITH WHICH THE
27	BOADD CONTRACTS DURSHANT TO THIS SUBSECTION (3) INCLUDING ANY

-11- SB21-175

1	OF THE THIRD PARTY'S DIRECTORS, OFFICERS, EMPLOYEES, CONTRACTORS,
2	OR AGENTS, SHALL NOT RELEASE OR PUBLISH ANY INFORMATION THAT THE
3	THIRD PARTY ACQUIRES PURSUANT TO ITS PERFORMANCE UNDER THE
4	CONTRACT. ANY THIRD PARTY WITH WHICH THE BOARD CONTRACTS
5	PURSUANT TO THIS SUBSECTION (3) SHALL DISCLOSE ANY CONFLICT OF
6	INTEREST TO THE BOARD.
7	(4) IN CARRYING OUT ITS DUTIES PURSUANT TO THIS PART 13, THE
8	BOARD IS EXEMPT FROM THE STATE "PROCUREMENT CODE", ARTICLES 101
9	TO 112 OF TITLE 24.
10	(5) The board shall promulgate rules as necessary,
11	PURSUANT TO ARTICLE 4 OF TITLE 24, FOR THE IMPLEMENTATION OF THIS
12	PART 13.
13	(6) (a) The board may seek, accept, and expend gifts,
14	GRANTS, AND DONATIONS FROM PRIVATE OR PUBLIC SOURCES FOR THE
15	PURPOSES OF THIS PART 13; EXCEPT THAT THE BOARD SHALL NOT ACCEPT
16	ANY GIFT, GRANT, OR DONATION THAT CREATES A CONFLICT OF INTEREST,
17	OR THE APPEARANCE OF ANY CONFLICT OF INTEREST, FOR ANY BOARD
18	MEMBER. THE BOARD SHALL TRANSFER ALL MONEY RECEIVED AS GIFTS,
19	GRANTS, OR DONATIONS TO THE STATE TREASURER, WHO SHALL CREDIT
20	THE MONEY TO THE ACCOUNT.
21	(b) THE GENERAL ASSEMBLY FINDS THAT THE IMPLEMENTATION OF
22	THIS PART 13 DOES NOT RELY ENTIRELY ON THE RECEIPT OF ADEQUATE
23	FUNDING THROUGH GIFTS, GRANTS, OR DONATIONS. THEREFORE, THE
24	BOARD IS NOT SUBJECT TO THE REPORTING REQUIREMENTS DESCRIBED IN
25	SECTION 24-75-1303.
26	10-16-1304. Colorado prescription drug affordability review
27	board meetings - required to be public - exceptions. (1) THE BOARD

-12- SB21-175

1	SHALL HOLD ITS FIRST MEETING WITHIN SIX WEEKS AFTER ALL OF THE
2	BOARD MEMBERS ARE APPOINTED AND SHALL MEET AT LEAST EVERY SIX
3	WEEKS THEREAFTER TO REVIEW PRESCRIPTION DRUGS; EXCEPT THAT THE
4	CHAIR MAY CANCEL OR POSTPONE A MEETING IF THE BOARD HAS NO
5	PRESCRIPTION DRUGS TO REVIEW.
6	(2) THE BOARD IS A STATE PUBLIC BODY FOR PURPOSES OF SECTION
7	24-6-402, AND THE BOARD'S MEETINGS AND THE MEETINGS OF AD HOC
8	WORK GROUPS OF THE BOARD ARE PUBLIC MEETINGS.
9	(3) THE BOARD SHALL MEET IN EXECUTIVE SESSION TO DISCUSS
10	PROPRIETARY INFORMATION. THE BOARD AND ANY BOARD MEMBERS,
11	OFFICERS, DIRECTORS, EMPLOYEES, CONTRACTORS, AND AGENTS SHALL
12	NOT DISCLOSE OR OTHERWISE MAKE AVAILABLE TO THE PUBLIC ANY
13	MATERIALS OR INFORMATION CONTAINING TRADE-SECRET, CONFIDENTIAL,
14	OR PROPRIETARY DATA THAT IS NOT OTHERWISE AVAILABLE TO THE
15	PUBLIC. ELECTRONIC RECORDINGS OF SUCH EXECUTIVE SESSIONS ARE NOT
16	PERMITTED IF THEY WOULD RESULT IN THE DISCLOSURE OF ANY
17	MATERIALS OR INFORMATION CONTAINING TRADE-SECRET, CONFIDENTIAL,
18	OR PROPRIETARY DATA, AND IN NO CASE SHALL MINUTES FROM SUCH
19	EXECUTIVE SESSIONS DISCLOSE OR INCLUDE MATERIALS OR INFORMATION
20	CONTAINING TRADE-SECRET, CONFIDENTIAL, OR PROPRIETARY DATA. THE
21	BOARD SHALL NOT TAKE ANY OF THE FOLLOWING ACTIONS WHILE MEETING
22	IN EXECUTIVE SESSION:
23	(a) Deliberations concerning whether to subject a
24	PRESCRIPTION DRUG TO AN AFFORDABILITY REVIEW AS DESCRIBED IN
25	SECTION 10-16-1306;
26	(b) Votes concerning whether to establish an upper
27	PAYMENT LIMIT ON A PRESCRIPTION DRUG; OR

-13- SB21-175

1	(c) ANY FINAL DECISION OF THE BOARD.
2	10-16-1305. Colorado prescription drug affordability review
3	board - reports from carriers and pharmacy benefit management
4	firms required - confidential materials. (1) Beginning in the 2022
5	CALENDAR YEAR, FOR ALL PRESCRIPTION DRUGS DISPENSED AT A
6	PHARMACY IN THIS STATE AND PAID FOR BY A CARRIER PURSUANT TO A
7	HEALTH BENEFIT PLAN ISSUED UNDER PART 2, 3, OR 4 OF THIS ARTICLE 16
8	DURING THE IMMEDIATELY PRECEDING CALENDAR YEAR, INCLUDING
9	BRAND-NAME DRUGS, AUTHORIZED GENERIC DRUGS, BIOLOGICAL
10	PRODUCTS, AND BIOSIMILAR DRUGS:
11	(a) EACH CARRIER SHALL REPORT TO THE COMMISSIONER.
12	CONTEMPORANEOUS WITH AND SEPARATE FROM ITS RATE FILING
13	PURSUANT TO SECTION 10-16-107, IN A FORM AND MANNER SPECIFIED BY
14	THE COMMISSIONER, THE FOLLOWING INFORMATION:
15	(I) THE TOP FIFTEEN PRESCRIPTION DRUGS BY VOLUME.
16	CALCULATED BY UNIT, FOR WHICH THE CARRIER PAID;
17	(II) THE FIFTEEN COSTLIEST PRESCRIPTION DRUGS FOR WHICH THE
18	CARRIER PAID, AS DETERMINED BY TOTAL ANNUAL PLAN SPENDING;
19	(III) THE FIFTEEN PRESCRIPTION DRUGS PAID FOR BY THE CARRIER
20	THAT ACCOUNTED FOR THE HIGHEST INCREASE IN TOTAL ANNUAL PLAN
21	SPENDING WHEN COMPARED WITH THE TOTAL ANNUAL PLAN SPENDING FOR
22	THE SAME PRESCRIPTION DRUGS IN THE YEAR IMMEDIATELY PRECEDING
23	THE YEAR FOR WHICH THE INFORMATION IS REPORTED;
24	(IV) THE FIFTEEN PRESCRIPTION DRUGS THAT CAUSED THE
25	GREATEST INCREASES IN THE CARRIER'S PREMIUMS;
26	(V) THE FIFTEEN PRESCRIPTION DRUGS FOR WHICH THE CARRIER
27	PAID MOST FREQUENTLY AND FOR WHICH THE CARRIER RECEIVED A

-14- SB21-175

1	REBATE FROM MANUFACTURERS;
2	(VI) THE FIFTEEN PRESCRIPTION DRUGS FOR WHICH THE CARRIER
3	RECEIVED THE HIGHEST REBATES, AS DETERMINED BY PERCENTAGES OF
4	THE PRICE OF THE PRESCRIPTION DRUG; AND
5	(VII) THE FIFTEEN PRESCRIPTION DRUGS FOR WHICH THE CARRIER
6	RECEIVED THE LARGEST REBATES.
7	(b) EACH CARRIER AND EACH PHARMACY BENEFIT MANAGEMENT
8	FIRM ACTING ON BEHALF OF A CARRIER SHALL REPORT,
9	CONTEMPORANEOUS WITH AND SEPARATE FROM THE CARRIER'S RATE
10	FILING PURSUANT TO SECTION 10-16-107, IN A FORM AND MANNER
11	SPECIFIED BY THE COMMISSIONER, THE AVERAGE WHOLESALE ACQUISITION
12	COST PAID FOR EACH OF THE FOLLOWING CATEGORIES OF PRESCRIPTION
13	DRUGS:
14	(I) Brand-name drugs purchased from retail pharmacies;
15	(II) AUTHORIZED GENERIC DRUGS PURCHASED FROM RETAIL
16	PHARMACIES;
17	(III) Brand-name drugs purchased from mail-order
18	PHARMACIES;
19	(IV) AUTHORIZED GENERIC DRUGS PURCHASED FROM MAIL-ORDER
20	PHARMACIES;
21	(V) Prescription drugs dispensed by a practitioner in
22	ACCORDANCE WITH SECTION 12-280-120 (6);
23	(VI) Prescription drugs administered in an inpatient
24	HOSPITAL SETTING; AND
25	(VII) PRESCRIPTION DRUGS ADMINISTERED IN AN OUTPATIENT
26	HOSPITAL SETTING.
27	(c) EACH CARRIER AND EACH PHARMACY BENEFIT MANAGEMENT

-15- SB21-175

1	FIRM ACTING ON BEHALF OF A CARRIER SHALL REPORT,
2	CONTEMPORANEOUS WITH AND SEPARATE FROM THE CARRIER'S RATE
3	FILING PURSUANT TO SECTION 10-16-107, IN A FORM AND MANNER
4	SPECIFIED BY THE COMMISSIONER, THE AVERAGE WHOLESALE ACQUISITION
5	COST FOR THE PRESCRIPTION DRUGS DESCRIBED IN SUBSECTION $(1)(b)$ OF
6	THIS SECTION PAID BY EACH OF THE FOLLOWING MARKET SECTORS
7	ENROLLED IN A HEALTH BENEFIT PLAN THAT THE CARRIER ISSUED OR THAT
8	INCLUDES PRESCRIPTION DRUG BENEFITS MANAGED OR ADMINISTERED BY
9	THE PHARMACY BENEFIT MANAGEMENT FIRM:
10	(I) Individual;
11	(II) SMALL EMPLOYER; AND
12	(III) LARGE EMPLOYER.
13	(2) (a) EXCEPT AS PROVIDED IN SUBSECTION (2)(b) OF THIS
14	SECTION, THE COMMISSIONER SHALL:
15	(I) POST THE INFORMATION REPORTED BY CARRIERS AND
16	PHARMACY BENEFIT MANAGEMENT FIRMS PURSUANT TO THIS SECTION ON
17	THE DIVISION'S WEBSITE; AND
18	(II) PROVIDE THE INFORMATION REPORTED BY CARRIERS AND
19	PHARMACY BENEFIT MANAGEMENT FIRMS PURSUANT TO THIS SECTION TO
20	THE BOARD, IN A FORM AND MANNER PRESCRIBED BY THE BOARD.
21	(b) If a carrier or pharmacy benefit management firm
22	CLAIMS THAT INFORMATION SUBMITTED PURSUANT TO THIS SECTION IS
23	CONFIDENTIAL OR PROPRIETARY, THE COMMISSIONER SHALL REVIEW THE
24	INFORMATION AND REDACT SPECIFIC ITEMS THAT THE CARRIER OR
25	PHARMACY BENEFIT MANAGEMENT FIRM DEMONSTRATES TO BE
26	CONFIDENTIAL OR PROPRIETARY. THE COMMISSIONER SHALL NOT
27	DISCLOSE REDACTED ITEMS TO ANY PERSON; EXCEPT THAT THE

-16- SB21-175

1	COMMISSIONER MAY DISCLOSE REDACTED ITEMS:
2	(I) AS MAY BE REQUIRED PURSUANT TO THE "COLORADO OPEN
3	RECORDS ACT", PART 2 OF ARTICLE 72 OF TITLE 24; AND
4	(II) TO EMPLOYEES OF THE DIVISION, AS NECESSARY.
5	(3) THE REQUIREMENT IN THIS SECTION TO REPORT INFORMATION
6	RELATING TO THE COST OF PRESCRIPTION DRUGS IS INTENDED TO CREATE
7	TRANSPARENCY IN PRESCRIPTION DRUG PRICING AND DOES NOT:
8	(a) PROHIBIT A MANUFACTURER OF A PRESCRIPTION DRUG FROM
9	MAKING PRICING DECISIONS ABOUT ITS PRESCRIPTION DRUGS; OR
10	(b) Prohibit purchasers, both public and private, or
11	PHARMACY BENEFIT MANAGEMENT FIRMS FROM NEGOTIATING DISCOUNTS
12	AND REBATES CONSISTENT WITH EXISTING STATE AND FEDERAL LAW.
13	10-16-1306. Colorado prescription drug affordability review
14	board - affordability reviews of prescription drugs. (1) THE BOARD
15	MAY CONDUCT AFFORDABILITY REVIEWS OF PRESCRIPTION DRUGS IN
16	ACCORDANCE WITH THIS SECTION. THE BOARD SHALL IDENTIFY, FOR
17	PURPOSES OF DETERMINING WHETHER TO CONDUCT AN AFFORDABILITY
18	REVIEW, ANY PRESCRIPTION DRUG THAT IS:
19	(a) A BRAND-NAME DRUG OR BIOLOGICAL PRODUCT THAT, AS
20	ADJUSTED ANNUALLY FOR INFLATION, HAS:
21	(I) AN INITIAL WHOLESALE ACQUISITION COST OF THIRTY
22	THOUSAND DOLLARS OR MORE FOR A TWELVE-MONTH SUPPLY OR FOR A
23	COURSE OF TREATMENT THAT IS LESS THAN TWELVE MONTHS IN
24	DURATION; OR
25	(II) AN INCREASE IN THE WHOLESALE ACQUISITION COST OF THREE
26	THOUSAND DOLLARS OR MORE DURING THE IMMEDIATELY PRECEDING
27	TWELVE MONTHS FOR A TWELVE-MONTH SLIDDLY OR FOR A COLIDSE OF

-17- SB21-175

1	TREATMENT THAT IS LESS THAN TWELVE MONTHS IN DURATION;
2	(b) A BIOSIMILAR DRUG THAT HAS AN INITIAL WHOLESALE
3	ACQUISITION COST THAT IS NOT AT LEAST FIFTEEN PERCENT LOWER THAN
4	THE CORRESPONDING BIOLOGICAL PRODUCT; OR
5	(c) A GENERIC DRUG:
6	(I) THAT, AS ADJUSTED ANNUALLY FOR INFLATION, HAS A
7	WHOLESALE ACQUISITION COST OF ONE HUNDRED DOLLARS OR MORE FOR
8	(A) A THIRTY-DAY SUPPLY BASED ON THE RECOMMENDED DOSAGE
9	APPROVED FOR LABELING BY THE FDA;
10	(B) A SUPPLY THAT LASTS LESS THAN THIRTY DAYS BASED ON THE
11	RECOMMENDED DOSAGE APPROVED FOR LABELING BY THE FDA; OR
12	(C) ONE DOSE OF THE GENERIC DRUG IF THE LABELING APPROVED
13	BY THE FDA DOES NOT RECOMMEND A FINITE DOSAGE; AND
14	(II) FOR WHICH THE WHOLESALE ACQUISITION COST INCREASED BY
15	TWO HUNDRED PERCENT OR MORE DURING THE IMMEDIATELY PRECEDING
16	TWELVE MONTHS, AS DETERMINED BY COMPARING THE CURRENT
17	WHOLESALE ACQUISITION COST TO THE AVERAGE WHOLESALE
18	ACQUISITION COST REPORTED DURING THE IMMEDIATELY PRECEDING
19	TWELVE MONTHS.
20	(2) AFTER IDENTIFYING PRESCRIPTION DRUGS AS DESCRIBED IN
21	SUBSECTION (1) OF THIS SECTION, THE BOARD SHALL DETERMINE WHETHER
22	TO CONDUCT AN AFFORDABILITY REVIEW FOR EACH IDENTIFIED
23	PRESCRIPTION DRUG BY:
24	(a) EVALUATING THE CLASS OF THE PRESCRIPTION DRUG AND
25	WHETHER ANY THERAPEUTICALLY EQUIVALENT PRESCRIPTION DRUGS ARE
26	AVAILABLE FOR SALE;
27	(b) EVALUATING AGGREGATED DATA;

-18- SB21-175

1	(c) SEEKING AND CONSIDERING INPUT FROM THE ADVISORY
2	COUNCIL ABOUT THE PRESCRIPTION DRUG; AND
3	(d) CONSIDERING THE AVERAGE PATIENT'S OUT-OF-POCKET COST
4	FOR THE PRESCRIPTION DRUG.
5	(3) If the board conducts an affordability review of a
6	PRESCRIPTION DRUG, THE AFFORDABILITY REVIEW MUST DETERMINE
7	WHETHER USE OF THE PRESCRIPTION DRUG CONSISTENT WITH THE
8	LABELING APPROVED FOR THE PRESCRIPTION DRUG BY THE FDA OR WITH
9	STANDARD MEDICAL PRACTICE IS UNAFFORDABLE FOR COLORADO
10	CONSUMERS.
11	(4) IN PERFORMING AN AFFORDABILITY REVIEW, TO THE EXTENT
12	PRACTICABLE, THE BOARD SHALL CONSIDER:
13	(a) THE WHOLESALE ACQUISITION COST OF THE PRESCRIPTION
14	DRUG;
15	(b) THE COST AND AVAILABILITY OF THERAPEUTIC ALTERNATIVES
16	TO THE PRESCRIPTION DRUG IN THE STATE;
17	(c) THE EFFECT OF THE PRICE ON COLORADO CONSUMERS' ACCESS
18	TO THE PRESCRIPTION DRUG;
19	(d) THE RELATIVE FINANCIAL EFFECTS ON HEALTH, MEDICAL, OR
20	SOCIAL SERVICES COSTS, AS THE EFFECTS CAN BE QUANTIFIED AND
21	COMPARED TO BASELINE EFFECTS OF EXISTING THERAPEUTIC
22	ALTERNATIVES TO THE PRESCRIPTION DRUG;
23	(e) THE PATIENT COPAYMENT OR OTHER COST SHARING THAT IS
24	ASSOCIATED WITH THE PRESCRIPTION DRUG AND TYPICALLY REQUIRED
25	PURSUANT TO HEALTH BENEFIT PLANS ISSUED BY CARRIERS IN THE STATE;
26	(f) ANY OTHER INFORMATION THAT A MANUFACTURER, CARRIER,
27	PHARMACY BENEFIT MANAGEMENT FIRM OR OTHER ENTITY CHOOSES TO

-19- SB21-175

1	PROVIDE; AND
2	(g) Any other factors as determined by rules
3	PROMULGATED BY THE BOARD PURSUANT TO SECTION 10-16-1303 (5).
4	(5) Trade-secret, confidential, or proprietary
5	INFORMATION OBTAINED BY THE BOARD PURSUANT TO THIS SECTION MAY
6	BE ACCESSED ONLY BY BOARD MEMBERS AND STAFF OR BY A QUALIFIED
7	INDEPENDENT THIRD PARTY THAT HAS CONTRACTED WITH THE BOARD
8	PURSUANT TO SECTION 10-16-1303 (3) AND IS SUBJECT TO A
9	NONDISCLOSURE AGREEMENT PROHIBITING DISCLOSURE OF SUCH
10	INFORMATION. ANY PERSON WITH ACCESS TO SUCH INFORMATION SHALL
11	PROTECT THE INFORMATION FROM DIRECT OR INDIRECT PUBLICATION OR
12	RELEASE TO ANY PERSON.
13	(6) IN PERFORMING AN AFFORDABILITY REVIEW OF A PRESCRIPTION
14	DRUG, THE BOARD MAY CONSIDER ANY DOCUMENTS AND INFORMATION
15	RELATING TO THE MANUFACTURER'S SELECTION OF THE INTRODUCTORY
16	PRICE OR PRICE INCREASE OF THE PRESCRIPTION DRUG, INCLUDING
17	DOCUMENTS AND INFORMATION RELATING TO:
18	(a) LIFE-CYCLE MANAGEMENT;
19	(b) THE AVERAGE COST OF THE PRESCRIPTION DRUG IN THE STATE;
20	(c) MARKET COMPETITION AND CONTEXT;
21	(d) Projected revenue;
22	(e) THE ESTIMATED COST-EFFECTIVENESS OF THE PRESCRIPTION
23	DRUG; AND
24	(f) OFF-LABEL USAGE OF THE PRESCRIPTION DRUG.
25	(7) (a) TO THE EXTENT PRACTICABLE, THE BOARD MAY ACCESS
26	PRICING INFORMATION FOR PRESCRIPTION DRUGS BY:
27	(I) ACCESSING PUBLICLY AVAILABLE PRICING INFORMATION FROM

-20- SB21-175

1	A STATE TO WHICH MANUFACTURERS REPORT PRICING INFORMATION;
2	(II) ACCESSING AVAILABLE PRICING INFORMATION FROM THE
3	ALL-PAYER HEALTH CLAIMS DATABASE AND FROM STATE ENTITIES; AND
4	(III) ACCESSING INFORMATION THAT IS AVAILABLE FROM OTHER
5	COUNTRIES.
6	(b) To the extent that there is no publicly available
7	INFORMATION WITH WHICH TO CONDUCT AN AFFORDABILITY REVIEW, THE
8	BOARD MAY REQUEST THAT A MANUFACTURER, CARRIER, OR PHARMACY
9	BENEFIT MANAGEMENT FIRM PROVIDE PRICING INFORMATION FOR ANY
10	PRESCRIPTION DRUG IDENTIFIED PURSUANT TO SUBSECTION (1) OF THIS
11	SECTION. THE FAILURE OF AN ENTITY TO PROVIDE PRICING INFORMATION
12	TO THE BOARD FOR AN AFFORDABILITY REVIEW DOES NOT AFFECT THE
13	AUTHORITY OF THE BOARD TO CONDUCT THE AFFORDABILITY REVIEW, AS
14	DESCRIBED IN THIS SECTION.
15	10-16-1307. Colorado prescription drug affordability review
16	board - upper payment limits for certain prescription drugs - rules
17	- severability. (1) The board may establish an upper payment limit
18	FOR ANY PRESCRIPTION DRUG FOR WHICH THE BOARD HAS PERFORMED AN
19	AFFORDABILITY REVIEW PURSUANT TO SECTION 10-16-1306 AND
20	DETERMINED THAT THE USE OF THE PRESCRIPTION DRUG IS UNAFFORDABLE
21	FOR COLORADO CONSUMERS. THE FAILURE OF AN ENTITY TO PROVIDE
22	INFORMATION TO THE BOARD PURSUANT TO SECTION 10-16-1306 (7)(b)
23	DOES NOT AFFECT THE AUTHORITY OF THE BOARD TO ESTABLISH AN UPPER
24	PAYMENT LIMIT FOR THE PRESCRIPTION DRUG.
25	(2) THE BOARD SHALL DETERMINE BY RULE THE METHODOLOGY
2.0	
26	FOR ESTABLISHING AN UPPER PAYMENT LIMIT FOR A PRESCRIPTION DRUG

-21- SB21-175

1	DRUGS AND ENSURE THEY CAN ACCESS PRESCRIPTION DRUGS NECESSARY
2	FOR THEIR HEALTH. THE METHODOLOGY MUST INCLUDE CONSIDERATION
3	OF:
4	(a) THE COST OF ADMINISTERING OR DISPENSING THE PRESCRIPTION
5	DRUG;
6	(b) The cost of distributing the prescription drug to
7	CONSUMERS IN THE STATE; AND
8	(c) OTHER RELEVANT COSTS RELATED TO THE PRESCRIPTION DRUG.
9	(3) AN UPPER PAYMENT LIMIT APPLIES TO ALL PURCHASES OF AND
10	PAYER REIMBURSEMENTS FOR A PRESCRIPTION DRUG THAT IS DISPENSED
11	OR ADMINISTERED TO INDIVIDUALS IN THE STATE IN PERSON, BY MAIL, OR
12	BY OTHER MEANS AND FOR WHICH AN UPPER PAYMENT LIMIT IS
13	ESTABLISHED.
14	(4) ANY INFORMATION SUBMITTED TO THE BOARD IN ACCORDANCE
15	WITH THIS SECTION OR SECTION 10-16-1305 OR 10-16-1306 IS SUBJECT TO
16	PUBLIC INSPECTION ONLY TO THE EXTENT ALLOWED UNDER THE
17	"COLORADO OPEN RECORDS ACT", PART 2 OF ARTICLE 72 OF TITLE 24,
18	AND IN NO CASE SHALL TRADE-SECRET, CONFIDENTIAL, OR PROPRIETARY
19	INFORMATION BE DISCLOSED TO ANY PERSON WHO IS NOT AUTHORIZED TO
20	ACCESS SUCH INFORMATION PURSUANT TO SECTION 10-16-1306.
21	(5) NOTWITHSTANDING ANY PROVISION OF THIS PART 13 TO THE
22	CONTRARY, WITH RESPECT TO AN ENTITY PROVIDING OR ADMINISTERING
23	A SELF-FUNDED HEALTH BENEFIT PLAN AND ITS PLAN MEMBERS, THE
24	REQUIREMENTS OF THIS PART 13 APPLY ONLY IF THE PLAN ELECTS TO BE
25	SUBJECT TO THIS PART 13 FOR ITS MEMBERS IN COLORADO. SUCH A PLAN
26	IS AN OPTIONAL PARTICIPATING PLAN FOR THE PURPOSES OF THIS PART 13.
27	(6) IF ANY DROVISION OF THIS SECTION OR ITS ADDITION TO ANY

-22- SB21-175

1	PERSON OR CIRCUMSTANCE IS HELD INVALID, THE INVALIDITY DOES NOT
2	AFFECT OTHER PROVISIONS OR APPLICATIONS OF THIS SECTION THAT CAN
3	BE GIVEN EFFECT WITHOUT THE INVALID PROVISION OR APPLICATION, AND
4	TO THIS END THE PROVISIONS OF THIS SECTION ARE SEVERABLE.
5	10-16-1308. Colorado prescription drug affordability review
6	board - appeals - rules - judicial review. (1) A PERSON AGGRIEVED BY
7	A DECISION OF THE BOARD MAY APPEAL THE DECISION WITHIN SIXTY DAYS
8	AFTER THE DECISION IS MADE. THE BOARD SHALL CONSIDER THE APPEAL
9	AND ISSUE A FINAL DECISION CONCERNING THE APPEAL WITHIN SIXTY
10	DAYS AFTER THE BOARD RECEIVES THE APPEAL.
11	(2) Not later than December 31, 2021, the board shall
12	PROMULGATE RULES ESTABLISHING A PROCESS AND TIMELINE FOR THE
13	CONSIDERATION BY THE BOARD OF ANY APPEAL THAT IS SUBMITTED TO
14	THE BOARD PURSUANT TO SUBSECTION (1) OF THIS SECTION. THE PROCESS
15	AND TIMELINE MUST COMPORT WITH THE "STATE ADMINISTRATIVE
16	PROCEDURE ACT", ARTICLE 4 OF TITLE 24.
17	(3) IN THE ABSENCE OF AN APPEAL, A DECISION OF THE BOARD
18	BECOMES FINAL AND RIPE FOR JUDICIAL REVIEW AFTER SIXTY DAYS. ANY
19	PERSON AGGRIEVED BY A FINAL DECISION OF THE BOARD MAY PETITION
20	FOR JUDICIAL REVIEW PURSUANT TO SECTION 24-4-106.
21	10-16-1309. Colorado prescription drug affordability advisory
22	council - created - membership - powers and duties. (1) (a) THE
23	COLORADO PRESCRIPTION DRUG AFFORDABILITY ADVISORY COUNCIL IS
24	CREATED IN THE DIVISION AS A TYPE 2 ENTITY TO PROVIDE STAKEHOLDER
25	INPUT TO THE BOARD REGARDING THE AFFORDABILITY OF PRESCRIPTION
26	DRUGS. THE ADVISORY COUNCIL INCLUDES FOURTEEN MEMBERS AS
27	FOLLOWS:

-23- SB21-175

1	(I) The executive director of the department of health
2	CARE POLICY AND FINANCING OR THE EXECUTIVE DIRECTOR'S DESIGNEE;
3	AND
4	(II) THIRTEEN MEMBERS APPOINTED BY THE BOARD AS FOLLOWS:
5	(A) TWO MEMBERS WHO ARE HEALTH-CARE CONSUMERS OR WHO
6	REPRESENT HEALTH-CARE CONSUMERS;
7	(B) ONE MEMBER REPRESENTING A STATEWIDE HEALTH-CARE
8	CONSUMER ADVOCACY ORGANIZATION;
9	(C) ONE MEMBER REPRESENTING HEALTH-CARE CONSUMERS WHO
10	ARE LIVING WITH CHRONIC DISEASES;
11	(D) ONE MEMBER REPRESENTING A LABOR UNION;
12	(E) ONE MEMBER REPRESENTING EMPLOYERS;
13	(F) ONE MEMBER REPRESENTING CARRIERS;
14	(G) ONE MEMBER REPRESENTING PHARMACY BENEFIT
15	MANAGEMENT FIRMS;
16	(H) ONE MEMBER REPRESENTING HEALTH-CARE PROFESSIONALS;
17	(I) ONE MEMBER WHO IS EMPLOYED BY AN ORGANIZATION THAT
18	PERFORMS RESEARCH CONCERNING PRESCRIPTION DRUGS, INCLUDING
19	RESEARCH CONCERNING PRICING INFORMATION;
20	(J) ONE MEMBER REPRESENTING MANUFACTURERS OF
21	BRAND-NAME DRUGS;
22	(K) ONE MEMBER REPRESENTING MANUFACTURERS OF GENERIC
23	DRUGS; AND
24	(L) ONE MEMBER REPRESENTING PHARMACISTS.
25	(b) TO THE EXTENT POSSIBLE, THE BOARD SHALL APPOINT COUNCIL
26	MEMBERS WHO REFLECT THE DIVERSITY OF THE STATE WITH REGARD TO
27	RACE, ETHNICITY, IMMIGRATION STATUS, INCOME, WEALTH, AND

-24- SB21-175

1	GEOGRAPHY. IN CONSIDERING GEOGRAPHIC DIVERSITY, THE BOARD SHALL
2	ENSURE AT LEAST ONE COUNCIL MEMBER RESIDES ON THE EASTERN PLAINS
3	AND ONE MEMBER RESIDES ON THE WESTERN SLOPE, AND THE BOARD
4	SHALL ATTEMPT TO APPOINT MEMBERS FROM EACH CONGRESSIONAL
5	DISTRICT IN THE STATE.
6	(c) ALL OF THE INITIAL MEMBERS OF THE ADVISORY COUNCIL MUST
7	BE APPOINTED BY JANUARY 1, 2022.
8	(2) EACH MEMBER OF THE ADVISORY COUNCIL MUST POSSESS
9	KNOWLEDGE OF AT LEAST ONE OF THE FOLLOWING SUBJECT MATTERS:
10	(a) THE PHARMACEUTICAL BUSINESS MODEL;
11	(b) SUPPLY CHAIN BUSINESS MODELS;
12	(c) THE PRACTICE OF MEDICINE OR CLINICAL TRAINING;
13	(d) HEALTH-CARE CONSUMER OR PATIENT PERSPECTIVES;
14	(e) HEALTH-CARE COST TRENDS AND DRIVERS;
15	(f) CLINICAL AND HEALTH SERVICES RESEARCH; OR
16	(g) THE STATE'S HEALTH-CARE MARKETPLACE.
17	(3) The term of each member of the advisory council is
18	THREE YEARS; EXCEPT THAT THE MEMBERS INITIALLY APPOINTED TO THE
19	ADVISORY COUNCIL PURSUANT TO SUBSECTIONS (1)(a)(II)(A) TO
20	(1)(a)(II)(E) OF THIS SECTION SHALL EACH SERVE INITIAL TERMS OF TWO
21	YEARS.
22	(4) THE CHAIR OF THE BOARD SHALL DESIGNATE ONE MEMBER OF
23	THE ADVISORY COUNCIL TO SERVE AS CHAIR OF THE ADVISORY COUNCIL.
24	(5) (a) AN INDIVIDUAL WHO IS BEING CONSIDERED FOR
25	APPOINTMENT TO THE ADVISORY COUNCIL SHALL DISCLOSE ANY CONFLICT
26	OF INTEREST TO THE BOARD IN A FORM AND MANNER PRESCRIBED BY THE
2.7	BOARD, WHEN APPOINTING A MEMBER OF THE ADVISORY COUNCIL. THE

-25- SB21-175

1	BOARD SHALL CONSIDER ANY CONFLICT OF INTEREST DISCLOSED BY THE
2	PROSPECTIVE MEMBER.
3	(b) THE CHAIR OF THE ADVISORY COUNCIL SHALL REPORT TO THE
4	BOARD ANY CONFLICT OF INTEREST THAT IS DISCLOSED TO THE ADVISORY
5	COUNCIL. THE BOARD SHALL INCLUDE INFORMATION CONCERNING SUCH
6	DISCLOSURES ON ITS PUBLIC WEBSITE PURSUANT TO SECTION 10-16-1302
7	(3)(d).
8	(6) THE ADVISORY COUNCIL SHALL MEET AT LEAST ONCE EVERY
9	THREE MONTHS; EXCEPT THAT THE CHAIR MAY CANCEL OR POSTPONE A
10	MEETING.
11	(7) (a) EXCEPT AS DESCRIBED IN SUBSECTION (7)(b) OF THIS
12	SECTION, THE ADVISORY COUNCIL SHALL CONDUCT ALL OF ITS MEETINGS
13	IN PUBLIC.
14	(b) Notwithstanding section 24-6-402, the advisory
15	COUNCIL MAY MEET PRIVATELY IN GROUPS OF THREE OR FEWER MEMBERS
16	FOR THE FOLLOWING PURPOSES, SO LONG AS NO FORMAL ACTION IS TAKEN
17	AT THE MEETING:
18	(I) TO GATHER AND UNDERSTAND DATA; OR
19	$(II)\ To \text{establish}, organize, and \text{plan for the business of the}$
20	ADVISORY COUNCIL.
21	10-16-1310. Use of savings - report - rules. (1) ANY SAVINGS
22	GENERATED FOR A HEALTH BENEFIT PLAN THAT ARE ATTRIBUTABLE TO
23	THE ESTABLISHMENT OF AN UPPER PAYMENT LIMIT ESTABLISHED BY THE
24	BOARD PURSUANT TO SECTION $10\text{-}16\text{-}1307\text{must}$ be used by the carrier
25	THAT ISSUES THE HEALTH BENEFIT PLAN TO REDUCE COSTS TO
26	CONSUMERS.
27	(2) On or before March 15, 2023, and on or before March

-26- SB21-175

1	13 EACH YEAR THEREAFTER, EACH STATE ENTITY AND EACH CARRIER THAT
2	ISSUES A HEALTH BENEFIT PLAN OR OPTIONAL PARTICIPATING PLAN SHALL
3	SUBMIT TO THE BOARD A REPORT DESCRIBING THE SAVINGS ACHIEVED
4	DURING THE PRECEDING PLAN YEAR FOR EACH PRESCRIPTION DRUG FOR
5	WHICH THE BOARD ESTABLISHED AN UPPER PAYMENT LIMIT DURING THE
6	PRECEDING YEAR AND HOW THOSE SAVINGS WERE USED TO SATISFY THE
7	REQUIREMENT DESCRIBED IN SUBSECTION (1) OF THIS SECTION.
8	(3) On or before November 1, 2022, the board shall
9	PROMULGATE RULES ESTABLISHING A FORMULA FOR CALCULATING
10	SAVINGS FOR THE PURPOSE OF COMPLYING WITH SUBSECTION (1) OF THIS
11	SECTION.
12	10-16-1311. Unlawful acts - enforcement - penalties. (1) ON
13	AND AFTER JANUARY 1, 2022, IT IS UNLAWFUL FOR ANY PERSON TO
14	PURCHASE OR REIMBURSE A PAYER FOR A PRESCRIPTION DRUG FOR WHICH
15	THE BOARD HAS ESTABLISHED AN UPPER PAYMENT LIMIT PURSUANT TO
16	SECTION $10\text{-}16\text{-}1307$ at an amount that exceeds the upper payment
17	LIMIT ESTABLISHED BY THE BOARD FOR THAT PRESCRIPTION DRUG,
18	REGARDLESS OF WHETHER THE PRESCRIPTION DRUG IS DISPENSED OR
19	DISTRIBUTED IN PERSON, BY MAIL, OR BY OTHER MEANS.
20	(2) On and after January 1, 2023, each state entity,
21	CARRIER, AND OPTIONAL PARTICIPATING PLAN SHALL REQUIRE
22	COMPLIANCE WITH AN UPPER PAYMENT LIMIT ESTABLISHED BY THE
23	BOARD.
24	(3) A PERSON WHO VIOLATES SUBSECTION (1) OR (2) OF THIS
25	SECTION MAY BE SUBJECT TO A FINE OF ONE THOUSAND DOLLARS FOR
26	EACH VIOLATION.
27	(4) The attorney general is authorized to enforce this

-27- SB21-175

1	PART 13 ON BEHALF OF ANY STATE ENTITY OR ANY CONSUMER OF
2	PRESCRIPTION DRUGS.
3	10-16-1312. Notice of withdrawal of prescription drugs with
4	upper payment limits required - penalty. (1) ANY MANUFACTURER
5	THAT INTENDS TO WITHDRAW FROM SALE OR DISTRIBUTION WITHIN THE
6	STATE A PRESCRIPTION DRUG FOR WHICH THE BOARD HAS ESTABLISHED AN
7	UPPER PAYMENT LIMIT PURSUANT TO SECTION 10-16-1307 SHALL PROVIDE
8	A NOTICE OF WITHDRAWAL IN WRITING AT LEAST ONE HUNDRED EIGHTY
9	DAYS BEFORE THE WITHDRAWAL TO:
10	(a) THE COMMISSIONER;
11	(b) THE ATTORNEY GENERAL; AND
12	(c) EACH ENTITY IN THE STATE WITH WHICH THE MANUFACTURER
13	HAS CONTRACTED FOR THE SALE OR DISTRIBUTION OF THE PRESCRIPTION
14	DRUG.
15	(2) AFTER PROVIDING NOTICE AND A HEARING AS DESCRIBED IN
16	SECTION 24-4-105, THE COMMISSIONER MAY REQUIRE A MANUFACTURER
17	TO PAY A PENALTY NOT TO EXCEED FIVE HUNDRED THOUSAND DOLLARS IF
18	THE COMMISSIONER DETERMINES THAT THE MANUFACTURER FAILED TO
19	PROVIDE THE NOTICE REQUIRED BY SUBSECTION (1) OF THIS SECTION
20	BEFORE WITHDRAWING FROM SALE OR DISTRIBUTION WITHIN THE STATE A
21	PRESCRIPTION DRUG FOR WHICH THE BOARD HAS ESTABLISHED AN UPPER
22	PAYMENT LIMIT PURSUANT TO SECTION 10-16-1307.
23	10-16-1313. Optional participating plans - notice of election to
24	participate required. An optional participating plan that elects
25	TO SUBJECT ITS PURCHASES OF OR PAYER REIMBURSEMENTS FOR
26	PRESCRIPTION DRUGS IN COLORADO TO THE REQUIREMENTS OF THIS PART
27	13 SHALL NOTIFY THE COMMISSIONER IN WRITING WITHIN THIRTY DAYS

-28- SB21-175

1	AFTER SUCH ELECTION.
2	10-16-1314. Reports. (1) NOTWITHSTANDING SECTION 24-1-136
3	(11)(a), on or before July 1, 2023, and on or before July 1 each
4	YEAR THEREAFTER, THE BOARD SHALL SUBMIT A REPORT TO THE
5	GOVERNOR, THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF
6	REPRESENTATIVES, AND THE HEALTH AND HUMAN SERVICES COMMITTEE
7	OF THE SENATE, OR TO ANY SUCCESSOR COMMITTEES, SUMMARIZING THE
8	ACTIVITIES OF THE BOARD DURING THE PRECEDING CALENDAR YEAR. AT
9	A MINIMUM, THE REPORT MUST INCLUDE:
10	(a) PUBLICLY AVAILABLE DATA CONCERNING PRICE TRENDS FOR
11	PRESCRIPTION DRUGS;
12	(b) THE NUMBER OF PRESCRIPTION DRUGS THAT WERE SUBJECTED
13	TO AN AFFORDABILITY REVIEW BY THE BOARD PURSUANT TO SECTION
14	10-16-1306, INCLUDING THE RESULTS OF EACH AFFORDABILITY REVIEW
15	AND THE NUMBER AND DISPOSITION OF ANY APPEALS OR JUDICIAL REVIEWS
16	OF THE BOARD'S DECISIONS;
17	(c) A LIST OF EACH PRESCRIPTION DRUG FOR WHICH THE BOARD
18	ESTABLISHED AN UPPER PAYMENT LIMIT PURSUANT TO SECTION
19	10-16-1307, INCLUDING THE AMOUNT OF THE UPPER PAYMENT LIMIT;
20	(d) A SUMMARY OF ANY APPEALS OF BOARD DECISIONS THAT WERE
21	CONSIDERED BY THE BOARD PURSUANT TO SECTION 10-16-1308
22	INCLUDING AN INDICATION OF THE OUTCOME OF ANY SUCH APPEAL;
23	(e) A DESCRIPTION OF EACH CONFLICT OF INTEREST THAT WAS
24	DISCLOSED TO THE BOARD DURING THE PRECEDING YEAR;
25	(f) A DESCRIPTION OF ANY VIOLATIONS OF ANY OF THE PROVISIONS
26	OF THIS PART 13, INCLUDING AN INDICATION OF ANY ENFORCEMENT
27	ACTION TAKEN IN RESPONSE TO ANY SUCH VIOLATION; AND

-29- SB21-175

1	(g) Any recommendations the board may have for the
2	GENERAL ASSEMBLY CONCERNING LEGISLATIVE AND REGULATORY POLICY
3	CHANGES TO INCREASE THE AFFORDABILITY OF PRESCRIPTION DRUGS AND
4	REDUCE THE EFFECTS OF EXCESS COSTS ON CONSUMERS AND COMMERCIAL
5	HEALTH INSURANCE PREMIUMS IN THE STATE.
6	(2) The board shall post the report described in
7	SUBSECTION (1) OF THIS SECTION ON THE PUBLIC WEB PAGE MAINTAINED
8	BY THE DIVISION FOR THE BOARD PURSUANT TO SECTION 10-16-1302
9	(3)(d).
10	SECTION 3. In Colorado Revised Statutes, 24-1-122, add (6) as
11	follows:
12	24-1-122. Department of regulatory agencies - creation.
13	(6) (a) The Colorado prescription drug affordability review
14	Board created in section $10\text{-}16\text{-}1302$ is transferred by a type 1
15	TRANSFER TO THE DEPARTMENT OF REGULATORY AGENCIES AND
16	ALLOCATED TO THE DIVISION OF INSURANCE.
17	(b) THE COLORADO PRESCRIPTION DRUG AFFORDABILITY
18	ADVISORY COUNCIL CREATED IN SECTION 10-16-1309 IS TRANSFERRED BY
19	A TYPE ${f 2}$ TRANSFER TO THE DEPARTMENT OF REGULATORY AGENCIES AND
20	ALLOCATED TO THE DIVISION OF INSURANCE.
21	SECTION 4. Severability. If any provision of this act or the
22	application thereof to any person or circumstance is held invalid, such
23	invalidity does not affect other provisions or applications of this act that
24	can be given effect without the invalid provision or application, and to
25	this end the provisions of this act are severable.
26	SECTION 5. Safety clause. The general assembly hereby finds,

-30- SB21-175

- determines, and declares that this act is necessary for the immediate
- 2 preservation of the public peace, health, or safety.

-31- SB21-175